ABSTRACT

CROOMS, TIA RENEE. Understanding How Counseling Supervisors Experience Cross-disciplinary Supervision in North Carolina: A Phenomenological Study. (Under the direction of Dr. Stanley B. Baker).

To address the void in scholarly literature, the purpose of this phenomenological study was to explore and describe the experiences of counseling supervisors involved in cross-disciplinary supervision in post-educational settings. This research study was qualitative in nature and utilized a phenomenological approach. The central questions being asked were: (a) How do counseling supervisors experience cross-disciplinary supervision? and (b) How does power impact cross-disciplinary supervision? Seven participants were interviewed from the following professional disciplines within the state of North Carolina: social work, professional counseling, marriage and family therapy, and counseling psychology. Data analysis yielded the following textural themes: (a) challenging, (b) collaborative experiencing, (c) impact on belief system, and (d) managing power in relationships. Analysis also yielded the following structural themes: (a) supervision setting, (b) supervision format, (c) supervision structure, and (d) supervision perspective. Supervisors regarded cross-disciplinary supervision as a valuable part of their professional career, despite the challenges. From the findings, cross-disciplinary supervision is an experience of interdependence that encourages professional growth and development, and ultimately supports quality client care. Recommendations for future research include: (a) expanding the target population to include a more diverse supervisor demographic, (b) including field observations, (c) investigating the frequency of supervisees who engage in cross-disciplinary supervision and (d) exploring the impact of a more formal evaluative process, specifically for cross-disciplinary supervision experiences.
Understanding How Counseling Supervisors Experience Cross-disciplinary Supervision in North Carolina: A Phenomenological Study

by
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DEDICATION

I dedicate this work to all those that believed in me when I didn’t believe in myself. These are the people who spoke to the deep parts of me that were impacted by this experience, even without words. To mention a couple…my mother and most notably…my spouse. You were not only my support as my spouse; you were also my friend and my pastor. I benefitted from all of you in these ways more than you will ever know.
BIOGRAPHY

Tia R. Crooms was born April 27, 1981 in Brunswick, GA. She attended East Carteret High School in Beaufort, North Carolina, during which time she participated in several academic and extracurricular activities before graduating with honors in 1999. In May of 2003, Tia received her bachelor of arts in psychology from the University of North Carolina at Chapel Hill. She was later accepted into the master’s program in marriage and family therapy at Mercer University School of Medicine. She received her master’s of arts in marriage and family therapy degree in 2008. Tia later became co-owner of a private practice in Morehead City, NC in February 2012, prior to obtaining her full clinical licensure in marriage and family therapy in October 2012. Her love of clinical supervision led her to become an approved supervisor for marriage and family therapy in 2015. Tia worked as a clinician in the field prior to committing to private practice full time, after which she later began her doctoral education at North Carolina State University (NCSU) in 2012, pursuing a degree in educational leadership, policy and human development. During her graduate education, Tia became a member and later treasurer of NCSU chapter of Chi Sigma Iota International. Tia is also a member of Phi Kappa Phi honor society. Tia plans to continue working in private practice after graduation, while remaining open to future opportunities using her doctoral education.
ACKNOWLEDGMENTS

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Chapter 1: Introduction

In the context of clinical supervision practitioners are engaging in supervision with other professionals outside of their discipline (Ungar & Constanzo, 2007). Cross-disciplinary supervision is defined as supervision practice occurring between professionals from differing professional and/or disciplinary backgrounds” (O’Donoghue, 2004). Beddoe and Howard (2012) identified several reasons social workers in particular engaged in cross-disciplinary supervision to include the following: (a) own profession supervisor not available, (b) the social worker’s need for cultural supervision outside of their own profession, and (c) cross-disciplinary supervision requirement as part of the work context of the social worker. Given the similarities of social work practice to other counseling professions, this evidence of cross-disciplinary supervision likely indicates similar occurrences in professions such as marriage and family therapy, counseling psychology, and professional counseling as well.

There is evidence of cross-disciplinary supervision in the training of counseling professionals across a variety of educational and post educational environments (Borders & Usher, 1992). For example, Schmidt & Barret, (1983) identify supervisors of school counselors are often professionals who have no counseling background. In addition, post educational supervision for continued growth of counseling practitioners may be less than adequate (Durham & Powell, 1992). Professionals engaging in post educational clinical supervision are generally working towards clinical licensure. Schultz, Ososkie, Fried, Nelson, and Bardos (2002) emphasize the importance of maintaining clinical supervision in post educational settings to promote maintenance of counseling skills and also highlighted the lack of adequate supervision and prevalence of poorly trained supervisors in post educational settings. Consequently, the present study focuses on the professional and clinical
development of counseling professionals in post educational clinical supervision settings via cross-disciplinary supervision. The study will explore the strengths and barriers to cross-disciplinary supervision in post educational settings by attempting to obtain further insight into cross-disciplinary supervision experiences.

Trained counseling professionals develop counseling competence through completing rigorous academic study, successfully passing state examinations, engaging in clinical practice, and receiving clinical supervision. Each step in the process is designed to provide advanced knowledge and clinical practice in the counselors’ chosen discipline. Training requirements for each counseling discipline have many similarities, yet, they are different in certain requirements in order to distinguish among the disciplines and serve as protection for the professions (Alterkruse, Harris, & Brandt, 2001). What is the impact on clinical practice when counselors trained in one discipline receive supervision from clinical supervisors trained in a different discipline? Which ethical code should guide the counselors’ work? How might clinical supervisors provide expertise for counseling professionals in different disciplines during the supervision process? What will be the influence on client care and quality of training for counseling professionals as the number of cross-disciplinary supervision arrangements increase? What will be the influence on client care and quality of training for counseling professionals as the number of cross-disciplinary supervision arrangements increase? These questions serve as a foundation for conducting the present study.

Previous exploration of the phenomena that occurs when counseling professionals engage in cross-disciplinary supervision was conducted in an unpublished study (Crooms, 2015). The goal of the study was to gain understanding of counseling professionals’
experiences and the factors that enhanced or hindered cross-disciplinary supervision arrangements. An overview of this study is included below and a more in-depth review of the findings is presented in chapter two.

**Unpublished Pilot Study on Cross-Disciplinary Supervision**

It is important to note that the term cross-disciplinary supervision was synonymous with cross-licensure supervision in the Crooms (2015) study. Crooms (2015) examined the essence of what cross-disciplinary supervision means for counseling professionals who were supervised by professionals of different disciplines. Specific counseling disciplines that composed the broad category alluded to within cross-disciplinary supervision for the study were: (a) clinical social workers, (b) professional counselors (c) counseling psychologists and (d) marriage and family therapists. Data from four participant interviews as well as one field observation were analyzed. Four themes emerged: (a) theoretical match versus mismatch, (b) unclear supervision expectations, (c) limited options, and (d) the context of employer agency. More specific details of this study are presented in chapter two.

Although, interesting and useful, the Crooms (2015) findings also indicated the need for further research on cross-disciplinary supervision. For example, future researchers can explore cross-disciplinary supervision specifically and abandon the term cross-licensure supervision. Additional research reviewed supported the use of the term cross-disciplinary supervision to label the concept presented in the unpublished study. In addition, future research may also include investigating the experience of supervisors, because supervisors are valuable contributors to cross-disciplinary supervision.

The present study is being proposed as a response to the above recommendations with the goal of learning more about cross-disciplinary supervision from supervisors’ perspective.
to capture the true essence of cross-disciplinary supervision. Bronstein’s (2003) Model for Interdisciplinary Collaboration was the theoretical framework in the Crooms (2015) study and remains important for the present study. This is followed by an introduction to French and Raven’s (1959) Theory of Social Influence and Power that will also be a foundation for the present study.


In Crooms (2015), Bronstein’s (2003) model was selected because cross-disciplinary supervision is a method that merges clinical expertise within the context of supervision for two or more disciplines. This merging of ideas is related to the concept of interdisciplinary collaboration, in that representatives of two disciplines within the broad category of counseling collaboratively engage in an exchange of ideas. The model also has the potential for suggesting guidelines for the practice of cross-disciplinary supervision given its inclusion of operationalized concepts. The model includes five components: (a) interdependence, (b) newly created professional activities, (c) flexibility, (d) collective ownership of goals, and (e) reflection on process. The model also includes four influences on the process of interdisciplinary collaboration: (a) professional role, (b) personal characteristics, (c) history of collaboration, and (d) structural characteristics (Bronstein, 2003). Graphic depiction of Bronstein (2003) is displayed in Figure 1 and 2.
Figure 1. Bronstein’s (2003) Components of an Interdisciplinary Collaboration Model.
In the present study, these components of interdisciplinary collaboration and influences on the process will be investigated within cross-disciplinary supervision context. Interview questions will be designed to identify any evidence of interdisciplinary collaborative behaviors within these types of supervision arrangements. The perspectives of participating supervisors may yield greater insight into the actual process of interdisciplinary collaboration within the context of cross-disciplinary supervision, as supervisors’ experiences are a direct complement to supervisees’ experiences.

Research on cross-disciplinary supervision has primarily focused on the social work profession. Crocket et al., (2009) explored the possibilities and limitations of cross-disciplinary supervision among social workers in New Zealand using qualitative inquiry. Their identification of these themes were as follows: (a) benefits of cross-disciplinary supervision, (b) entering the contracting process, (c) contracting for accountabilities, and (d)
limitations of cross-disciplinary supervision. The findings indicated that cross-disciplinary supervision positively contributed to increased practitioner and supervisor skills, encouraged positive collaboration with other professions, and addressed power structures among practitioners. In addition, the findings indicated the need for clearly defined contracts of expectations and accountabilities, potential challenges of ethical code differences, limited knowledge of other professions’ culture, and unclear understanding of the appropriate use of cross-disciplinary supervision. Additionally, Hutchings, O’Donoghue, and Cooper (2014) conducted survey research among social workers in New Zealand. The purpose of this study was to: (a) describe the prevalence of cross-disciplinary supervision amongst members of Aotearoa New Zealand Association of Social Workers (ANZASW), (b) explain the nature of cross-disciplinary supervision, and (c) examine ANZASW members’ views about cross-disciplinary supervision. Hutchings et al. (2014) were seeking information about general characteristics, prevalence of cross-disciplinary supervision, nature of cross-disciplinary supervision, and views about cross-disciplinary supervision. Overall, cross-disciplinary supervision was viewed as a positive experience for supervisors and supervisees. High ratings were associated with cross-disciplinary supervision in addition to own-discipline supervision and there was some agreement about the need for developing guidelines for the practice of cross-disciplinary supervision in order to enhance the experience. Bernard and Goodyear (2014) predicted that cross-disciplinary supervision will be a common approach in the future:

The widely acknowledged purposes of supervision are to facilitate supervisees; development and to protect clients. It is possible to accomplish these purposes when the supervisory dyad is composed of members of two different disciplines (e.g., a
marital and family therapist might supervise the work of a counselor). In fact, almost all supervisees will be supervised by someone outside their immediate profession. (p. 12)

As seen in the above referenced studies, there were identified advantages and disadvantages to the process of cross-disciplinary supervision which need further investigation in order to develop a more useful process for practitioners. Qualitative investigations can provide more detailed views of cross-disciplinary supervision in participants’ own words, provide complex analyses of multiple perspectives, and identify specific contexts of cross-disciplinary supervision that shape counseling professionals’ experiences.

Todd and Storm (2002), noted the importance of the collaboration construct, “supervision is practiced along a continuum with respect to collaborative endeavors, regardless of the supervisor’s favored approach” (p. 229). For successful collaboration, it is important to know what enhances and what hinders the process (Bronstein, 2003). Considering these references to collaboration within supervision arrangements, Bronstein’s (2003) Model for Interdisciplinary Collaboration will provide a framework for exploring the modes of collaboration that take place in cross-disciplinary supervision arrangements.


Cross-disciplinary supervision can also be viewed from the lens of social influence and power within the supervisory relationship. French and Raven’s (1959) original theory’s main objective was to better explicate the different effects of social influence. Social influences are explained in terms of different types of power taking place, which can be
“pervasive, complex, and often disguised in our society” (p. 15). According to French and Raven (1959), power and influence involves dyadic relationships viewed from the perspective of each agent of the relationship, the agent producing social influence and power and the agent consuming social influence and power. The original five bases of power were reward, coercive, legitimate, referent, and expert power. Raven (1965) added informational power as a sixth base. Raven (1992) further differentiated the six bases of power and the Power/Interaction Model of Interpersonal Influence was developed. Raven’s (1965) differentiation of the six bases of power and foundation for the Power/Interaction Model of Interpersonal Influence is depicted in Table 1. This model is further explained in chapter two.

Table 1

**Further Differentiating the Bases of Social Power**

<table>
<thead>
<tr>
<th>Basis of Power</th>
<th>Further Differentiation</th>
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<tbody>
<tr>
<td><strong>Coercion</strong></td>
<td>Impersonal Coercion</td>
</tr>
<tr>
<td></td>
<td>Personal Coercion</td>
</tr>
<tr>
<td><strong>Reward</strong></td>
<td>Impersonal Reward</td>
</tr>
<tr>
<td></td>
<td>Personal Reward</td>
</tr>
<tr>
<td><strong>Legitimacy</strong></td>
<td>Form Legitimacy (Position power)</td>
</tr>
<tr>
<td></td>
<td>Legitimacy of Reciprocity</td>
</tr>
<tr>
<td></td>
<td>Legitimacy of Equity</td>
</tr>
<tr>
<td></td>
<td>Legitimacy of Dependence (Powerlessness)</td>
</tr>
<tr>
<td><strong>Expert</strong></td>
<td>Positive Expert</td>
</tr>
<tr>
<td></td>
<td>Negative Expert</td>
</tr>
<tr>
<td><strong>Reference</strong></td>
<td>Positive Referent</td>
</tr>
<tr>
<td></td>
<td>Negative Referent</td>
</tr>
<tr>
<td><strong>Informational</strong></td>
<td>Direct Information</td>
</tr>
<tr>
<td></td>
<td>Indirect Information</td>
</tr>
</tbody>
</table>
Foucault (1979) noted that power impacts every relationship. Additionally, French and Raven’s (1959) original work on social influence and power was intended for systems of dyadic relationships involving a person and social agents of influence and change. Cross-disciplinary supervision indeed involves dyadic supervisory relationships in which supervisors are social agents of influence and change and thus are hypothesized to be using power bases identified by the theory in some manner. The six bases of power can be used as a framework for understanding the influence of power in supervisory relationships as the supervisor and supervisee work together to accomplish common goals. What type of power is primarily utilized in cross-disciplinary supervision? What basis of power best supports professional and clinical development? Clinical supervision among counseling professionals may naturally include aspects of the six power bases. Cross-disciplinary supervision adds another level of complexity to the supervisory relationship that may further impact the manifestation of power within these relationships.

Two theories will serve as components of the framework for the present study. Bronstein’s (2003) theory provides a framework for analyzing the collaboration process and the Power/Interaction Model of Interpersonal Influence (Raven, 1992) offers a framework for analyzing the influence of power bases in cross-disciplinary supervision. The power bases that exist within dyadic relationships described by Raven (1992) can directly reflect the expression of professional role, structural characteristics, and personal characteristics. For example, professional role explains how a person interacts with others, which can be expressed in terms of reward, legitimate, informational, expert, coercive, or referent power. Both theories will be presented in more detail in chapter two.
Statement of the Problem

Although clinical supervision is a uniform requisite for all counseling disciplines and provides a gatekeeping function, counseling disciplines vary in their codes of ethics, scope of practice, licensing guidelines and supervision standards (Bernard & Goodyear, 2014). Whereas some state regulations only approve supervision experience within counseling professionals’ licensure type and scope of practice, other state regulations approve cross-disciplinary supervision experience with specific guidelines and board approval processes. As cross-disciplinary supervision arrangements continue to occur across counseling disciplines a more clear delineation of standards for counseling professionals is essential given the differences in licensing regulations and professional identities. For example, two professional identity areas that may impact clinical supervisors and counseling professionals are counseling ethics and theories. Thus, supervisors and supervisees inadequately prepared to engage in cross-disciplinary supervision arrangements increase their risks of ethical violations and substandard training of counseling professionals.

Differences in professional identities may contribute to tensions between cross-disciplinary supervisors and supervisees. Tensions may include interprofessional rivalry (Jones, 2006), conflict of power and status, and confusion about roles and responsibilities (Hrovat, Thompson, & Thaxton, 2013). Interdisciplinary collaborative efforts may indeed help reduce such tensions; however, achieving effective interdisciplinary collaborative work may be challenging and require specific guidelines to enhance the practice (Waxman, Weist, & Benson, 1999). The challenges related to power dynamics and interdisciplinary collaboration in cross-disciplinary supervision arrangements were investigated in the present

Explanation of problem. Counseling professionals share commonalities in their educational and clinical trainings. Within all counseling disciplines, clinical supervisors serve as gatekeepers to the profession and are responsible for the clinical and professional development of counseling professionals as well as client care (Bernard & Goodyear, 2014; Todd & Storm, 2002). Supervisors across different disciplines may vary in their ethical standards, theoretical orientations, case conceptualization strategies, and supervision expectations. All of these factors may impact supervisees’ experience of clinical supervision. In cross-disciplinary supervision arrangements, standards are even less clear as supervisors and supervisees from different disciplines attempt to engage in collaborative work. Having a clear structure for supervision and an awareness of the differences across disciplines will allow cross-disciplinary supervisors to offer a more useful clinical supervision experience for developing counseling professionals who are their supervisees.

Statement of Purpose and Research Questions

The purpose of this phenomenological study was to gain an understanding of the phenomenon of cross-disciplinary supervision among counseling supervisors. Specific counseling disciplines that composed the broad category alluded to in this study are: (a) clinical social workers, (b) professional counselors (c) counseling psychologists and (d) marriage and family therapists. The study results may impact policies governing licensure standards and supervision expectations of supervisors and supervisees engaging in these types of supervision arrangements.
Research questions. Research questions for the present study were derived from the themes found in a previous unpublished study (Crooms, 2015) on cross-disciplinary supervision and related theoretical frameworks. The central questions being asked within this present study were: (a) How do counseling supervisors experience cross-disciplinary supervision? and (b) How does power impact cross-disciplinary supervision? These questions were purposefully left broad to allow for participants’ voice of their actual lived experience of cross-disciplinary supervision in a semi-structured, unbiased manner that is common in phenomenological research design.

Significance of the Study

By examining multiple cross-disciplinary supervision experiences of counseling supervisors, using qualitative approaches, one can better understand the potential advantages and disadvantages of these supervision arrangements because the actual lived experiences of cross-disciplinary supervisors is investigated and analyzed. In addition, a preliminary model to guide future cross-disciplinary supervision work can be developed. This work is important for supervisors, supervisees, state board administrators and regulatory boards across counseling disciplines. With this understanding, administrators and policy makers can assess and potentially streamline supervision requirements for both counseling supervisors and supervisees engaging in cross-disciplinary supervision arrangements. An in depth understanding of cross-disciplinary supervision experiences will also help counseling professionals more effectively participate in interdisciplinary collaboration while maintaining professional integrity in their disciplines.

Delimitations

This study was delimited to clinical supervisors who have provided clinical
supervision to counseling professionals of a different discipline in one of the four categories of counseling disciplines. Supervisees completed their master’s degree and were working towards licensure, which would require clinical supervision in a post educational setting. Study participants and clinical supervision experience were delimited to the state of North Carolina, given that states may differ in their clinical supervision and licensure requirements. The study was also delimited to supervisees and supervisors of the following disciplines: social work, professional counseling, counseling psychology, and marriage and family therapy. These identified disciplines were within the counseling umbrella and have similar clinical supervision requirements in North Carolina. The licensure requirements of each of the disciplines alluded to in the present study is found in Table 2.
### Table 2

**Counseling Professional Licensure Supervision Requirements in NC**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Supervisor Requirements</th>
<th>Supervision Hours Needed</th>
<th>Clinical Hours Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td>LCSW (MSW with an additional 2 years post LCSW clinical social work practice)</td>
<td>100</td>
<td>3000</td>
</tr>
<tr>
<td>Professional Counseling</td>
<td>LPC w/active and unrestricted license or equivalently licensed and experienced qualified Mental Health Professional or Mental Health Professionals approved by the board (LMFT, LCSW, Licensed Psychologist, Licensed Medical Doctors, Clinical Nurse Specialists)</td>
<td>100</td>
<td>3000</td>
</tr>
<tr>
<td>Marriage &amp; Family Therapy</td>
<td>AAMFT Approved Supervisor</td>
<td>200</td>
<td>1500</td>
</tr>
<tr>
<td>Counseling Psychology</td>
<td>Licensed Psychologists (permanent) or any person w/psychology position w/state of NC or doctoral level Licensed Psychologist or Licensed Psychological Associate</td>
<td>3000-7500</td>
<td>(related to supervision level 1, 2, or 3)</td>
</tr>
</tbody>
</table>

*Note. NC = North Carolina, LCSW = licensed clinical social worker, MSW = Masters of Social Work, LPC = licensed professional counselor, LMFT = licensed marriage & family therapist, AAMFT = American Association for Marriage and Family therapy*

**Definition of Key Terms**

Definitions of key terms used throughout this study can be found below:
**Cross-disciplinary supervision.** Cross-disciplinary supervision is defined as “supervision practice occurring between professionals from differing professional and/or disciplinary backgrounds” (Hutchings, O’Donoghue, & Cooper, 2014, p. 53). For purposes of this dissertation, participants (supervisors) and their supervisees were from one of the following disciplines: social work, professional counseling, marriage and family therapy, and counseling psychology.

**Discipline.** In this dissertation, discipline refers to professional backgrounds/affiliation of counseling professionals. Essentially, discipline is the professional affiliation where counseling professionals received their counseling education and training, and for some, the affiliation that governs counseling licensure requirements.

**Epochen.** A process in which “investigators set aside their experiences, as much as possible, to take a fresh perspective toward the phenomenon under examination” (Creswell, 2013, p. 80). This is completed by the researcher prior to conducting a research study in which the researcher fully discloses personal experience with the phenomenon of interest and any thoughts and opinions about potential outcomes.

**Essence.** The essence is a detailed description of the common experience of all participants and is a synthesis of textual and structural descriptions. It is a narrative composite description of the common experiences of all participants that yields better understanding of the phenomenon of interest. Reading the essence of the phenomenon allows readers to gain a true sense of what it is like to experience the phenomenon (Creswell, 2013).

**Horizontalization.** Creswell (2013) identifies horizontalization as the process in which data analysts go through written transcripts and highlight significant statements. Essentially, researchers go through the data and highlight significant statements or themes related to the
phenomenon. Each statement or “horizon” is treated as having equal value in understanding the phenomenon (Moustakas, 1994).

**Structural description.** Structural descriptions describe *how* cross-disciplinary supervision was experienced in terms of context or setting. This description focuses on the “setting that influenced how participants experienced the phenomenon” (Creswell, 2013, p. 82).

**Supervisee.** The term supervisee is used to represent unlicensed counseling professionals who have experience engaging in clinical supervision with a licensed or board approved clinical supervisor.

**Supervisor.** Supervisors are counseling professionals who are licensed or board approved clinicians and have experience conducting clinical supervision with counseling professionals.

**Textural description.** Textural descriptions describe *what* participants experienced with the phenomenon (Creswell, 2013). This description includes written narrative descriptions of what participants describe as their experiences with the phenomenon.

**Organization of Study**

The initial concept of cross-disciplinary supervision among counseling professionals was introduced in this chapter. In addition to a brief narrative description of this concept the statement of the problem, purpose, significance of the study, delimitations, assumptions and definition of key terms were also included in this first chapter. The second chapter will include a thorough review of relevant literature and previously conducted studies on cross-disciplinary supervision as well as literature supporting the chosen theories that guide the study. The methodology established to conduct this study is outlined in chapter three. The
results or findings of the study will be outlined in chapter four followed by chapter five which will include discussion and conclusions based on study findings and data analysis.
Chapter 2: Literature Review

Pertinent literature is reviewed in this chapter to better explicate the relevance of cross-disciplinary supervision to counseling disciplines. The review is organized into the following nine sections: (a) an introduction to clinical supervision, (b) multicultural supervision, (c) choosing clinical supervisors, (d) overview of conceptual piece on cross-disciplinary supervision, (e) overview of previous studies on cross-disciplinary supervision, (f) information concerning practice related issues, (g) findings of unpublished pilot study on cross-disciplinary supervision, (h) useful theoretical concepts related to cross-disciplinary supervision, and (i) a summary of the literature and rationale for present study.

The literature search included database searches and bibliographies of key journal articles related to cross-disciplinary supervision. The databases searched were Summon, Academic Search Complete, Google Scholar, Web of Science, JSTOR, and ERIC. The bibliographies searched included: Crocket et al. (2009); Hutchings, O’Donoghue, Cooper (2014); and O’Donoghue (2004).

The other key source materials utilized were theses, dissertations, and professional association publications. Terms used in literature searches included cross-licensure supervision, counseling clinical supervision, clinical supervision, cross-disciplinary supervision, interdisciplinary, and post-modern supervision.

Clinical Supervision

Clinical supervision has roots in the social work discipline with the first text related to clinical supervision written in the early twentieth century. The purpose of clinical supervision was to provide support and feedback to mental health professionals practicing in the field by way of emotional support and case consultation (Edwards, 2013). As the supervision
framework continually emerged, there arose a need to provide additional specific training for supervisors, leading to the development of regulations for the supervision process. The American Association for Marriage and Family Therapy (AAMFT) is thought to be the first counseling profession to develop a designated approved supervision credential and establish standards for the discipline (AAMFT, 2014; Edwards, 2013; Todd & Storm, 2002).

State board approved clinical supervisors for counseling professions facilitate clinical supervision by establishing guidelines and standards. According to the American Association of State Counseling Boards (AASCB, 2007), “the clinical supervisor endeavors to insure competence of professional services, achieve and sustain appropriate standards of care, and to facilitate the supervisee’s professional development” (p. 1). Clinical supervisors are counseling professionals who have obtained advanced level clinical experience, met stipulated educational requirements and are approved by state regulatory boards. Counseling professionals engaged in supervision with clinical supervisors are referred to as supervisees. These clinical supervisors are ethically and legally liable for the work of their counselor supervisees, who in turn, are viewed as still in training until completion of full licensure status (Magnuson, Norem, & Wilcoxon, 2000). In this arrangement, clinical supervisors are also responsible for the care of clients being counseled by their supervisees. Unethical and illegal client care practices by counseling professionals have a negative impact on clinical supervisors’ professional identity (Todd & Storm, 2002).

According to Bernard and Goodyear (2014), the purpose of clinical supervision is to: (a) provide oversight, (b) promote professional development (c) evaluate levels of supervisee clinical competence, and (d) ensure that legal and ethical guidelines are followed. Simply stated, Liddle (1988) defined clinical supervision as the process of teaching clinicians how to
conducted therapy. The ultimate responsibility of clinical supervision is protecting client
welfare (Magnuson, Norem, Wilcoxon, 2002). In doing so, clinical supervisors inform and
guide the work of counselor supervisees when conceptualizing cases, providing treatment
interventions, and using varying clinical theories and models of supervision in treating
various client populations.

An important foundation of clinical supervision is the supervisory relationship
between clinical supervisors and their supervisees (Ramos-Sanchez et al., 2002). The
supervisor-supervisee relationship is a vital training component, and some researchers
postulate that this relationship is analogous to the counselor-client relationship needed in
successful therapeutic counseling (Bernard & Goodyear, 2014; Edwards, 2013; Magnuson et
al., 2002). A successful supervisory relationship creates a bond of trust between supervisors
and supervisees that is needed for supervisors to have the greatest impact on the personal and
professional development of supervisees (Bernard & Goodyear, 2014). In fact, some research
findings report positive outcomes of the successful matches between supervisors and
supervisees, which, in turn, may be enhanced through supervision training programs (Ramos-
Sanchez et al., 2002).

**Multicultural Supervision**

As previously noted, clinical supervision is used to increase clinical competence and
professional development of supervisees. Clinical supervisors guide the development of
supervisees and serve as gatekeepers to their professions. In the process of clinical
supervision, the impact of race, education, socioeconomic status, language, religion, sexual
orientation, and ethnicity is inevitable. These cultural differences influence the relationship
between supervisees and their clients and between supervisors and supervisees. For example, in regards to race, Cook (1994) states the following:

The unspoken assumptions regarding race and the cultural influences of the individuals involved in supervision may affect every aspect of supervision, including establishment of the relationship and expectations for supervision, assignment of clients, conceptualization of clients and treatment planning, recommendations for client referrals, and evaluation of supervisees. (p. 138-139)

Particularly in the counseling profession, the clientele of supervisees may be culturally diverse on many levels. Therefore, proper clinical and professional development and training around multicultural issues should be an important element of clinical supervision experiences. Banks (2001) postulates the supervision setting as the ideal place to reinforce cultural awareness and sensitivity.

Educating supervisees on the impact of cultural differences when working with clients can begin with properly addressing the impact of cultural differences between supervisors and supervisees (Stone, 1997). Cultural differences within the supervisory relationship can lead to covert and overt power imbalances. Nelson et al. (2006) states the following about potential power imbalances:

When gender, race, or cultural differences are present in the supervisory relationship, the power imbalance may increase or shift in direction, resulting in either the supervisee or the supervisor feeling that they do not have enough power to perform optimally. (p. 105)

Therefore, any cultural influences that lead to natural power differentials within supervision relationships should be addressed and discussed. Several scholars believe it is the
responsibility of the supervisor to identify and address such issues in the supervision relationship and encourage more in depth discussions on these differences (Cook, 1994).

In the specific context of cross-disciplinary supervision, there exist varying types of cultural influences that may result in power imbalances and challenges in establishing successful interdisciplinary collaborative relationships. For example, supervisors trained in disciplines different from their supervisees demonstrate a cultural difference in education in which they may feel their educational training is superior or inferior to the other. In addition, the influences of other cultural differences such as race, gender, ethnicity, religion, and sexual orientation may also influence the experience of cross-disciplinary supervision.

Considering that a number of scholars suggest supervisors are responsible for addressing such issues in supervision, the present research focuses on cross-disciplinary supervision experiences of supervisors and also the impact of cultural differences within the phenomenon of cross-disciplinary supervision.

**Choosing Clinical Supervisors**

Counseling professionals seeking state licensure or certification often have the opportunity to choose their clinical supervisors prior to engaging in clinical supervision. These counseling professionals are encouraged to “view themselves as consumers of supervision in the same way they are consumers of professional services” (Magnuson et al., 2002, p. 54). Supervisors may be chosen on the basis of criteria such as learning goals, cost, supervision style, location, and state regulatory requirements (Magnuson et al., 2002). Selection of clinical supervisors is a vital first step for counseling professionals because supervision is the step between training and becoming competent, independent counseling professionals. As noted by Liddle (1988), “therapists who repeatedly have inadequate
supervisors are at increased risk for providing poor service to their clients, and tarnishing
their own and their profession’s standing in the community and society” (p. 153).

Magnuson et al. (2002) encouraged counseling professionals to carefully and
intentionally select supervisors who appear to be skillful and possess professional
competence and integrity. In addition to various personal and professional supervisor
characteristics that guide counseling professionals’ choices, many select supervisors holding
licensure credentials matching their own because of state licensure boards’ requirements and
to uphold the identity of the profession. On the other hand, some counseling professionals
obtain clinical supervision from clinical supervisors of different disciplines, although some
writers advocate against such practices. For example, Brislin and Herbert (2009) stated
“given various foci of clinical supervision, it is recommended that counselors seek
supervision within their specific scope of practice” (p. 41). Bernard and Goodyear (2014) do
not specifically discourage the practice but recommend counseling professionals receive the
majority of their supervision experiences from clinical supervisors within their discipline,
encouraging professional identity development. The National Association of Social Workers
(NASW, 2013) stated the following:

Social workers should seek supervision or consultation from another social worker
with regard to specific social work practices and issues. Similarly, a social worker
providing supervision to a member of another discipline should refer that supervisee
to a member of her or his own profession for practice-specific supervision or
consultation. (p. 11)

Interestingly, Edwards (2013) inferred the need for further investigation concerning
the necessity for specific supervision models in providing clinical supervision to specific
treatment populations. This statement suggests that, if specific supervision models may be beneficial for specific treatment populations, then specific supervisors’ may be beneficial for counseling professionals’ scope of practice. Where does cross-disciplinary supervision fit within these perspectives of clinical supervision and selecting clinical supervisors? Is it a practice that should be supported or discouraged by counseling professionals when considering the impact such arrangements may have on counseling professions?

Meanwhile, more counseling professionals are receiving clinical supervision from approved supervisors of different disciplines, either due to personal choice or lack of availability of licensed supervisors in own disciplines or place of employment (Ungar & Costanzo, 2007). Thus, they are engaging in cross-disciplinary supervision. These supervision arrangements are evidenced within various counseling disciplines and across several states. For example, in the marriage and family therapy counseling discipline, results of a study indicated that only eight states required counseling professionals receive supervision from an AAMFT approved supervisor or supervisor candidate. In addition, two states required supervision training for non-LMFT supervisors (West, Hinton, Grames & Adams, 2013, p. 120). As the findings illustrate, there are a number of states that do accept cross-disciplinary supervision arrangements, some having specific regulations for the process.

Cross-disciplinary supervision arrangements often require counseling professionals to take additional steps to obtain board approval of chosen supervisors. Some state boards approve cross-disciplinary supervision more readily than others. On the other hand, social work is a profession that does not readily accept cross-disciplinary supervision arrangements. For example, the North Carolina Social Work Certification and Licensure Board requires
associated credentialed social workers have “appropriately supervised clinical practice” which is defined as follows:

Appropriate supervision means that provided by a supervisor who is an LCSW with a MSW degree from a CSWE accredited program and two years of post LCSW clinical practice, experience, and who is in good standing with this Board (not under discipline) (http://www.ncswboard.org/page/general-information1).

Of the state boards that approve cross-disciplinary supervision, supervision expectations also vary across counseling disciplines. For example, the North Carolina Board of Licensed Professional Counselors (NCBLPC) approves clinical supervision from professionals of different counseling disciplines only within specific rules and standards. Qualified clinical supervisors include active licensed professional counselors (LPC) or other mental health professionals with required graduate credits and experience in clinical supervision. These mental health professionals include licensed marriage and family therapists (LMFT), licensed clinical social workers (LCSW), licensed psychologists, licensed medical doctors, and clinical nurse specialists (NCBLPC, 2015). As evidenced, this professional counseling discipline encourages a more collaborative approach in training counseling professionals within the clinical supervision process.

**Conceptual Article on Cross-disciplinary Supervision**

O’Donoghue (2004) critically examined the concept of cross-disciplinary supervision as it pertained to social work supervisors and supervisees. In this article, O’Donoghue (2004) discussed the following four elements related to cross-disciplinary supervision: (a) the history and nature of supervision within social work and other professions, (b) the literature and research relevant to cross-disciplinary supervision, (c) the politics and ethics involved in
the cross-disciplinary supervision, and (d) the occupational regulatory environment. Additionally, social work supervision culture and practices were compared to supervision common to psychotherapy and other counseling professions. In these professional disciplines, supervision was identified as an important element in practitioners’ professional identity development and protection of client welfare (O’Donoghue, 2004).

Cross-disciplinary supervision was referred to as a supervision hybrid and the politics of this type of supervision was discussed. For example, O’Donoghue (2004) challenged the presentation of supervision as merely a “field of practice” with professions versus a discipline and profession in its “own right” (p. 1). O’Donoghue (2004) noted viewing supervision from a field of practice lens implied the need for supervisors to encourage professional development of supervisees as well as development of supervisee competence in clinical need areas related to their discipline. On the other hand, viewing supervision as a discipline in its own right incorporates much more of an emphasis on supervisors having the expertise and skill to supervise, evidenced by utilization of specific supervision methods and models. It was concluded that supervisors having expertise in practice related issues and knowledge of how to effectively conduct supervision are equally important.

Other issues addressed related to the politics of cross-disciplinary supervision is supervisor’s competence to engage in cross-disciplinary supervision in relation to supervisors having expertise in practice related issues and the ability to effectively conduct supervision simultaneously. O’Donoghue (2004) highlighted the need for supervisors and supervisees to consider exactly what is contracted to be addressed in supervision. An example was provided in which a social work supervisor supervised the work of a nurse on certain clinical cases that were areas of expertise for the supervisor in addition to the nurse’s own nursing supervisor
versus a social work supervisor being the sole supervisor for the same nurse. In the first scenario, the social work supervisor was focused on supervising clinical cases in her area of expertise. Whereas, in the second scenario the social work supervisor engaged in supervision outside of her expertise, running the risk of supervising “outside of their competence” which may be a breach of social work ethics in certain states and countries.

O’Donoghue (2004) addressed the issues of cross-disciplinary supervision specific to the social work profession. After considering the history of supervision, relevant literature, political and ethical issues, and the regulatory environment, final thoughts on the matter suggested specific guidelines for the practice of cross-disciplinary supervision for social workers. These guidelines were outlined from the perspective of social workers’ roles as supervisors and supervisees. It is reasonable to assume the issues related to cross-disciplinary supervision from the social work discipline would be equally important and relevant to other disciplines similar to social work that also practice cross-disciplinary supervision.

**Previous Studies on Cross-disciplinary Supervision**

As previously mentioned, Crocket et al., (2009) explored the possibilities and limitations of cross-disciplinary supervision in a qualitative study that included six supervisors from the fields of counseling, social work, and psychology who had supervised individuals from various other professions in New Zealand. The sample for the study was drawn from supervisors who were experienced in cross-discipline supervision in New Zealand. Supervisors were from the fields of social work, counseling, and psychology and were experienced in supervising professionals from a wide range of backgrounds.

Important benefits identified by participants for both supervisors and supervisees were: (a) broadening the perspective of other professionals from different disciplines, (b)
balancing power dynamics among professions, and (c) encouraging team approaches to client care. Limitations identified by participants centered on contractual agreements of cross-disciplinary supervision. Most participants suggested contracts should clearly outline roles, accountabilities, and expectations of the process (Crocket et al., 2009). Crocket et al. suggested clearly negotiating the focus of cross-disciplinary supervision arrangements.

Overall cross-disciplinary supervision is seen as an experience that may lead to increased “inter-professional respect” (p. 40).

In a quantitative descriptive research study on cross-disciplinary supervision, Hutchings, O’Donoghue, and Cooper (2014) surveyed views of New Zealand cross-discipline supervisors and supervisees. A survey research design was utilized and the data were related to general characteristics, prevalence of cross-disciplinary supervision, nature of the cross-disciplinary supervision, and views about cross-disciplinary supervision.

The survey was administered to 267 Aotearoa New Zealand Association of Social Workers (ANZASW) members. The purpose of this study was to: (a) describe the prevalence of cross-disciplinary supervision amongst members of ANZASW, (b) explain the nature of cross-disciplinary supervision, and (c) examine ANZASW members’ views about cross-disciplinary supervision. The findings were discussed in relation to implications for professional practice and future research. There was value in learning from the findings that the practice of cross-disciplinary supervision is occurring and there is some agreement that guidelines for the practice would be beneficial.

The researchers noted that participants had an overall positive view of cross-disciplinary supervision and received benefits to their professional development. The researchers stated: “The majority of participants agreed that cross-disciplinary supervision is
effective where it facilitates reflective practice, challenges professional assumptions, facilitates practice development, the supervisor is an expert, it occurs regularly and it is in addition to own profession/discipline supervision” (Hutchings, et al., 2014, p. 12). Overall, the preliminary framework developed and initial findings noted from the small study sample provided evidence that cross-disciplinary supervision is a unique experience of supervision still occurring and not sufficiently researched in the social work profession.

Townend (2005) published another research study addressing inter-professional supervision among mental health nurses and other professionals in the field of cognitive behavioral psychotherapy. An open-ended qualitative survey of 170 cognitive behavioral psychotherapists (CBPs) from the UK generated themes that indicated the participants had both positive and negative experiences when engaged in interprofessional supervision. Resultant negative themes included the following: (a) professional role and training differences and misunderstandings, (b) differences in training level, (c) absence of shared theories and language, (d) absence of empathy of organizational issues, (e) anxiety, and (f) fear of revealing weaknesses. Positive themes included the following: (a) different perspectives, (b) increased creativity, (c) wider knowledge, (d) prevents complacency, and (e) enhances critical thinking. The demographic data indicated 40% of CBPs engaged in inter-professional supervision and also indicated the need for practice recommendations to help guide inter-professional supervision work. Overall, the findings provided insight into the practice of inter-professional supervision, leading to important implications that can enhance the practice. The researcher also suggested the need for developing theoretical models for inter-professional supervision. Investigating cross-disciplinary (a.k.a. inter-professional) supervision from a phenomenological lens in the present study may provide foundational
information needed to support development of a theoretical model for cross-disciplinary supervision.

Cross-disciplinary Supervision Practice Issues

Practice issues related to cross-disciplinary supervision frequently address theories, ethics, supervision structure and supervision expectations that guide clinical supervision. Two practice-related issues are discussed in the following sections along with supporting literature.

Counseling theories. Counseling theories guide the work of counseling professionals by providing a framework for conceptualizing and informing treatment interventions. The theoretical lens utilized may vary depending on factors such as supervisees’ theory of change, client population served, and supervisees’ chosen counseling discipline. For example, in the field of marriage and family therapy, special training in systems thinking is believed to be a prerequisite to clinical care given by family therapists and distinguishes the profession from other counseling professions (Edwards, 2013). Although there are differing perspectives among counseling professionals concerning the relevance of specific theoretical models for targeted client populations (Edwards, 2013; Hackney, 1992), conflicts in applying different theoretical perspectives when approaching client cases are potential consequences in cross-disciplinary supervision arrangements. This is especially true if supervision contracts, outlining supervision expectations and structure, are not clearly defined. For example, Magnuson, Wilcoxon, and Norem (2000) investigated “lousy” supervision that was identified as the following:

Participants in this study associated lousy supervision with intolerance, inflexibility, and professional apathy. More specifically, they suggested that ineffective
supervisors neglect initial clarification of expectations and assessment of supervisees’ needs, give vague and abstract feedback, and give excessive correction or affirming appraisal. In addition, less effective supervisors impose their own agendas without regard for supervisees’ theoretical orientation. (p. 289)

**Counseling ethics.** All counseling professions are governed by their own code of ethics. Ethical codes guide the behavior of counseling professionals and protect clients from harm. Within the context of clinical supervision, supervisors are dually responsible for abiding by their profession’s code of ethics while also enhancing supervisees’ ethical decision making skills (Bernard & Goodyear, 2014). Todd and Storm (2002) summed up the expectations for clinical supervisors:

Supervisors help prevent their supervisees from inadvertently making unethical decisions or acquiring legal liability and sensitize supervisees to the ethical aspects of professional practice. Supervisors do not walk in the shoes of therapists, but they are responsible and accountable ethically and legally for providing supervision consistent with the professions’ standard of care for supervision. (p. 37)

Cross-disciplinary supervision arrangements can complicate the decision-making process for supervisors and supervisees who are not aware of the differences in ethical codes of their respective counseling disciplines.

**Findings of Unpublished Pilot Study on Cross-disciplinary Supervision**

As previously mentioned, Crooms (2015) conducted an unpublished study on cross-disciplinary supervision. A phenomenological qualitative analysis was used to gain better understanding of the essence of cross-disciplinary supervision among counseling professionals. The qualitative data from semi-structured interviews of counseling
professionals receiving clinical supervision from counseling supervisors in different disciplines revealed the experience of unclear expectations, theoretical mismatch, and limited options. Additionally, all participants experienced cross-licensure supervision in employer’s agencies. The counseling professionals experienced ambivalence towards the process of cross-disciplinary supervision. Most participants identified positive outcomes towards professional development and limited positive outcomes related to clinical development. A more detailed explanation of study results is provided in the following sections.

**Preliminary findings.** After analyzing all participant interviews and field observation notes several themes emerged. Themes identified as part of the preliminary findings were theoretical match versus mismatch, unclear supervision expectations, limited options, and the context of employer agency.

**Analysis of preliminary findings.** Based on study findings, cross-disciplinary supervision is a phenomenon that can have positive impacts on professional and clinical development. Cross-disciplinary supervision is also an experience that includes common challenges among counseling professionals. Based on phenomenological research and data analysis, textural descriptions identify what participants experienced with a phenomenon and structural descriptions identify how participants experienced a phenomenon (Creswell, 2013). A composite textural and structural descriptions as well as the narrative presentation of the essence of cross-disciplinary supervision follows.

**Composite textural description.** Participants generally experienced cross-disciplinary supervision with ambivalence. This ambivalence included unclear supervision expectations, a theoretical mismatch, and limited options. In these experiences, participants identified positive outcomes on clinical or professional development but not both. Participant #1
provided the following description of the impact on her development:

Um…I didn’t think like when I started it, I didn’t think like anything about it, like I just thought…‘Hey, how you get supervision’. Um…as I got mor, mor, older, older as I’ve moved into like…specially, my um my studies and like my experiences clinically, I think it’s changed a little bit where…um…where now I have more, awareness maybe what I need and what I want out of supervision, um, I think, it’s kinda like…exactly who you are when you start in the wor, job place, [um hum] you think one thing but then after you have like kinda um, more experiences in it your next job you know moreso what you’re looking for what you’re not looking for and things like that. [Right]. So I think that’s mostly like what’s mostly has changed, um, over time, is that, my clinical experiences as well as my continued education [um hum] has showed…that…I can it’s ok for me to look for a different supervisor and, these are the things that I’m looking for or, so important I don’t know if I would be…particular, like it has to be a LPC [um hum] specifically but I would be looking for also more, for like…like, interviewing them almost and not just like, ‘Oh, please take me on’ you know, I would like, ‘what are, what are the things you’re going to bring to the table that I’m looking for’ also. (personal communication, April 7, 2015)

Participant #4 described more of a positive impact on clinical development in the following description:

Um…well, ya, you know it’s strange…she was an LCSW [clears throat] …and coming out of, out of that paradigm but…and she was also working with kids [um hum] and I didn’t know much about kids other than my own…so, uh, I think I really looked to her to…both shape the uh…her…you know I was really curious to see how
she framed…what she was doing as an agency [um hum] and also how
she…conceptualized what she saw in these dual diagnosed kids [um hum] uh and
then also I looked to her to…to help me inform…the, the legal, you know paperwork,
notes, that kind of stuff. (personal communication, April 12, 2015)

Participant #4 also described statements of limited options in the following
statements, “I didn’t have a choice, she was my boss” and “But I knew that I, had to placate
her…cause, you know…she was holding the keys to…my hours” (personal communication, April 12, 2015). Participant #2 stated, “It was just convenient” (personal communication, April 7, 2015). Participant #3 stated, “I didn’t have a choice” (personal communication, April 11, 2015). Some of the emotions described by participants in cross-licensure supervision
were “stressful”, “not very happy”, “confusing”, “detached”, “good”, and “overwhelmed”.
Based on these findings, counseling professionals experienced ambivalence in cross-licensure supervision due to limited options, theoretical mismatch, and unclear supervision
expectations.

**Composite structural description.** All participants indicated having a cross-disciplinary supervision experience in their employment setting, in which standards for supervision may be more important within these organizational structures. In the literature, there appears to be minimal flexibility in choosing supervisors within employer agencies (Magnuson et al., 2000). Based on Bronstein’s (2003) model, structural characteristics are an important factor in successful interdisciplinary collaboration. The findings from this study provide support to encouraging employer agencies to reassess standards and expectations of supervision for counseling professionals in order to increase potential for a positive impact on clinical and professional development.
**Essence of cross-disciplinary supervision.** Participants experienced cross-disciplinary supervision within employer agencies comprised of theoretical mismatches, unclear supervision expectations, limited options, and ambivalence towards the process and outcome of cross-disciplinary supervision. In general, this ambivalence included wanting to identify positive aspects of cross-disciplinary supervision on their professional development and a general feeling of ‘a missing experience’ on clinical development. The counseling professionals expressed a desire for supervisors to understand the differences in professional backgrounds and address these differences earlier on in the experience or incorporate flexibility related to these differences.

The findings indicating that participants desired clear supervision expectations and experienced a theoretical match between supervisors and supervisees supported Bronstein’s (2003) Model of Interdisciplinary Collaboration used in the study by Crooms (2015). Bronstein’s (2003) model highlights the importance of newly created professional activities, collective ownership of goals, and flexibility to encourage more successful collaboration among disciplines. Identifying clear supervision expectations is synonymous with the development of newly created professional activities and collective ownership of goals. Encouraging a theoretical match may mean both parties have a basic understanding of each other’s identified theories in order to encourage collaboration in supervision settings. Bronstein’s (2003) model identifies flexibility as a concept that could encourage supervisors and supervisees to develop effective compromises and adjust to new roles within cross-disciplinary supervision arrangements. This model is further explained in more detail below.

Challenges to cross-disciplinary supervision identified from the literature such as, potential ethical code violations, different professional identities, substandard training, and
licensing regulations can be addressed by using Bronstein’s (2003) model as well. Interdisciplinary collaboration would encourage supervisors engage in cross-disciplinary supervision and spend more time becoming familiar with licensure regulations, ethical codes, and theoretical frameworks of potential supervisees prior to initiating supervision. In addition, supervisors could develop clearly identified goals in collaboration with potential supervisees in areas of clinical and professional development. Standardized methods of engaging in cross-disciplinary supervision would ensure quality outcomes of the process. Overall, the concepts identified by Bronstein’s (2003) Model of Interdisciplinary Collaboration are ingredients that may encourage more successful cross-disciplinary supervision arrangements and support clinical and professional development among counseling professionals.

Cross-disciplinary supervision involves supervisees who are in the field training process of their professional counseling careers and involved with supervisors who have an interest in fostering clinical and professional development. Therefore, the present study may be beneficial for counseling licensure state boards and administrators, counseling supervisor training programs, and counselor education programs. In addition, employers that provide supervision for counseling professionals may benefit from the findings.

**Useful Theoretical Concepts Related to Cross-disciplinary Supervision**

Very little research has been done attempting to understand the process of cross-disciplinary supervision and related theoretical concepts. The theories presented below will be used to help guide understanding of the process cross-disciplinary supervision among counseling professionals in private practice and agency settings in the present study. The theories most relevant to this experience include Bronstein’s (2003) Model for
Interdisciplinary Collaboration and Raven’s Power/Interaction Model of Interpersonal Influence.

**Bronstein’s (2003) model for interdisciplinary collaboration.** Cross-disciplinary supervision is a process in which two counseling professions from different disciplines exchange their clinical expertise as supervisors and supervisees. This merging of ideas is related to the concept of interdisciplinary collaboration, in that two professions within the broad category of counseling collaboratively engage in an exchange of ideas. Bronstein (2003) developed a model for interdisciplinary collaboration to provide a framework for social workers working with colleagues from other disciplines. This model, as initially developed, was unique to social workers given their various contexts of employment.

However, the components of this model may also serve as a model for interdisciplinary collaboration among other counseling professions, such as professional counseling, marriage and family therapy, and counseling psychology. In these professions, counselors often work with clients having multiple mental health issues and various other psychological and social needs that warrant collaboration with other professionals with more expert knowledge of certain clinical conditions. Bronstein (2003) notes, “clients in the mental health system present with more complex symptoms that require the expertise of professionals with diverse educational backgrounds” (p. 298). According to the model, these professional junctures are optimally achieved using five components of interdisciplinary collaboration as well as four social influences that moderate interdisciplinary collaborative work.

Interdisciplinary collaboration is defined as more than just working professional relationships that address problems, but professional relationships that address problems that
are “unlikely to be effectively managed by persons or agencies working separately” (p. 11).

In the development of this model, Bronstein (2003) sought to address the needs of mental health populations by creating structured guidelines for interdisciplinary work among professionals with common client goals. The model encourages a culture of collaboration that is not only important but also inevitable among helping professions (Bronstein, 2003).

**Model components.** Bronstein (2003) includes the following five components in the model: (a) interdependence, (b) newly created professional activities, (c) flexibility, (d) collective ownership of goals, and (e) reflection on process. Interdependence is the reliance of interactions among collaborating professionals and clear understanding and respect for different professional roles (Abramson & Rosenthal, 1995). Interdependence also includes effective communication among professionals and awareness of professional boundaries (Bronstein, 2003). Newly created professional activities includes activities or resources collaboratively developed by professionals of different disciplines that combine the expertise of each professional (Kagan, 1992). Flexibility refers to reaching effective compromises and adapting to new roles as needed within collaboration. Flexibility decreases hierarchical power dynamics within collaborative relationships.

Collective ownership of goals refers to shared responsibility of goals developed in collaboration, also known as collective decision making. Professionals must be willing to take responsibility for their part and support disagreements among colleagues (Abramson, 1984). Collective ownership of goals also includes shared visions, missions, and objectives for collaborative interactions (Bronstein, 2003).

Reflection on process involves internal and external reflection on the working relationship among professionals, which involve communication of strengths and discussion
of steps to improve the relationship and collaborative interactions (Bronstein, 2003).

**Influences on the model.** Bronstein (2003) utilizes several theories to support the development of the model for interdisciplinary collaboration. The primary theories utilized are multidisciplinary theory of collaboration, services integration, role theory, and ecological systems theory. According to Bronstein (2003) these theoretical underpinnings also support the influences on interdisciplinary collaboration, separate from the five components previously explained above. Influences on interdisciplinary collaboration are identified as professional role, personal characteristics, history of collaboration, and structural characteristics. The influence of professional role on interdisciplinary collaboration is explained using role theory. This theory also identifies the effects of status and hierarchy on role development. Bronstein (2003) discusses roles developed within professions that shape professional identity and the importance of respecting other disciplines in order to promote positive interdisciplinary relationships (Bronstein, 2003). Structural characteristics describe ways in which organizations influence interdisciplinary collaboration. Organizations create barriers to successful collaboration by such actions as lack of administrative support for collaboration, excessive workloads, and an unclear mission for the collaborative process (Bronstein, 2003). Level of respect, positive communication, and similar perspectives are personal characteristics that promote successful interdisciplinary collaboration (Abramson & Mizrahi, 1986). Earlier experiences in collaboration are identified as important to successful interdisciplinary collaboration. When professionals have more positive prior experiences with collaboration in paid and internship settings, the potential for success of interdisciplinary collaboration with other professionals in the future increases (Bronstein, 2002).
Bronstein’s (2003) original work on interdisciplinary collaboration was intended to encourage optimal collaboration of social workers with professionals from other disciplines. Social work is closely related to other helping professions such as professional counseling, marriage and family therapy, and counseling psychology. These professions are similar in their scope of practice and educational requirements and in their requirements for clinical supervision, especially counseling professionals on the licensure track.

The ultimate responsibility of clinical supervision is protecting client welfare (Magnuson et al., 2002). Responsible clinical supervisors inform and guide the work of counselor supervisees when conceptualizing cases, providing treatment interventions, and using varying clinical theories and models of supervision. Although clinical supervision is a uniform requisite for all counseling professions and provides a gatekeeping function, counseling professions vary in their codes of ethics, scopes of practice, licensing guidelines and supervision standards. Therefore, professionals that enter cross-disciplinary supervisory relationships are indeed agreeing to engage in interdisciplinary work. An in depth analysis of the components of interdisciplinary collaboration as it relates to cross-disciplinary supervision will help counseling professionals more effectively participate in the experience while maintaining professional integrity within their disciplines.

In addition, interdisciplinary collaboration as described by Bronstein (2003) is moving beyond the professional boundaries that separate specific professions. In essence, the culture of one profession is intermingled with the culture of another profession in order to achieve a common goal. This mixing of professional cultures fits within the postmodern multicultural movement. Modernism emphasizes absolute truths, whereas, postmodernism rejects the notion of absolute truths and emphasizes the appreciation of multiple, subjective
Interdisciplinary collaboration represents an expression of multiple subjective realities. These conclusions are not stated by Bronstein (2003) directly, but can be implied based on the model’s concepts. Bronstein (2003) specifically addresses diversity concepts within the practice of social work when discussing the “expanding web of social problems” that compounds the treatment of client problems” (p. 298). She also makes mention of training social workers to understand and work with multicultural issues as useful knowledge for other professionals who share in the responsibility of client care (Bronstein, 2003). Therefore, multiculturalism and diversity concepts are embraced within the model as justification for interdisciplinary work.

**Raven’s power/interaction model of interpersonal influence.** Cross-disciplinary supervision can be viewed from the lens of social influence and power within the supervisory relationship. Raven (1992) identified six bases of social influence and power as a means for describing the effect of power and the changes produced. The main objective was to better explicate the different effects of social influence. Social influences are explained in terms of different types of power taking place, which can be “pervasive, complex, and often disguised in our society” (French & Raven, 1959, p. 15). According to the model power and influence involves dyadic relationships viewed from the perspective of each agent of the relationship, the agent producing social influence and power and the agent consuming social influence and power. The original five bases of power were reward, coercive, legitimate, referent, and expert power. In 1965, a sixth base of power was added, legitimate power (Raven, 1965) and in 1992 the Power/Interaction Model of Interpersonal Influence was developed (Raven, 1992).
The theory assumes that any system is interdependent, with system defined as a whole or part of a whole (French & Raven, 1959). A system indeed refers to persons in dyadic relationships that are capable of being influenced by one another. The theory of social influence and power is directly concerned with the “primary changes in a system which are produced directly by social influence” (French & Raven, 1959, p. 151). The theory is limited to social influence and power produced by social agents (i.e., person, norm, role, group, or part of a group) on a targeted person. This social influence and power may be negative or positive and consciously or unconsciously formed. In the present study, social agents may be referred to as supervisors.

**Model components.** French and Raven (1959) first defined the key constructs of the theory as psychological change, social influence, and social power. Psychological change is defined as changes in behaviors, opinions, attitudes, goals, needs, values and all other aspects of a person’s psychological state. Social influence is defined as negative or positive influence produced by social agents on a person, forcing the person to change in a particular direction or resulting in resistance. In either case, the relationship between the two entities is affected in some manner. Social power is defined as the maximum potential ability of social agents to influence others.

The six bases of power that are included in the model are: (a) reward, (b) coercive, (c) legitimate, (d) referent, (e) expert, and (f) informational. Reward power is based on the ability of social agents to provide reward in order to influence others. Coercive power is a social agent’s use of punishment for noncompliance. Coercive power is similar to reward power in that both sources of power involve the social agent’s ability to manipulate the level of power used. Both reward and coercive power may also include personal and impersonal
forms. Personal reward or coercion occurs when social agents threaten liking or disliking a person due to noncompliance, whereas, impersonal reward or coercion occurs when social agents threaten rewards or punishments not based on like or dislike (e.g., threats of promotion or demotion) (Raven, Schwarzwald, & Koslowsky, 1998).

Legitimate power is defined as power that stems from the targeted person’s internalized values of social agents, which determines whether social agents have the legitimimized right to influence others. Further research by Raven (1992) identified four different positions of legitimate power that explain why a person feels obligated to comply: (a) legitimate position, (b) legitimate reciprocity, (c) legitimate equity, and (d) legitimate dependence. Legitimate position requires a person to comply because social agents are in superior positions and influence those in inferior positions. Legitimate reciprocity is a targeted person’s reciprocal act in response to social agents doing something positive. Social agents’ demand for compliance as a means of compensation and fair play is legitimate equity. Legitimate dependence/responsibility is when a person complies because the social agent is seen as needing assistance, also known as power of the powerlessness (Raven, 2008; Raven et al., 1998).

Referent power results when individuals feel as if they like or want to be liked by a social agent, not based on rewards or punishment. Oftentimes, social agents are unconscious of their referent power they exert (French & Raven, 1959). Expert power refers to the reliance on the superior knowledge of social agents. Individuals often defer to social agents who have greater knowledge or expertise in certain areas. Therefore, social agents’ power is limited to their area of expertise (Raven, 2008). Both referent and expert power may also include positive and negative forms. The definitions stated above represent positive forms of
both referent and expert power. Negative forms of expert and referent power occur when a targeted person does the opposite of what social agents do or desire (Raven, 1992).

Informational power is the most transient of the power bases in that it only exists until power is given away. The information social agents possess is wanted or needed by others. Consequently, social agents are the keepers of power until the information/resource is given away (Raven, 2008). Raven (1992) distinguishes informational power as direct and indirect forms. For example, information may be provided to a targeted person in a direct form by sharing information through verbal communication or directly handing over information. Overheard conversations or anonymously providing information to a targeted person are forms of indirect informational power (Raven, 1992).

Raven’s (1992) Power/Interaction Model of Interpersonal Influence was intended for dyadic relationship systems involving a person and social agents of influence and change. Cross-disciplinary supervision indeed involves dyadic supervisory relationships in which supervisors are social agents of influence and change and thus utilize power bases in some manner. The six bases of power can help explicate the nature of influence within supervisory relationships as the supervision dyad works together to accomplish common goals. Clinical supervision among counseling professionals may naturally include aspects of the six power bases. Cross-disciplinary supervision, a type of clinical supervision, provides another level of complexity to the supervisory relationship, which may impact the manifestation of power within these relationships.

Social influence and power is irrespective of culture and therefore applicable across many cultural contexts. As noted, the theory has been applied to familial relationships, organizational settings, healthcare settings, and educational settings. Counseling and
counseling supervision are additional contexts that involve the use of social influence and power to bring about change. The developed concepts of the theory and corresponding model embrace the multicultural makeup of society that functions as a result of the continual cycle of social influence and power.

**Summary and Rationale for Present Study**

It is imperative to consider this literature when exploring the development and process of cross-disciplinary supervision. With the implications shown through this review of literature it becomes evident that cross-disciplinary supervision can impact the training of counseling professionals. Thus, an in depth view of cross-disciplinary supervision was beneficial to encourage more successful collaboration among counseling disciplines and enhance training of future counseling professionals.

Although there is published research on cross-disciplinary supervision, many of the studies focused primarily on the process within the social work profession. Although the information was useful in understanding the potential advantages and limitations of cross-disciplinary supervision among other similar professions such as counseling, specific research studies focused on cross-disciplinary supervision among counseling disciplines is lacking. Crooms (2015) began investigating the concept of cross-disciplinary supervision among counseling disciplines from the perspective of counseling professionals (supervisees). Confirming results from her study using a larger sample of participants would add depth to the knowledge of cross-disciplinary supervision. In addition, exploring cross-disciplinary supervision from counseling supervisors’ perspective using a phenomenological approach would add validity to the essence of cross-disciplinary supervision. The literature also highlighted the important role of supervisors in providing structure for clinical supervision.
and developing supervision expectations in order to foster clinical and professional
development. The present study was designed to gain a better understanding of the
phenomenon of cross-disciplinary supervision from the perspective of counseling supervisors
in hopes of further understanding what impedes and what facilitates cross-disciplinary
supervision.
Chapter 3: Method

Introduction

Chapter three provides an overview of the research methodology in the current study. A thorough explanation of the research design, qualitative phenomenology, and relation to present study is presented. Additionally, sampling techniques, participant recruitment, participant demographics, data collection techniques, study procedures, and data analysis procedures are covered. Lastly, this section will include a summary of information presented.

Research Design

A phenomenological qualitative approach was used to conduct the present study. Phenomenological methodology “describes the common meaning for several individuals of their lived experiences of a concept or phenomenon” (Creswell, 2013, p. 76). This approach allows the investigator to best answer the research questions, which aim to understand the lived experiences of counseling supervisors who have engaged in cross-disciplinary supervision. The general steps utilized in phenomenological analysis for the present study were as follows: (a) described personal experiences with the phenomenon under study, (b) developed list of significant statements (horizonalization of data), (c) significant statements were grouped together into meaning units or themes, (d) written textural descriptions (individual and collective) including verbatim examples, (e) written structural descriptions (individual and collective) including include verbatim examples, (f) written composite description of the essence of experience (Creswell, 2013). The first step, identifying personal experiences with the phenomenon and setting those aside, is what is known as engaging in the Epoche (Moustakas, 1994). Engaging in the Epoche allows time for researchers to free their minds from any judgments, in order to view the data in a completely open manner. The
researchers’ prior experiences with cross-disciplinary supervision are described in the following section titled researcher subjectivity, which is a part of the Epoche process.

**Researcher Subjectivity**

Interest in the topic of cross-disciplinary supervision grew out of my personal experience as a cross-disciplinary supervisor. Currently, I am an approved supervisor under the American Association for Marriage and Family Therapy (AAMFT). I began approved supervisor training in 2013 and completed it in 2016. I am excited to add this skill set in order to train future professionals in the discipline of marriage and family therapy as part of my career. In 2014, while still in supervisory training, I was also in my third year of studies at North Carolina State University working towards a Ph.D. in Counselor Education.

Requirements for the program included a semester of supervising master’s level counseling professionals for their clinical internship experience. My caseload included four supervisees working in the areas of career counseling, school counseling, community mental health, and academic coaching. Supervisees were required to meet once a week for individual supervision, once a week for group supervision, and submit videotaped sessions of their clinical work weekly.

Very quickly I realized that my knowledge of theories and clinical practice from my training as a marriage and family therapist was very different than the education received by my Ph.D. supervisor colleagues and supervisees. Some of my supervisees applied theories in their work with clients that were unfamiliar to me. In addition, some of my supervisees would ask questions about the requirements for licensure for professional counselors that I could not answer. I was also concerned about introducing new theories related to marriage and family therapy into our supervision discussion so early in my supervisees’ development.
I believe that the foundational training in becoming a counselor should include consistency between the classroom and clinical practice. From my perspective, collaboration with other professions is more appropriate for advanced level counselors.

I focused my investigation on supervisors’ experience of cross-disciplinary supervision in the present study because of the value I place on the role of my own clinical supervisor in fostering my clinical and professional development. This focus was recommended by the findings in Crooms (2015). The supervision experience is one that should positively impact the supervisees’ clinical and professional development. In cross-disciplinary supervision arrangements, the supervisees’ clinical and professional development should be the primary focus. I believe supervisors have most of a responsibility to foster this development.

Overall the cross-disciplinary supervision experience described above left me with many unanswered questions. Throughout this experience I felt confused, unprepared, and misunderstood. I know many professionals who have engaged in these types of supervision arrangements, but I questioned the effectiveness on their clinical and professional development. Because of my passion to contribute to the training of future counseling professionals, I desired to focus on the contribution of supervisors to cross-disciplinary supervision. I believe this knowledge will provide a better understanding of how professionals from different counseling disciplines interact with one another during the clinical supervision process and the findings may potentially improve these interactions to benefit the clients in their care.
Participants

**Proposed Population.** The study originally was focused on counseling supervisors from one of four disciplines (social work, professional counseling, marriage and family therapy, counseling psychology) within North Carolina who have supervised counseling professionals from one of the four disciplines dissimilar from the supervisor’s discipline. Supervisees obtained their clinical field hours or had obtained their clinical field hours within the state of North Carolina at the time of their cross-disciplinary supervision experience. The four disciplines originally selected shared commonalities in educational, clinical, and supervision requirements for counseling professionals. In addition, the four disciplines selected had post educational licensure clinical and supervision requirements in North Carolina. The commonalities and differences among the four disciplines in regards to licensure requirements were referenced in Table 2 found in the introduction.

**Sampling.** According to Dukes (1984), the recommended sample size for phenomenological research is three to 10 participants. Participants were recruited from the following four disciplines: (a) social work, (b) professional counseling, (c) marriage and family therapy, and (d) counseling psychology. In order to develop a purposive sample representing each of the targeted disciplines, the researcher attempted to recruit at least two professionals from each of the four targeted disciplines within the context of private practice and employer agencies, which would have lead to a sample size of 16 participants. Recruiting participants proved to be very challenging and after 12 months of recruiting, a decision to move ahead with the data analysis was made. Therefore, the actual sample size was seven participants, still within the recommended sample size for phenomenological research. These limitations are explained further in the chapter five. The strategy for sample recruitment was
based on findings from a previous cross-disciplinary supervision study by Crooms (2015), as well as experiential awareness of differences in the impact of private practice versus agency settings on supervision experiences. Therefore, purposeful sampling was utilized which includes a combination of snowball and convenience sampling. According to Patton (1990), “the purpose of purposeful sampling is to select information-rich cases whose study will illuminate the questions under study” (p. 170). Snowball sampling, also known as chain-referral sampling, is a method of sampling in which “referrals made among people who share or know of others who possess some characteristics that are of research interest” (Biernacki & Waldorf, 1981, p. 141). For example, participants in the present study were asked for referrals to other professionals that fit the eligibility criteria for participation in the study.

**Participant recruitment.** First, a recruitment email was sent to previous clinical supervisor acquaintances across the four specific disciplines who were known to have been engaged in cross-disciplinary supervision in North Carolina. Second, each supervisor contacted was asked to invite other qualified colleagues to participate in the study who were, in turn, contacted via email. Finally, emailed invitations were sent to North Carolina State University’s Counselor Education program’s listserv, counseling professionals social network groups on LinkedIn, Facebook, and Twitter, and *Psychology Today* Peer Cast, online supervisor directory (www.supervisordirectory.com), as well as to members of the board for North Carolina Association for Marriage and Family Therapy (NCAMFT).

Additionally, the study was discussed with potential participants to explain the purpose of the research, participant eligibility, and assess their willingness to participate. Individuals interested in the study were sent a formal emailed invitation with the informed consent form attached. The email invitation is found in Appendix A and the informed
consent form is found in Appendix B. Participants indicated all of the following criteria were met: (a) participant is a licensed clinical supervisor within one of the four targeted disciplines; (b) participant has supervised or is currently supervising counseling professionals from one of the four disciplines different from their own for any length of time; (c) clinical supervision was or is provided in a post educational setting to include private practice or agency setting. (Note: post educational means that supervisees have obtained a master's degree in their chosen discipline and are working towards licensure; and (d) supervision experience was only obtained to meet licensure requirements within the state of North Carolina. All potential participants were asked to verbally verify they met eligibility criteria. No family members (parents, grandparents, siblings, aunts, uncles, cousins) participated in the study. Participants could potentially be acquaintances, but no close, intimate friendships. Participants did not have teacher/student, employer/employee, counselor/client, or supervisor/supervisee relationship with researcher at the time of the study. All potential participants were asked to select a time and location most convenient for them to conduct a one to two-hour interview. Interviews were conducted via face-to-face or using free Vsee online software. All participants were informed of a $25 Amazon gift card as compensation for participating in and completing the research study. All participants selected mailing of the Amazon gift card after completing the study.

Table 3 shows a snapshot of demographic information collected from each participant. Additional demographic data collected are found on completed demographic information sheets and in Table 4. Information collected is presented in chapter four and five, if applicable. The names are pseudonyms.
Table 3

Snapshot of demographic data for participants

<table>
<thead>
<tr>
<th>Participant Identifier</th>
<th>Supervisor Discipline</th>
<th>Supervisee Discipline</th>
<th>Highest Degree</th>
<th>Yrs. Clinical Exp. Post-Masters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliza</td>
<td>LMFT</td>
<td>MFT, PC</td>
<td>MS</td>
<td>6 or more</td>
</tr>
<tr>
<td>Joe</td>
<td>LMFT</td>
<td>MFT, PC</td>
<td>MA</td>
<td>6 or more</td>
</tr>
<tr>
<td>Elise</td>
<td>LMFT</td>
<td>SW, MFT, Psy</td>
<td>PhD</td>
<td>6 or more</td>
</tr>
<tr>
<td>Susan</td>
<td>LPC</td>
<td>MFT</td>
<td>MEd</td>
<td>6 or more</td>
</tr>
<tr>
<td>Jude</td>
<td>LCSW, LMFT</td>
<td>SW, MFT, PC</td>
<td>MSW</td>
<td>6 or more</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>LCSW, LCAS</td>
<td>PC, Psy</td>
<td>MSW</td>
<td>6 or more</td>
</tr>
<tr>
<td>Mike</td>
<td>LPC, LMFT</td>
<td>SW, MFT, PC, Psy</td>
<td>DMIN</td>
<td>6 or more</td>
</tr>
</tbody>
</table>

Note. LMFT = licensed marriage and family therapist, MFT = marriage and family therapist, PC = professional counselor, MS = master’s of science, MA = master’s of arts, SW = social worker, Psy = psychologist, PhD = doctor of philosophy, LPC = licensed professional counselor, Med = masters of education, LCSW = licensed clinical social worker, LCAS = licensed clinical addiction specialist, DMin = doctor of ministry

Summary of participants. The results of this phenomenological study were developed through data collected from seven face-to-face interviews with supervisors who supervised across disciplines within the state of North Carolina among the following disciplines: (a) social work, (b) professional counseling, (c) marriage and family therapy, and (d) counseling psychology. Purposeful sampling was utilized which included a combination of snowball and convenience sampling to better ensure participants met the following criteria: (a) participant is a licensed clinical supervisor within one of the four targeted disciplines; (b) participant has supervised or is currently supervising counseling professionals from one of the four disciplines different from their own for any length of time; (c) clinical supervision was or is provided in a post educational setting to include private practice or
agency setting. (Note: post educational means that supervisees have obtained a master's degree in their chosen discipline and are working towards licensure; and (d) supervision experience was only obtained to meet licensure requirements within the state of North Carolina.

The original recruitment goal of 16 participants, two from each of the four disciplines and equally represented in private practice and agency settings, was reduced to seven during the data collection process. The social work and counseling psychology professions primarily, if not exclusively, require supervision from own profession supervisor therefore, limiting the available participants for the current study of cross-disciplinary supervision. The seven participant interviews completed were determined a fair representation of cross-disciplinary supervision experience across the four selected disciplines as some participants held dual licenses.

The sample of two males and five females ranged in age from 35-74, with the most represented in the age category of 35-44. All of the participants identified being White/Caucasian American. Four of the participants experienced cross-disciplinary supervision in both private practice and agency setting. One participant experienced cross-disciplinary supervision in a private practice and business-to-business contract. One experienced cross-disciplinary supervision in an employer agency only and one experienced cross-disciplinary supervision in an academic medical center. Six out seven participants endorsed conducting supervision from a systemic perspective, i.e. viewing client problems in connection to others in their environment. Five out of the seven participants’ highest degree earned was a Master’s degree. Two participants highest degrees were doctorate level, one a PhD and the other a Doctor of Ministry. All participants had six or more years of clinical
experience post Masters at the time of the research interview. Three out of seven participants endorsed dual licensure of the following types: licensed clinical social worker and licensed marriage and family therapist, licensed clinical social worker and licensed clinical addiction specialist, and licensed professional counselor and licensed marriage and family therapist. The selected frequency data and participant demographics are depicted in Table 4.
Table 4

Participant Data Frequency

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>35-44</td>
<td>4</td>
</tr>
<tr>
<td>45-54</td>
<td>1</td>
</tr>
<tr>
<td>55-64</td>
<td>1</td>
</tr>
<tr>
<td>65-74</td>
<td>1</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
</tr>
<tr>
<td><strong>Racial/Ethnic Category</strong></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian American</td>
<td>7</td>
</tr>
<tr>
<td><strong>Context of Experience</strong></td>
<td></td>
</tr>
<tr>
<td>Both private practice and employer agency</td>
<td>4</td>
</tr>
<tr>
<td>Both private practice and business-to-business contract</td>
<td>1</td>
</tr>
<tr>
<td>Employer Agency</td>
<td>1</td>
</tr>
<tr>
<td>Academic Medical Center</td>
<td>1</td>
</tr>
<tr>
<td><strong>Systemic Perspective in Supervision</strong></td>
<td></td>
</tr>
<tr>
<td>Systemic Perspective</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
<tr>
<td><strong>Highest Degree Earned</strong></td>
<td></td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>5</td>
</tr>
<tr>
<td>Doctorate degree</td>
<td>2</td>
</tr>
<tr>
<td><strong>Years Clinical Experience Post Master’s</strong></td>
<td></td>
</tr>
<tr>
<td>6 or more years</td>
<td>7</td>
</tr>
<tr>
<td><strong>Dual Licensure Status</strong></td>
<td></td>
</tr>
<tr>
<td>LCSW/LMFT</td>
<td>1</td>
</tr>
<tr>
<td>LCSW/LCAS</td>
<td>1</td>
</tr>
<tr>
<td>LPC/LMFTA</td>
<td>1</td>
</tr>
<tr>
<td>No Dual License</td>
<td>4</td>
</tr>
</tbody>
</table>

*Note.* LCSW = licensed clinical social worker, LMFT = licensed marriage and family therapist, LCAS = licensed clinical addiction specialist, LPC = licensed professional counselor, LMFTA = licensed marriage and family therapist associate.

**Instrumentation**

The research questions for this study were: How do counseling supervisors experience cross-disciplinary supervision? and How does power impact cross-disciplinary
supervision? Given the exploratory nature of phenomenological methodology, interviewing participants who have experienced the phenomenon is the most common method of data collection (Creswell, 2013). In the present study, semi-structured interviews were used for data collection. According to Moustakas (1994), “phenomenological interview involves and informal, interactive process and utilizes open-ended comments and questions” (p. 114). Semi-structured interviews indeed serve as a guide for data collection while also allowing participants’ stories of their lived experiences to naturally unfold. Moustakas (1994) also recommended a relaxed, trusting atmosphere in which spontaneous, follow-up questions may also be utilized to elicit more comprehensive descriptions of the phenomenon in question. The semi-structured interview protocol used for data collection is found below and in Appendix C. Table 5 displays the process for developing the interview questions based on the research questions and theoretical concepts.
Table 5

Development of interview questions and related theory concepts

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Interview Questions</th>
<th>Concepts Related to Theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) How do counseling supervisors experience cross-disciplinary supervision?</td>
<td>How would you describe your experience of cross-disciplinary supervision?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What other disciplines have you supervised different from your own?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Would you continue to collaborate with supervisees from other disciplines? Why or why not?</td>
<td>Newly Created Professional Activities</td>
</tr>
<tr>
<td></td>
<td>Are there times when you as the supervisor depend on your supervisee to collaborate and meet supervision goals?</td>
<td>Interdependence</td>
</tr>
<tr>
<td></td>
<td>How many supervisees have you supervised in cross-disciplinary supervision arrangements?</td>
<td>History of Collaboration</td>
</tr>
<tr>
<td></td>
<td>How have these past collaborative relationships informed your present cross-disciplinary supervision work?</td>
<td>History of Collaboration</td>
</tr>
<tr>
<td></td>
<td>How are expectations for supervision addressed?</td>
<td>Collective Ownership of Goals</td>
</tr>
<tr>
<td></td>
<td>How are decisions about client treatment approaches collaboratively made in cross-disciplinary supervision?</td>
<td>Newly Created Professional Activities/Flexibility</td>
</tr>
<tr>
<td></td>
<td>How does cross-disciplinary supervision impact client care?</td>
<td>Newly Created Professional Activities</td>
</tr>
<tr>
<td></td>
<td>How is the cross-disciplinary supervision experience evaluated?</td>
<td>Reflection on the Process</td>
</tr>
<tr>
<td>(b) How does power impact cross-disciplinary supervision?</td>
<td>How would you describe your relationship with your supervisees in cross-disciplinary supervision?</td>
<td>Legitimacy Power</td>
</tr>
<tr>
<td>When you think of power in cross-disciplinary supervision, what do you think of?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>How is power exhibited during supervision sessions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do these power exhibitions make you feel?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are supervisees’ reactions to your power? What is your reaction to supervisees’ power?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any aspects of power in your cross-disciplinary supervision experiences that relate to your cultural identity in any way?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, please explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is information shared with supervisees?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What aspects or characteristics of your self influence power in the supervisory relationship?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do these characteristics influence your work as a cross-disciplinary supervisor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How are compliance and noncompliance issues handled in supervision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there anything related to power you would like to change in your supervisory relationships?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is your supervisory relationship the same or different than own profession supervisees?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) How do counseling supervisors experience cross-disciplinary supervision?

| Is there anything you would like to change in your cross-disciplinary supervision relationships? |
|----------------------------------|----------------------------------|
| What would you recommend to improve your working relationship with supervisees in cross-disciplinary supervision arrangements? |
Procedure

Selection of the study sample and collecting and handling of the data are outlined. Specifically, this section includes information related to data collection, data analysis, and validation strategies.

Data collection. Approval to conduct the study was obtained from North Carolina State University’s (NCSU) Internal Review Board (IRB) prior to recruiting participants. A copy of the IRB approval letter from NCSU is presented in Appendix E. Upon agreement to participate in the study, participants selected a place to meet and time to connect via online for a one to two-hour interview. All data were collected from semi-structured interviews during scheduled meeting time at a mutually agreed upon location and time by the researcher and participant. Participants signed the informed consent form, at the beginning of the meeting or prior to the meeting, giving consent to share information from the study for purposes of dissertation research, consent to participate in the study, consent to have interview recorded and transcripts of the interviews created while keeping identifying information confidential. Online interview participants signed and scanned a copy of informed consent documents prior to the interview or at the beginning of the interview session. With permission of the participants, all interviews were audio-recorded and stored on a password-protected recording device kept in possession of the researcher.

Supervisors were asked questions related to their lived experiences of cross-disciplinary supervision to include probing questions involving interdisciplinary collaboration and power in the supervisory relationship. The semi-structured interview protocol is found in Appendix C. Upon completion of the interview, the researcher turned off the recording device. Participants then completed the demographic information sheet found
in Appendix D, which was handed to the researcher or emailed to the researcher following the interview. At the completion of the interview, participants were provided a $25 Amazon gift card for their time.

A research journal was used to keep field notes during data collection as well as written record of participant identifying information. This information was secured in a locked portable case and used only as a means to contact participants for follow-up interviews. Participants’ confidentiality was maintained by having them select a pseudonym for the researcher to use for transcripts and in reporting study findings. The researcher transcribed interviews, and the interviews were stored on password-protected electronic devices. Participants were by chosen pseudonym, gender, counseling discipline as a supervisor, counseling discipline as identified by the supervisees, highest degree earned and years of clinical post master’s degree experience. Each participant was invited to review final written transcripts (i. e. member checking) for reflection on accuracy of their cross-disciplinary supervision experience. An emailed copy of the written transcript was sent to each participant. Written transcripts were stripped of all identifying information to protect confidentiality. Participants returned the written transcript, with comments, to the researcher via email. After collecting all data and completing the study, participant audio recordings and any identifying information were destroyed.

**Data analysis.** The data analysis procedures combined phenomenological processes derived from Moustakas (1994) and Creswell (2013). The main processes outlined by Moustakas (1994) include Epoche, phenomenological reduction, imaginative variation, and synthesis of composite textural and composite structural descriptions. As noted, Epoche is a process in which “investigators set aside their experiences, as much as possible, to take a
fresh perspective toward the phenomenon under examination” (Creswell, 2013, p. 80). Phenomenological reduction involves perceiving and describing the phenomenon leading to a “textural description of the meanings and essences of the phenomenon, from the vantage point of an open self” (Moustakas, 1994, p. 34). In other words, what each participant describes as his or her experience of the phenomenon is considered valid and perceived in an open and unbiased manner. Imaginative variation follows phenomenological reduction in which the structural descriptions of the phenomenon are described. These structural descriptions present “a picture of the conditions that precipitate an experience and connect with it” (Moustakas, 1994, p. 35). Lastly, the processes of phenomenological reduction and imaginative variation were combined to create a synthesis of the textural and structural descriptions, deriving the essence of the phenomenon being investigated (Moustakas, 1994). Integrating the processes described by Moustakas (1994) and Creswell (2013) produced the following data analysis procedures displayed in the following figure.
Validation strategies. Creswell (2013) outlines eight validation strategies that are common to qualitative research. The eight validation strategies outlined are as follows: (a) prolonged engagement and persistent observation; (b) triangulation; (c) peer review or debriefing; (d) negative case analysis; (e) clarifying researcher bias; (f) member checking; (g) rich, thick description; and (h) external audits. Creswell (2013) also recommends, “that qualitative researchers engage in at least two of them in any given study” (p. 253). For the
present study, four out of the eight validation strategies were used and are explained in the following sections.

*Clarifying researcher bias.* This validation strategy involves identifying and explaining the researcher’s past experiences, biases, and positions at the outset of the study (Creswell, 2013). This validation strategy was accomplished by inclusion of the researcher subjectivity statement in the methods prior to conducting the research. In doing so, all personal experience of the phenomenon that may have impacted the approach and lens in which data was viewed was expressed therein.

*Rich, thick description.* Rich, thick, descriptions involve detailed descriptions of the data that support identified themes. In this manner, readers are able to analyze the data and transfer knowledge to other similar settings or contexts to determine accuracy of the data (Creswell, 2013). This process is labeled as transferability or is also known as an external validity check of the study. In the present study rich, thick descriptions of the identified themes were included, using direct quotations from participant interviews that detailed the development of the textural description, structural description, and essence of the phenomenon.

*Negative case analysis.* This validation strategy involves searching the data and identifying any information that does not support hypotheses or contradicts the evidence. According to Creswell (2013), “it is necessary then to report this negative analysis, and, in doing so, the researcher provides a realistic assessment of the phenomenon under study” (p. 251). In the present study, negative case analysis information was identified and presented in the analysis and discussion section. Personal research journaling throughout the research
process also served as a way to track negative case analysis data discovered throughout the process.

**Member checking.** Member checking involves taking data “back to the participants so that they can judge the accuracy and credibility of the account” (Creswell, 2013, p. 252). In this approach, participants view drafts of the researcher’s work and offer interpretations that were missed or correct those inaccurately portrayed. In the present study, member checking was utilized by allowing participants to view written transcripts for reflection on the accuracy of the written analysis of the completed interview. Participants were solicited to share any relevant experiences that were not included or properly portrayed.

**Summary**

Chapter three provided an outline of the phenomenological methodology utilized in investigating cross-disciplinary supervision phenomenon from the perspective of a sample of counseling professionals in North Carolina. Developing an Epocche, sampling procedures, participant recruitment, demographic information, data collection techniques, and data analysis procedures were included in this section. Essentially this section provided a thorough overview of how the study was conducted and analyzed, which may be duplicated by future researchers. Chapter four follows which will include presentation of the data supporting study results.
Chapter 4: Findings

Introduction

Chapter four presents data collected from seven participant interviews on the phenomenon of cross-disciplinary supervision experienced by supervisors in North Carolina. The central questions being asked in this study were: (a) How do counseling supervisors experience cross-disciplinary supervision? and (b) How does power impact cross-disciplinary supervision? Professional literature was reviewed before this study began in order to discover what had previously been done in relation to cross-disciplinary supervision. There existed little research on cross-disciplinary supervision in relation to professions outside of social work. The intent of the present study was to extend research on cross-disciplinary supervision to professions outside of social work, namely counseling. It is important to reflect back on previous studies on cross-disciplinary supervision to examine where these findings supports or differs from previous findings. Therefore, previous scholarly literature is revisited in relation to the findings of this present study along with literature from relevant theories.

The chapter begins with a summary of the emerging themes from the process of horizontalization. Next, description of each theme is presented to include verbatim participant responses and synthesis in relation to literature and relevant theories. Composite textural and structural descriptions are presented followed by the overall essence of the phenomenon. This chapter concludes with a summary of the chapter.

Emerging Themes

The process of horizontalization brought about the following themes related to the textural description of cross-disciplinary supervision: (a) challenging, (b) collaborative
experiencing, (c) impact on belief system, and (d) managing power in relationships. The process of horizontalization brought about the following themes related to the structural description of cross-disciplinary supervision: (a) supervision setting, (b) supervision format, (c) supervision structure, and (d) supervision perspective. Additionally, 31 subthemes emerged. Textural descriptions were derived from what was actually experienced by participants of cross-disciplinary supervision in relation to subjective feelings and perspectives of the experience. Structural descriptions were derived from how cross-disciplinary supervision was experienced in relation to the context/setting of their experiences. Each of these themes and subthemes are presented in Table 6 on the next page.

Table 6

Summary of Themes and Subthemes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
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<tr>
<td><strong>Textural Description:</strong></td>
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<td>Challenging</td>
<td>Frustration</td>
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<td>Embracing Challenge</td>
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<td>Developmental Challenges</td>
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<td>Impact on Belief System</td>
<td>Parallel Process</td>
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<td>Prefer Own Discipline</td>
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<td>Desiring More Power</td>
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<td>Using Power to Motivate</td>
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**Theme #1: Challenging**

Describing cross-disciplinary supervision as challenging was a common theme among participants. These challenges were reported as a source of frustration for some supervisors, most notably in understanding the differences between professional disciplines in licensure expectations and in handling certain aspects of client care. For example, in regards to how cross-disciplinary supervision was experienced, Mike noted, “but there are levels of frustrations that come with it. And most of the frustration well in the supervisory part is understanding the differences with MFTs with their systemic thinking and LPCs with their individual thinking”. Eliza further described her *frustration* with the process during times when her clinical direction was in conflict with the direction given to supervisees’ working in agency settings. She stated the following:

Um…some, some most of the time it’s it’s ok I mean they like having the guidance. Sometimes it’s frustration because, the reality of what I’m asking them to do…affects them more than anybody else… because it can a, it can affect them financially it can affect them time wise in terms of how long it’s going to take them to get their license and it affects their work environment. If it, if it’s, bigger decisions about…usually how people are billing is what it boils down to.
Previous publications highlighted both positive and negative views of cross-disciplinary supervision. The present study findings tended to support these views of cross-disciplinary supervision. For example, in Townend (2005) noted some of the negative views mentioned were differences in training, absence of shared theories and language, and anxiety. In the same study some of the positive views mentioned were gaining different perspectives, gaining wider knowledge, and enhancing critical thinking skills. When cross-disciplinary supervisors were interviewed and asked to verbalize their views of their cross-disciplinary supervision experience, many of the responses were consistent with those found in Townend (2005). Participants discussed the differences in licensure requirements between professions as well as the introduction of new theories in the supervision process. In addition, supervisor and supervisee anxiety was noted as the two professions attempted to collaborate and make professional decisions under the umbrella of supervision.

Furthermore, supervisor responses on the positive views of cross-disciplinary supervision were also consistent with the findings from Townend (2005). Six of the supervisors in the present study reported being challenged to research more, gain new knowledge, and accept new perspectives. Overall, all of these factors were noted as beneficial to improving their skills in order to become better supervisors.

Joe’s response to his experience of cross-disciplinary supervision is one that highlights the challenges described and his way of embracing those challenges in his role as a cross-disciplinary supervisor. He described his experience of cross-disciplinary supervision as initially “challenging” in relation to the different laws, rules, and expectations that were unfamiliar. Joe reported the following around the challenges of the process:
I think the start initially it was challenging…a bit challenging in that I needed to um…learn more, about what the expectations are, of another discipline, in regards to licensure, expectations, core competencies, uh looking at similarities and difference um I think on the front end that was the biggest part was uh just trying to wrap my head around [Um hum] uh anything that uh I may not be prepared for because I wasn’t trained in that discipline specifically [Um hum] so I had to get spun up.

Although the challenges of cross-disciplinary supervision led to some frustrations and often required participants to learn more and incorporate new procedures in their supervision procedures, all participants reported their way of embracing the challenges of the experience. Joe reported not changing anything about his experience, as the challenges were motivating on a personal level. He asserted, “Um…I can’t really think of a lot I would change [Ok] but um…again I kind of like the challenge. Um…that’s why I, embrace the opportunity. Um…yeah I, I, I don’t see anything I would change in the relationship”. Elizabeth stated, “just like with counseling, I learn and grow, I’m challenged so I have a piece of that as well.”

**Theme #2: Collaborative Experiencing**

Despite stated challenges, all supervisors endorsed they would definitely continue to collaborate with professionals from other disciplines. The positive aspects of collaborative experiencing were common among participants. Collaborative experiencing was not only noted as an important aspect of cross-disciplinary supervision, but an important aspect of their professional career in general. Susan described a collaborative team approach as a “no brainer” when working other professionals in her role at an agency. Elise discussed a specific example of how she collaborated with a social work supervisor in order to provide quality patient care. She reported:
So, I ended up going to um the social worker supervisor and she was able to give me some ideas that I hadn’t thought of, as far as ways to get the signature and ways to get around the rule… she had more, she had more experience with the system. So I, collaborated with her as far as how to contact DSS how to get the best impact, how to get the best outcome for the patient. And so it was um, I definitely took her expertise and used it and, we worked with the patient and we actually got her she we got her what she needed, we advocated for her.

Furthermore, group supervision was a form of collaborative experiencing described by several participants in their cross-disciplinary supervision experiences. Some supervisors intentionally incorporated group supervision in addition to individual supervision to encourage supervisees to work with other professionals and collaborate on ideas for clinical care. Mike was one such supervisor who reported group supervision as his primary cross-disciplinary supervision experiences. Elise asserted managing the different professional experiences and perspectives by focusing on everyone’s “strengths” and “growth areas”.

Jude also intentionally incorporated group supervision experiences into her initial expectations for cross-disciplinary supervision. Jude noted, “But sometimes I also expect them to collaborate with each other, for instance if it is a group supervision environment then as a group we talk about goals and how they are supporting each other in working towards those goals”.

From these findings, supervisors’ history of collaboration and interactions with others who collaborated in their professional and clinical work may have contributed to their value of collaboration. In fact, all participants reported ways having a history of collaboration informed their cross-disciplinary supervision experiences. For example, Mike reported of his
past experiences of collaborative relationships, “I’ve become a little more sensitive to the supervisors”. Susan reported feeling “more confident supervising whatever cases come up and whatever issues come up”. Jude stated, “Collaborative relationships have um, been very beneficial to helping me develop my expectations around collaboration.”

Bronstein’s (2003) model implied that previous history with collaboration would yield more successful collaboration in present experiences. This was accurate according to the findings. Two supervisors specifically described their own experiences with cross-disciplinary supervision in a supervision setting, in their previous places of employment, and in other professional interactions. Supervisors described their previous collaborative experiences beneficial, as they served as a model for more successfully collaborating with cross-disciplinary supervisees.

Interestingly, the present study findings were inconsistent with the views from Bernard and Goodyear (2014) that recommended receiving majority supervision experience from supervisors who share the same profession to enhance professional identity development. As previously noted, all participant supervisors reported they would definitely continue to collaborate with professionals from other disciplines. Additionally, the general consensus of all supervisors on ways to improve the process of cross-disciplinary supervision was to do more of it. For example, some responses given on how to improve the process of cross-disciplinary supervision were as follows: (a) more familiarity with other boards, (b) more group supervision with professionals from other disciplines, (c) more support of cross-disciplinary supervisors, (d) more networking opportunities with other disciplines, (e) more parity between the disciplines, and (f) more conversation about power dynamics in cross-disciplinary supervision upfront. It is implied supervisors in the present study placed great
value on collaborating with others outside of one’s own professional discipline as an important aspect of professional identity development, more so than what was recommended by Bernard and Goodyear (2014).

There was one participant, Eliza, who did mention her alignment with own profession supervisees more than cross-disciplinary supervisees. In this, she desired to supervisee professionals who were working towards the same degree as her own, in this instance marriage and family therapy. This perspective is consistent with Bernard and Goodyear (2014). Eliza reported providing cross-disciplinary supervision “out of convenience” due to living in a rural area. Despite these circumstances, Eliza stated she would continue to collaborate with cross-disciplinary supervisees. She asserted, “Um, yes. (pause) Mainly because I uh, there is, it’s hard to find people to supervise, I mean just to get people to supervisee…um…and I don’t mind doing other disciplines”. Overall, supervisors expressed a need for collaborative experiencing whether out of convenience, as a means to meet a client need, a personal value, or to support the professional and clinical development of supervisees.

Theme #3: Impact on Belief System

There were a few common beliefs about the supervision process that were mentioned in regards to cross-disciplinary supervision experiences. These common beliefs include viewing supervision as a parallel process to counseling and belief supervisors have primary responsibility in the supervision relationship. Parallel process is defined as “the manner in which the supervisor responds to the therapist may serve as an explicit or implicit model for the manner in which the therapist responds to the client system” (Todd & Storm, 2002, p. 142). This belief resonated among three supervisors and seemed to contribute to their ability
to connect with cross-disciplinary supervisees, regardless of their professional discipline. For example, Joe stated:

> I find that to be most valuable just as, just as therapy so it’s a parallel process isomorphic you know [um, um] the same thing you’ve got to really up front um be clear about what’s going on and what your approach is so that the, the individual you are work, potentially working with can make a decision and from that their going to be, you’ll, you’ll have less um, conflict, you’ll have less um, disconnect um it will encourage a productive relationship um be it therapeutic or supervisory [um hum, um hum].

Jude also verbalized, “I believe in the parallel process as a supervisor very much”. Elizabeth stated, “I also see there’s a lot of parallel processes that happen [Um] um, between counselor and client and supervisor and supervisee.” Just as in counseling, a non-judgmental stance is vital in fostering a positive therapeutic alliance that promotes change. So is true with the supervision relationship. The parallel process was a belief that seemed to allow supervisors to remain open and encouraged mutual respect of supervisees regardless of any personal or professional differences.

A second common belief among participants was the belief supervisors have the primary responsibility in the supervision relationship. In response to making clinical decisions, Eliza stated, “like I said when, when it comes down to it it’s the supervisor who, is really responsible for all of it”. Elizabeth stated,

> I have a responsibility for what’s in the best um, um…the best needs of that client.

And so we need to work together. So I think that’s where that power piece comes in is that ultimately power does and the responsibility is held here, hopefully the way I
approach it is collaboratively, but if need be I’ll do what’s got to be done to take care of all of us. 

Joe noted, “being a supervisor I definitely have more power it’s not just perceived because ultimately um, you know, I can impact that supervisees’ outcome in terms of becoming a therapist [Um hum].” Jude also noted, “I think the obvious is the supervisor has more power because we have the ability to stop someone from receiving supervision and possibly receiving licensure. We also have the ability to influence whether or not people maintain their jobs”. Mike further noted,

But, I take it a little further in the contract that I do is my responsibility as a supervisor, is to take them from where they are and regardless of how long it takes how much time and energy is expended, I won’t leave them until their fully licensed. Additionally, Susan stated, “you have that sort of oversight, responsibility over supervisees…you have feedback responsibilities, gatekeeping responsibilities, um…and the ability to assign work or not assign work those kinds of things”

Bronstein’s (2003) model identifies flexibility, collective ownership of goals, and reflection on the process as key components to interdisciplinary collaboration. According to the findings, these three components were not always consistent elements of cross-disciplinary supervision. The belief that supervisors have primary responsibility in the supervision relationship may impede their level of flexibility in the supervision relationship. Flexibility is important in the supervision relationship in order to accomplish supervision tasks. This concept of flexibility in interdisciplinary relationships is highlighted in Bronstein’s (2003) model. Most supervisors acknowledged their role of gatekeeper and verbalized situations where they had to make decisions on clinical care and giving clinical
direction without negotiation. In these situations, supervisors described being unable to maintain flexibility. Collective ownership of goals was also impacted in these situations, another conceptual element of Bronstein’s (2003) model. For example, one supervisor described situations when her clinical direction sometimes put her in a “rock and a hard place”, as when she reported supervisees had to choose other places of employment due to ethical conflicts or conflicting clinical direction. Supervisors who worked for an agency or in both private practice and agency settings also described having less opportunity to exercise flexibility in supervision. Most supervisors who conducted cross-disciplinary supervision in private practice settings described more flexibility in their approach. Additional discussion of findings related to the supervision setting is found below.

Interestingly one supervisor, Eliza, stated preferring “own profession” supervision more after reflecting on her cross-disciplinary supervision experiences. Own profession supervision being defined as supervising professionals who were working towards the same license held by the supervisor. In response to how past collaborative relationships informed her cross-disciplinary supervision experiences Eliza noted, “I think I’ve become a little bit, stricter in the sense that I stick to my own discipline a little bit, closer”. Eliza further noted not being as “like-minded” with supervisees from other disciplines. This participant response was interesting in that it was the only response that indicated more of an attraction to own discipline following cross-disciplinary supervision experiences. Other supervisors noted the advantage of own profession supervision, yet did not indicate more of a desire to stick with own profession supervision more after cross-disciplinary supervision experiences. It is believed Eliza’s experience providing supervision in a rural area and stated challenges in working with agencies may have been contributing factors to her belief around own
profession supervision. Additional findings related to the supervision setting are discussed below.

The overall belief supervisors held primary responsibility to increase supervisee competence for licensure approval and protect client welfare in the supervision relationship was acknowledged even in cross-disciplinary supervision experiences. This is consistent with previous literature (Bernard & Goodyear, 2014; Liddle 1988; Magnuson, Norem & Wilcoxon, 2002). However, the findings did not indicate the level of attention to the specific differences in professional disciplines and the impact on supervision as initially expected and as recommended by previous literature. For instance, by Cook (1994) noted it is the primary responsibility of supervisors to address any cultural differences that may cause power differentials in supervision. Professional discipline differences in areas such as education, theory, ethics, and clinical perspective may impact power in supervision. As a result of the interview discussing their experiences of cross-disciplinary supervision, several supervisors noted a positive impact on their current level of awareness and noted ways the interview experience would inform their future supervision practices.

**Theme #4: Managing Power in Relationships**

Participants collectively recognized the gatekeeper role of the supervisor as naturally being in a position of more power. However, all participants to some degree also recognized supervisees’ level of power as well. For example, some participants mentioned supervisees have the power to decide what they present in supervision and what supervision expectations they choose to follow. Indeed, power was regarded as having a major impact on supervision if not properly managed. Supervisors also noted supervisees having less power, given their position as an unlicensed professional, and the resulting fear and anxiety that may result.
Consequently, all supervisors mentioned their way of managing power in regards to mutual respect and collaboratively sharing responsibilities.

Power was also impacted by the multicultural elements of both supervisors and supervisees. Common responses by supervisors to manage power related to cultural differences were: (a) intentional awareness, (b) remaining open, and (c) embracing the differences. As previously mentioned, there were three supervisors who specifically regarded supervision as a parallel process to counseling. This implies supervisors who demonstrate their ability to manage power and practice culturally competent supervision will produce counselors that do the same in the client system. Mike specifically acknowledged treating supervisees differently based on their personal or professional background was “unethical.”

For example, in the same way cultural differences are noticed yet respected in the counseling process, supervisors noted the same level of awareness in cross-disciplinary supervision. It is assumed that most supervisors engaged in this process of intentional awareness internally. However, there was one supervisor who specifically acknowledged engaging in this process externally by fully disclosing his cultural makeup in conversations with supervisees upfront.

Interestingly, Jude was one supervisor who discussed the differences between professional disciplines in addressing the concept of power in general. She stated:

Um, one thing I would point out from a interdisciplinary perspective is that not all licensures talk about power and um, so one of the things I’ve noticed is depending upon which licensure I’m providing supervision to um some know exactly what I’m talking about they’ve already been exposed to it and others have never been exposed to it. Um, so in those types of supervision I find I have to do a lot more of basic
education around what that means um, to have power, perceived and actual power, um in our relationship as well as in their relationship with their clients.

Based on the findings, the concept of power was indeed addressed by some supervisors in their cross-disciplinary supervision relationships. It seemed most supervisors addressed power implicitly. In fact, one supervisor noted, “I don’t know that I’ve asked them that explicitly” when asked how her cross-disciplinary supervisees reacted to her power. Although acknowledged in conversation, only one supervisor reported addressing the concept of power on a professional level directly with her cross-disciplinary supervisees.

Additionally, participants who supervised across disciplines out of convenience or were required to supervise across disciplines more often emphasized experiencing frustration and challenges with the process. In these instances supervisors also identified a less formal, organized supervision structure. Interestingly, participants in these instances verbalized less awareness of the influence of their cultural characteristics on the supervision process. In fact, one participant conducting cross-disciplinary supervision in this context acknowledged the desire for own profession supervision more often.

Reflecting back on the literature in relation to multicultural supervision, the present findings support the concern of the impact of multicultural factors on power dynamics in supervision relationships. It was interesting to learn about the participants’ experience of power and how it was managed in their particular cross-disciplinary supervision experiences. Although all supervisors recognized the influence of multicultural issues on power in their supervision relationships, not all supervisors verbalized addressing the issues and using supervision as a platform to converse with their supervisees directly. This is in contrast to recommendations from scholarly literature. For example, Stone (1997) notes addressing
cultural differences between therapist and client first begins by addressing cultural differences between supervisor and supervisee.

Jude and Mike specifically acknowledged managing the impact of their cultural identity on power in supervision in a direct manner by verbalizing their personal cultural factors and discussing them with supervisees. One supervisor reported she did not see any aspects of power in her cross-disciplinary supervision experiences related to her cultural identity in any way. The other supervisors readily acknowledged the impact of their cultural identity on power in supervision but did not mention directly addressing that with supervisees up front. Six supervisors seemed to indirectly manage the impact of their cultural identity on power in ways such as maintaining a neutral stance, being mutually respectful, and being conscious of how decisions are made in their role as expert. One supervisor admitted addressing the impact of his cultural identity on power in supervision directly might have been a blind spot.

Empowering supervisees was a common goal among supervisors, and most viewed supervision as a parallel process to the counseling relationship between clinician and client. Supervisors in these instances were more likely to embrace cultural differences and willing to give power away to create balance. Supervisors in these instances were also more likely to continue to engage in cross-disciplinary supervision experiences.

In relation of Raven’s (1992) model, legitimate dependence/responsibility was one of the most relevant aspects of power addressed by participants. Three supervisors identified their perspective of supervisees’ as students and therefore having less power in areas of clinical competence. In these situations, the supervisors noted their duty to provide the level of competence expected to achieve the ultimate goal of full clinical licensure. Achieving this
ultimate goal motivated supervisees to comply with supervision expectations. Additionally, supervisors depended on supervisees to comply with supervision expectations. This was evidenced in the fact that none of the participant supervisors endorsed compliance issues in their cross-disciplinary supervision experiences, even when directly questioned. Raven’s (1992) legitimacy power accurately describes this aspect of cross-disciplinary supervision addressed in the findings.

Bronstein’s (2003) model concept of professional role seemed most fitting with the supervisors’ stance in supervision. Supervisor’s stance in the relationship is also closely related to Raven’s (1992) concept of expert power. Expert power refers to the reliance on the superior knowledge of social agents who have greater knowledge or expertise in a specific area (Raven, 2008). Having an expert stance in supervision can be used by supervisors to influence supervisees both positively or negatively. For example, supervisors could withhold information as not to threaten their role of expert. Most participants acknowledged their role as expert, yet focused on maintaining a position of openness and mutual respect for their cross-disciplinary supervisees’ experiences and level of competence. Elise who acknowledged her primary role of expert managed power by, “creating space for the experience of the other” and “I’m very mindful of, not abusing the power relationship”. Eliza stated, “…I’m…fairly open…and, and try and make people feel comfortable so they’re [Um hum] able to talk about it if they want to, not question it”. Elizabeth also noted, “But I also want them to learn to be independent and mature within that so that they’re moving from that power that, that I’m the expert versus they’re not.” Joe stated,
I think power can be used in both positive and negative ways, and I think that um…the supervisor who is able to…use power and, put pressure in, uh, not in a clinical way but in a supervisory way [Um hum] use it to motivate.

Additionally, in discussing information power Jude stated, “I do always share that kind of information [Um hum, um hum]. Like I don’t hold on to information”. Overall, participants discussed to some extent the importance of sharing power with supervisees to aide in their growth and development.

After analyzing the data and reflecting on what was reported by supervisors, initial predictions that the impact of power in cross-disciplinary supervision would be more challenging than when supervising someone from one’s own profession were inaccurate. Supervisors did not indicate more challenges based on supervision experiences with professional from other disciplines. They were more likely to endorse differences in approach but not in power. In fact, five out of seven supervisors reported their cross-disciplinary supervision experiences were the same in a lot of ways to supervision experiences with those in their profession.

Overall, the level of impact power had on cross-disciplinary supervision relationships was dependent on the supervisor’s approach and perspective of power. In the present study findings, it is important to note that all supervisors stated they would not change anything in relation to power in their cross-disciplinary supervision relationships. All participants viewed power as an inevitable relationship dynamic that was intentionally managed to encourage, equip, and empower supervisees under their leadership.
Theme #5: Supervision Setting

The setting of supervision may include private practice, agency, or some combination of both settings. There were five supervisors who endorsed experience of cross-disciplinary supervision in the private practice setting. Supervisors who conducted supervision in private practice settings generally verbalized experiencing less frustration and endorsed more positive experiences. This may be attributed to the fact that supervisors in the private practice setting have more flexibility in choosing who they supervise based on “goodness of fit” as described by Joe. Additionally, private practice supervisors tended to more readily identify using systemic thinking on the front end of supervision and throughout supervision. In addition, power differentials were more readily acknowledged and embraced by those supervisors who endorsed private practice setting as the main setting of cross-disciplinary supervision.

Cross-disciplinary supervision in agency settings was expressed as a more challenging experience in that supervisors were often in dual roles of governing supervisees’ license as well as employment. There were three supervisors who endorsed cross-disciplinary supervision in an agency setting. One supervisor, Elizabeth, described the challenges of her experience in the agency setting:

But it was hard being in middle management [Um hum]. It was horrible. In fact that is why I’m not in middle management anymore [Chuckles] [Um hum], and that, cause that power issue was too far off balance [Um hum], and it was a hierarchy that just, I was getting powers coming up here and I was supposed to dump it down here, and it was ugly [Um, um hum], and unethical at times. And I was being told to set someone up to be fired, cause they wanted to get rid of I was like no way [Chuckles].
Susan expressed, “I was definitely aware of the differences in sort of administrative and clinical supervision and tried to make sure I left out administrative kind of tasks and things out of our supervision”.

Elise who provided supervision in an academic medical center environment also expressed challenges based on the setting of her cross-disciplinary supervision experiences. In this setting, Elise reported her primary role as an on call supervisor for a team of social workers, marriage and family therapists, and health psychologists. Elise discussed the negative reaction received from a social work supervisor upon her attempt to offer a systemic perspective to her cross-disciplinary supervisees, mainly social workers, to help enhance their clinical work. She expressed, “so I’m actually not allowed to give any like sort of formal supervision to the social workers outside of the on call status because I think there is some territorialism that’s going on there.” As a result, Elise also expressed her feeling of powerlessness as a supervisor in this particular setting. She noted, “I’m new to the system I don’t have a lot of power in it at this point and I don’t really, I can’t really advocate that much for myself at this particular place”.

Previous literature by Ungar and Costanzo (2007) discussed supervision challenges when supervisors are outside of supervisees’ agencies where they are employed. In this, five common challenges were noted to include the politics of clinical leadership; boundaries; ensuring clients are informed and confidentiality is honored; access to videotapes, audiotapes, and live supervision; and logistical problems: time, money, and place. In the present study findings supervisors who worked in agency settings indeed expressed some of these challenges highlighted in the literature. In particular, supervisors in the present study expressed challenges around the politics of clinical leadership and boundaries. Some ways of
managing these challenges according to Ungar and Costanzo (2007) included sharing responsibility and negotiation of supervision roles and tasks for example, both concepts related to Bronstein’s (2003) Model for Interdisciplinary Collaboration.

Additionally, structural characteristics described by Bronstein’s (2003) model seemed to relate to the varying supervision settings described by cross-disciplinary supervisors. As previously noted, supervisors engaged in private practice settings, agency settings, or both. Agency settings were described as challenging in maintaining balance between clinical and administrative roles. In fact, one participant described several examples of hierarchy and inappropriate power dynamics in her experience while providing supervision at an agency. Another participant described added supervision tasks of having to assign clients and the inability to refuse referrals in her role at an agency. These added roles may indeed impact the relationship between supervisors and supervisees if not properly managed.

Overall, cross-disciplinary supervisors in any setting must attend to issues of power and hierarchy to a certain degree. It seemed cross-disciplinary supervisors working in agency settings may have even greater challenges to overcome in order to successfully collaborate across disciplines. This may also mean cross-disciplinary supervisees working in agency settings may need more support.

**Theme #6: Supervision Format**

Supervision format identified supervisors’ use of a formal contract for supervision versus no formal supervision contract. This impacted the experience of cross-disciplinary supervision as supervisors who utilized supervision contracts more clearly delineated expectations for supervision. The present findings identified five supervisors who utilized a formal supervision contract. One supervisor, Eliza, reported no use of a formal contract and
one supervisor, Elise, reported no use of a formal contract because of restrictions in her work setting.

Formal supervision contracts were utilized as a means of identifying such tasks as supervision expectations, goals for supervision, licensure requirements, and evaluative purposes. For example, Joe was one supervisor who frequently expressed the value of setting expectations “up front” with cross-disciplinary supervisees to include his theoretical orientation. Joe also indicated use of supervision contract up front as a conduit to a more positive, productive relationship with his cross-disciplinary supervisees. Joe stated:

I describe it as very positive, um productive, and um, um…yeah I guess where, where I’m going with this is that the, professional disclosure and informed consent with the initial contract the supervisee um, typically when they choose me to be their supervisor is going to be motivated to receive supervision from a systems framework.

Susan also discussed the evolution of a more formalized contract for supervision from her professional disclosure statement as a “great way to discuss like boundaries and what do we do if we run into problems, and what if you don’t like supervision with me or what if I don’t like supervision with you”. Elizabeth echoed the value of a formal supervision contract as “having that contract, too that explains what are the expectations for this relationship”.

Mike and Jude who both also utilized formalized supervision contracts further expressed ways they address some differences in expectations related to professional discipline in their contract. For example, Mike verbalized:

And that’s, that’s gone over as part of our supervision contract. That whatever field their in, they get out their own code of ethics, find that section and they have to talk to me about it, what does it mean about our relationship [Um hum].
Jude also discussed her process of providing a slightly modified supervision contract based on the professional discipline of the supervisee. She reported, “so I have three different versions, one is for LPCs, one is for LCSWs, and one is for LMFTs, um because there are some things that are still going to be specific of course for each discipline”.

The findings from Crocket et. al (2009) included participant desires for more detailed contractual agreements for the cross-disciplinary supervision process, noting the value of clearly defined roles, accountability, and expectations. Five participants endorsed utilizing contracts for supervision in the present study. However, these participants endorsed not having specific expectations and roles for their cross-disciplinary supervision experiences, which was consistent with previous literature. Most supervisors promoted a general contract process for all supervisees, not specifically for cross-disciplinary supervisees. As previously mentioned, one participant mentioned slightly modified contracts based on the professional discipline of the supervisee. However, most did not mention doing so specifically for cross-disciplinary supervision, yet believed talking about their cross-disciplinary supervision experiences in the present study may indeed inform their practice around contractual agreements.

The study findings related to the use of a formal supervision contract were consistent with Bronstein’s (2003) model in the importance of interdependence and newly created professional activities. As part of the contract, supervisors included detailed, specific goals for supervision, which were collaboratively developed with supervisees. For example, Jude noted, “I expect them to collaborate with me in developing those goals”. Supervisors noted their responsibility to help carry out the stated goals throughout the supervision experience, fitting with the concept of interdependence posed by Bronstein’s (2003) model. Some
participants, who were more aware of their role as a cross-disciplinary supervisor, included additional supervision goals specifically requiring supervisees to complete certain cross-discipline clinical tasks. For example, Joe used a systemic perspective to supervision by requiring supervisees to display some understanding and ability to utilize a systemic perspective in their clinical work. This type of supervision task can be viewed as a form of Bronstein’s (2003) concept of newly created professional activities.

Lastly, none of the participants described specific ways of evaluating and reflecting on the cross-disciplinary supervision experience exclusively. This is inconsistent with Bronstein’s (2003) model, which identifies reflection on the process as an important part of interdisciplinary collaboration. Reflection on the process is defined as internal and external reflection on the working relationship among professionals, which involves communication of strengths and discussion of steps to improve the relationship and collaborative interactions (Bronstein, 2003). All supervisors described some form of an evaluation process for supervision, whether written, verbal, or both as part of the contract process. However, evaluating the experience of cross-disciplinary supervision specifically was not reported. For example, Joe stated, “I don’t know if I have evaluated the experience myself”. Mike noted, “the evaluation part is, is a struggle [Ok], in that uh, the licensure requirements don’t give a lot of, guidance on evaluation”. Eliza also reported, “We don’t have a formal evaluation system…not, not for my cross-cultural supervision”. Therefore, it seems as if supervisors in the study did not adequately engage in sufficient reflection on the actual process of cross-disciplinary supervision.
Theme #7: Supervision Structure

Supervision structure referred to individual or group supervision with cross-disciplinary supervisees. Some supervisors also utilized co-therapy as their supervision structure. Cross-disciplinary supervision experiences may be impacted by the supervision structure. For example, in a group setting supervisees are not only expected to collaboratively engage with the supervisor but also with other professionals in the group. Additionally, supervisors must manage power and cultural differences of all group members to successfully collaborate. As previously noted, supervisors regarded group supervision as another form of collaboration. Four supervisors reported group supervision as part of their cross-disciplinary supervision experiences. One supervisor also reported co-therapy in addition to group supervision with cross-disciplinary supervisees.

Elise reported group supervision with MFTs, health psychologists and social workers. She reported “what gets focused on what are people’s strengths what are people’s growth areas”. Jude stated “if it is a group supervision environment then as a group we talk about goals and how they are supporting each other in working towards those goals”.

Mike also reported group supervision as an important aspect in his supervision practices, “So the cross-disciplinary aspect is, I think helpful from the collaborative team group of supervision where others are able to say ‘I have done this and this works. I have tried this and this doesn’t work so well.’” Mike also stated group supervision helped “lower their anxiety”. Additionally, Mike reported co-therapy with cross-disciplinary supervisees as a way to expose them to different theoretical modalities outside of their particular discipline. He stated, “it also gives them experience particularly if they are psychologists, social workers to work in a family environment [Um, um hum] working with couples, because they
probably wouldn’t not have had experience to do that other, in other ways”. Susan reported skills based learning as a standard practice in her group supervision experiences regardless of discipline. She stated,

So I think definitely there are similarities in the training that I would provide the skills, skills um…it was similarities set up an hour a week and monthly group supervision that kind of thing I would just fold them into that sort of already existing structure [Ok], regardless of their, their discipline.

Overall, group supervision was regarded as another way of collaborating with other professionals on direction of client care. Additionally, supervisors who incorporated group supervision regarded the experience as an important part of helping supervisees develop professionally.

Theme #8: Supervision Perspective

Six participants reported a systemic perspective in their supervision experiences. Systemic perspective means using the interconnections of people and their network of relationships to foster change (Bernard & Goodyear, 2014). Jude placed high value on systemic thinking regardless of the supervisees’ discipline. For example, she noted,

Always like we are going to put on our MFT hat now, and now we are going to take it off [Um hum] and put on our LPC hat off now we are going to take it off, but helping them to think systemically I think is very valuable no matter what discipline they are actually um, receiving supervision for.

Joe also noted systemic thinking as the foundation of his supervision perspective. He stated,
I am a systems thinker. Um, use that philosophy and approach whether it’s an LPC or a LMFT, so I wouldn’t say the experience has necessarily um, modified my, my approaches or belief systems, and philosophy with how I supervise.

Elizabeth, who held a background in social work, reported the following:

My foundation is in um, systems theory [Um hum]. Um, and, and one of the things I think I bring in that may be a little bit different, is when working with um, like my LPCs bringing in that concept.

Mike, provided an example of using systemic perspective while conducting co-therapy with a LPC. He stated “Where as their emphasis would have probably been more individual therapy [Um hum] with one partner or the other, rather than seeing them as part of a system”

Eliza and Elise were two other participants that reported using a systemic perspective to supervision although both reported more challenges in using their knowledge of systemic perspective in their clinical work with cross-disciplinary supervisees. As previously noted, this may be attributed to the supervision setting. Elise conducted her cross-disciplinary supervision experiences in an academic medical center, where she was restricted in how she conducted supervision. Eliza conducted supervision in a private practice but also reported working with agencies where supervisees worked, whose clinical direction sometimes conflicted with supervisor’s clinical direction. Consequently, both supervisors reported a stronger connection to supervisees who shared their same professional background. For example, Eliza stated, “I say we are more friendly with each other just because we are kind of from the same language the same lingo the same world” of supervisees who shared her same professional background (Eliza, personal communication, September 9th, 2016).

Likewise, Elise reported of her supervision experiences with social workers, “I can’t talk to
them exactly the same way that I would talk to a LMFT because we have more of shared language [Um hum] I don’t have as much of the shared language with social workers.”

These findings are consistent with literature by Bernard and Goodyear (2014) that recommended supervisees receive the majority of their supervision experiences from supervisors who shared their same professional discipline. Interestingly, despite the challenges of their cross-disciplinary supervision experiences, Elise and Eliza both reported they would definitely continue to supervise across disciplines. In fact, Elise stated, “but I think that the way that we evolve is through conversation and growth and, contact with not just people in our own field.”

Supervisors who used a systemic perspective in their cross-disciplinary supervision experiences may be attributed to their professional background in marriage and family therapy, a profession rooted in systemic thinking. Five supervisors were licensed marriage and family therapists exclusively or dually licensed marriage and family therapists. Supervisors who used a systemic perspective to supervision also thought systemically in their interactions with other professionals and in their clinical direction. Interestingly, Jude discussed her “core” belief in systemic thinking. She stated, “So I believe if people think systemically in their core then they will, they will recognize opportunities maybe more readily and grow from those opportunities, even if they don’t you know choose to get a LMFT like I did.”

Additionally, Elizabeth reported a systemic perspective to supervision yet she did not have a license in marriage and family therapy. This may be attributed to her social work education received in systems thinking. In fact, Elizabeth reported,
My supervisor who’s supervising me for my substance is a LPC so in reality cause I’m sitting here like [laughs] why is this not, I did a lot of talking with those folks and also consulting with them about how do I do this what perspective do I need to take. So, it just dawned on me I’m being cross-supervised with a LPC and a LCAS.

**Composite Textual Description**

From the perspective of supervisors, the experience of cross-disciplinary supervision is challenging yet was embraced as an opportunity to help supervisors learn and grow. All supervisors vehemently stated they would continue to collaborate with those from other disciplines, seeing these experiences of collaboration as an important aspect of their professional development and inevitable in the field of mental health. Supervisors also regarded the cross-disciplinary supervision as a parallel process to counseling. In this, supervisors approached the experience with mutual respect for all the cultural elements at play in the process. Managing power in the supervision relationship was expressed as an important supervision task by all supervisors, although how power was managed was dependent on supervisor’s style of supervision and cultural variables.

**Composite Structural Description**

The participants’ experience of cross-disciplinary supervision was primarily in the private practice setting. A structured supervision contract was utilized by the majority of supervisors to better define expectations for the process, identify goals for supervision, and provide a reference point for the evaluative process. It was implied the majority of cross-disciplinary supervision experiences were experienced on a one-on-one basis, although several supervisors noted group supervision as another means of collaborative experiencing. Regardless of professional background, the majority of supervisors endorsed a systemic
perspective of supervision. In this, supervisors endorsed encouraging cross-disciplinary supervisees to consider the reciprocal relationship of the client and their environment, not just focusing on the client.

**Essence of the Phenomenon**

One of the leading experiences of counseling supervisors of cross-disciplinary supervision mentioned by the participants was that it was challenging. Some of the challenges of the process were equated to the differences between the professional disciplines licensure requirements, which demanded attention in the supervision process. In addition, some participants also highlighted the differences between professional disciplines on factors such as ethics and theories. These factors created challenges for supervisors in that supervisors were often required to obtain additional knowledge about licensure requirements of other disciplines and keep up with new information throughout the supervision process with cross-disciplinary supervisees. Additionally, the vast majority of supervisors endorsed written contracts, which were often modified to ensure cross-disciplinary supervision requirements were properly completed.

Secondly, one interesting finding was that most participants supervised from a systemic perspective, even participants who did not have a marriage and family therapy background, which is based in systemic thinking. Participants who endorsed a systemic perspective of supervision also endorsed the importance of collaboration with other professionals. Given the findings from this qualitative analysis, how cross-disciplinary supervision is experienced seems to depend on perspectives of the supervisors and context of the work setting. Private practice supervisors who utilized systemic thinking endorsed positive, culturally competent, power balanced supervision more often than agency-based
supervisors who did not specifically indicate systemic thinking as their primary theoretical framework.

A third factor related to how counseling supervisors experienced cross-disciplinary supervision involved the context of the supervision experience. The majority of participants endorsed experiencing supervision in a private practice setting. The findings supported the notion that cross-disciplinary supervision experienced in the private practice setting was somewhat less challenging. In fact, all supervisors who experienced cross-disciplinary supervision in this setting endorsed experiencing positive collaborations. A possible explanation for this might be that in the private practice setting supervisors are less likely to have dual administrative and supervision roles. Furthermore, private practice supervisors are more able to select who they supervise and develop their own expectations for supervision.

The essence of cross-disciplinary supervision is interdependence after reflection on the findings. Interdependence can be a challenging process as two parties join together to reach a common goal. These challenges resonated throughout this study. However, the challenges did not have a huge impact on supervisors’ decision to continue supervising across disciplines. Instead, supervisors asked for more support of the process and more clearly delineated expectations. It seemed to even encourage more of a desire for a connection in the long run, viewing collaboration as inevitable in their profession.

The level of interdependence was dependent on the perspective in which supervisors approached the experience and the context of the experience. The majority of supervisors approached cross-disciplinary supervision from a systemic perspective, viewing the interconnections of people and their environment as a way to foster change. In using this perspective, not only did supervisors challenge supervisees to use systemic thinking in their
therapeutic relationship with clients, but also in the supervision relationship. Essentially systemic perspective can be viewed as a perspective based in interdependence.

Additionally, the level of interdependence is based on the context in which the relationship takes place. In this study, context included private practice, agency, or both. The structure of an agency setting can indeed dictate how well connected a person feels. For example, the morale of an agency can support or impede healthy relationships. As noted in the findings of this study, the agency setting for cross-disciplinary supervision created additional challenges. These challenges mainly centered on power. Interdependence requires managing power in relationships. Managing power in relationships is achievable if the environment in which the relationship takes place supports this notion. That is interdependence. That is cross-disciplinary supervision.

Summary

Chapter four presented the results of the seven participant interviews discussing the phenomenon of cross-disciplinary supervision in North Carolina. The primary eight emerging themes derived from the participant narratives were presented. A composite textural and structural description was presented prior to presenting the synthesis and overall essence of cross-disciplinary supervision in North Carolina presented by supervisors.

Chapter five will present a discussion of the findings. This chapter will also include limitations of the study, direction for future research and conclusions.
Chapter 5: Discussion

Introduction

The purpose of this phenomenological study was to explore and describe the experiences and perceptions of counseling supervisors in North Carolina who have experienced cross-disciplinary supervision with supervisees post-master’s degree. The experiences of cross-disciplinary supervisors may suggest the need for additional support and training for supervisors who supervisee professional counselors from other disciplines. Supervisors are trained to provide supervision, but are they trained to provide cross-disciplinary supervision? Given the importance of supervision for professional counselors seeking clinical licensure and the scarcity of literature on this type of supervision, an investigation of the experience of supervisors who have conducted supervision across disciplines was warranted.

Participants included in this study were seven supervisors among the following professional disciplines: (a) professional counseling, (b) marriage and family therapy, (c) social work, and (d) psychology. The research was conducted through supervisor semi-structured interviews. Data were analyzed using phenomenological reduction, imaginative variation, and synthesis to establish the essence of cross-disciplinary supervision. The findings consisted of eight themes and 31 subthemes. The conceptual framework from this study is depicted in Figure 4. The following sections include discussion of findings related to the research questions, limitations, recommendations for practice and future research and conclusions.
Discussion of Findings Related to the Research Questions

The central questions being asked in this study were: (a) How do counseling supervisors experience cross-disciplinary supervision? and (b) How does power impact cross-disciplinary supervision? Findings from this study are discussed in relation to each research question below.

How do counseling supervisors experience cross-disciplinary supervision? Eight central themes emerged in relation to supervisors’ experience of cross-disciplinary supervision. Four themes related to what (textural description) supervisors experienced in relation to cross-disciplinary supervision and four themes related to how (structural description) they experienced cross-disciplinary supervision. According to the findings, the textural description included the following four themes: (a) challenging, (b) collaborative experiencing, (c) impact on belief system, and (d) managing power in relationships.

A common response among participants of cross-disciplinary supervision was that it was challenging. These challenges were attributed to the lack of support from licensure boards, differences between disciplines in theories and clinical direction, difference in expectation between clinical supervisors and agency supervisors, and the need to alter supervision tasks after gaining new knowledge of disciplines that were unfamiliar to the supervisor. All participants embraced these challenges as they stated they would definitely continue to provide cross-disciplinary supervision. This implies the benefit of providing cross-disciplinary supervision to future licensed professionals and increasing their knowledge and skills to provide quality client care outweighed the challenges experienced by supervisors.
The duty of supervisors is to protect the public and provide quality client care through their work with supervisees (Bernard & Goodyear, 2014; Todd & Storm, 2002). Client care often involves interaction with multiple systems, as many clients deal with multidimensional issues. Therefore, professional counselors must also learn to interact in these systems and learn to manage a complex array of client issues. Professional counselors’ ability to interact within multiple systems is a learned process that comes with experience. Supervision, the phase of professional development prior to full licensure, can provide ways of enhancing the skills necessary to collaborate with other disciplines and other systems of care. One supervisor in the present study made reference to the value placed on the supervision process to increase knowledge and skills in areas that may not have been addressed in the supervisees’ educational program. Bronstein’s (2003) model may help guide the interdisciplinary collaborative work that exists in cross-disciplinary supervision relationships.

Supervisors in this study reported positive interdisciplinary collaborative experiences. Only one supervisor stated primarily collaborating with other professionals out of convenience due to living in a rural area and having limited opportunities for supervision. Other supervisors mentioned intentionally creating supervision tasks to encourage collaboration, such as co-therapy and group supervision. In fact, group supervision was a common supervision structure that will be discussed below. Supervisors who incorporated a written supervision contract often collaborated with supervisees on their supervision goals at the beginning of supervision. Some supervisors also often encouraged their cross-disciplinary supervisees to consult with other professionals on direction of client care throughout the supervision process. Collaboration was a prominent part of supervisors’ cross-disciplinary supervision experiences.
According to the findings, many supervisors believed they were primarily responsible for supervision tasks and outcomes for professional counselors. Additionally, participants viewed their supervision relationship in parallel to the relationship that exists between counselors and their clients. This was defined as the parallel process. Therefore, supervisors reported attending to the unique needs of their supervisees, regardless of professional background, education, or cultural differences. Cross-disciplinary supervisors who held this belief seemed to embrace the experience of supervising professionals from other disciplines as a means of personal and professional growth. Supervisees and their unique cultural identities were viewed from a lens of mutual respect, openness, and an unbiased neutral stance.

Interestingly, the belief in the parallel process may have actually limited some supervisors’ ability to recognize the unique differences and needs of cross-disciplinary supervisees. For example, Joe reported attending to the specific ways his cultural identity may have impacted his supervision relationship with cross-disciplinary supervisees might have been a blind spot. If supervisors do not readily and intentionally address cultural identity issues in supervision, then the parallel process implies supervisees may not address cultural identity issues in the counseling relationship either. This is not to dismiss the benefits of the belief in the parallel process, but to yield further thought into how to increase supervisor’s cultural awareness around supervisees’ professional identities that may impact the supervision relationship, specifically with professionals from other disciplines. This may also impact the management of power in the supervision relationship, which is discussed further below.
There were several contextual elements that influenced the experience of cross-disciplinary supervision. These were supervision setting, supervision format, supervision structure, and supervision perspective. The supervision setting included private practice, agency setting, or combination of both. Supervision format included the use of a formal contract or not. Supervision structure included individual or some combination of group supervision and/or co-therapy. Lastly, supervision perspective included systemic versus non-systemic supervision, advocacy, and/or strengths-based perspectives to supervision.

According to the findings, these contextual elements of cross-disciplinary supervision did not impact supervisors desire to collaborate with cross-disciplinary supervisees but how they connected with cross-disciplinary supervisees. According to the findings, private practice settings seemed to provide greater flexibility and fewer limitations for supervisors engaging in collaborative work. For example, supervisors in the present study who worked in agency settings reported the challenges with hierarchical power dynamics experienced when supervisor clinical direction was incongruent with agency expectations. When discussing his work with agencies that only worked within a specified theoretical model, one supervisor noted the challenges in navigating around these clinical barriers. Therefore, supervisors working in agency settings must also attend to the hierarchical structure of the agency setting. The implication is that additional supervision tasks may be required for supervisors who work in agency settings. These tasks may include collaborating with agency supervisors, setting boundaries, exerting power in terms of clinical direction, and at times advocating for supervisees and clients.

Cross-disciplinary supervision was also impacted by supervisors’ use of a formal contract for cross-disciplinary supervision experiences. Having a formal supervision contract
seemed to aid supervisors in more clearly defining cross-disciplinary supervision tasks. For example, as part of the initial contract process one supervisor reported required review of the code of ethics specific to the supervisees’ professional discipline and processing how the ethical codes impact the supervision relationship.

Supervision structure included experiences of individual or group supervision. Group supervision seemed to provide additional ways of collaborating with other professionals who may or may not share the same professional background. One supervisor also included co-therapy with supervisees outside of marriage and family therapy as a way of providing opportunities for supervisees to work from a systemic perspective, a perspective unfamiliar to the supervisee’s particular professional discipline. Several supervisors reported group supervision as an important supervision experience to promote collaborative interactions with other professionals.

Supervision perspective included systemic versus non-systemic perspective of supervision. In addition, one supervisor also noted an advocacy perspective to supervision while another reported a strengths-based perspective along with a systemic perspective. However, the majority of supervisors reported a systemic perspective to supervision.

Systemic supervision stems from systems theory that posits the whole is greater than the sum of its parts (Hanson, 1995). What this means is what two parties can do together is greater than what one party can do alone. In regards to counseling, this concept implies collaborating with other systems/professionals to meet client needs produces greater outcomes in client care than what one system/professional approach can do alone. This also implies a level of interdependence. Based on the study’s findings, systemic supervision was a popular approach to supervision and client care.
Interestingly, Bronstein’s (2003) model outlines influences to interdisciplinary collaboration in much the same manner structural elements impacted the experiences of cross-disciplinary supervision. The context in which cross-disciplinary supervision takes place may impact the experience. Successful collaborative supervision must also involve structures that support collaborative work. These implications require further exploration of the impact of structural characteristics on cross-disciplinary supervision.

**How does power impact cross-disciplinary supervision?** Managing power in the supervision relationship was another common response from participants. Raven’s (1992) model was a useful model to help identify and define supervisors’ experience of power in the cross-disciplinary supervision relationship. According to the theory of social influence behind the model, power in relationships is complex and often disguised (French & Raven, 1959). Some participants in this study reported explicitly acknowledging the impact of power in the supervision relationship at the onset of supervision, while other supervisors did not readily acknowledge the impact of power in their cross-disciplinary supervision relationships. Many cultural factors may impact supervision (Cook, 1994) and the expression of power in the relationship to include race, gender, age, sexual orientation, education, socioeconomic status, and professional discipline status.

Participants noted power differentials that existed in their cross-disciplinary experiences. One supervisor provided an example of her experience as a LMFT working with social workers and the natural hierarchy in her work environment in which social workers held more power. Another supervisor noted, the lack of parity between professional disciplines and the impact on supervision. As an example she addressed situations when marriage and family therapists, who may desire work in hospital settings, are often not hired
because hospital administrators mainly hire social workers in that particular setting. Therefore, she questioned the lack of support for cross-disciplinary supervision from licensure boards in these situations. In the example used, a marriage and family therapist may be more hirable in the hospital setting if they have obtained supervision training and education from a social work supervisor. This situation implies there are power differentials that exist among professional counseling disciplines. Further research is suggested to explore to what degree professional power differentials impact cross-disciplinary supervision. This may also suggest cross-disciplinary supervisors may need a reminder to attend to the power differentials that may exist between themselves and their cross-disciplinary supervisees.

As noted in previous literature, Banks (2001) postulates the supervision setting as the ideal place to reinforce cultural awareness and sensitivity. Based on Raven’s (1992) model and associated social influence theory, power dynamics naturally occur in dyadic relationships. Therefore, it seems cross-disciplinary supervisors have the primary responsibility to attend to cultural awareness factors as well as any associated power dynamics that naturally occur. Supervisors who attend to cultural factors in the supervision relationship without also addressing the impact of power around these cultural differences may be a disservice to supervisees. Several supervisors reported implicit ways of addressing cultural differences and managing power, but not all supervisors reported intentional ways of addressing power. In fact, one supervisor shared her thoughts on the lack of education around power for some supervisees. She reported not all licensures discuss power as part of counselor education. Consequently, she reported having to engage in basic education around power and what that means for the supervision relationship as well as the counselor/client relationship with some of her cross-discipline supervisees.
If power is inadequately addressed and managed in the supervision relationship, this may mean it is inadequately addressed and managed in the counselor/client relationship. Previous literature on power and this study’s findings may suggest addressing cultural factors and managing power in cross-disciplinary supervision relationships should be a requirement not an option.

**Limitations**

Limitations of the present study include participants’ relationship with the interviewer, sample size, setting of one participant’s experience, and nature of self-reporting.

**Participants’ relationship with interviewer.** At the time of participant interviews, I did not have a direct relationship with any of the selected participants. Given the small network of marriage and family therapists in North Carolina, I was familiar with a few participants as colleagues in the field. In addition, some of the participants served on the same state professional boards. One participant, Joe, was a previous supervisor when I was working towards clinical licensure and working towards becoming an approved supervisor within the field of marriage and family therapy.

I attempted to maintain a neutral stance and bracket out my prior cross-disciplinary supervision experiences during the interview process. I did not reveal my particular thoughts on my cross-disciplinary supervision experience prior to the interview. In this, I believe the experiences presented in this study were honest and unbiased based on any prior relationship. However, it is still important to note any prior relationship with me as the researcher can still be seen as a limitation of the study.

**Sample size.** The original plans for participant recruitment was to acquire 16 interviews. This was to be broken down into eight participants from private practice and
eight from agency settings. This was further broken down into two participants from each of the targeted four disciplines: (a) professional counseling, (b) marriage and family therapy, (c) social work, and (d) psychology. Early in the data collection process I discovered that the social work and psychology professions more often, if not exclusively, only approved own profession supervision to count towards licensure. I spent 12 months attempting to recruit participants from these categories to no avail. Therefore, it was decided the seven participants selected were representative of a wide range of experiences to gain a valid depiction of cross-disciplinary supervision in North Carolina. A snapshot of participant demographics is depicted in Table 3. According to Dukes (1984), the recommended sample size for phenomenological research is three to 10 participants. Although seven participants is still well within the recommended sample size, a reduction in the sample size during the data collection process is still a limitation of this study.

**Setting of supervision experience.** Six out of the seven participants experienced cross-disciplinary supervision in a private practice setting, agency setting, or both. One participant, Elise, reported experiencing cross-disciplinary supervision in an academic medical center setting. Elise did not depict this setting as either private practice or agency. In addition, Elise’s experience was as an on call supervisor in this setting. Although Elise reported supervising social workers, psychologists, and nurses as part of her experience, she was unable to utilize a contract for supervision, as was her standard in her private practice supervision work. In addition, Elise reported supervisees were not post-master’s in this setting which was reported after beginning the participant interview. Elise’s experiences serve as a limitation to this study given her experience did not fall within the setting criteria or the post-master’s criteria. However, I elected to include her experience as part of the study.
due to her extensive history of private practice supervision experience post-master’s with own discipline supervisees, her doctoral level of education, and experience supervising psychologists as a marriage and family therapist, which is rare.

**Nature of self-reporting.** Self-reported information is a limitation given the risk of participants only reporting information they believe is acceptable or that pleases the researcher. Some of the participants were colleagues and interacted with me at professional activities in North Carolina. Given this relationship, participants may have felt pressured in some way to answer questions based on what they thought I wanted to hear. Additionally, some participants may have felt uncomfortable being completely honest given their relationship with me. For these potential reasons the nature of self-reporting is a limitation.

**Recommendations for Practice and Future Research**

**State licensure boards.** A North Carolina state licensure board governs each of the targeted professions for this study. As noted in the literature, state licensure boards govern the regulations and requirements for licensure within their profession. These regulations include ethical guidelines as well as specific clinical and administrative requirements for supervisors and supervisees. While supervisors’ experience of cross-disciplinary supervision with supervisees working towards clinical licensure was explored, the findings recommend further investigation into the relationship between supervisors and state licensure boards. Four participants acknowledged differences in licensure board requirements and paperwork processes. Two participants reported experiencing frustration with licensure boards. One participant specifically desired more support for supervisors from state licensure boards. The present findings offer a foundation for encouraging further exploration about the specific needs addressed by supervisors in order to promote more positive collaborative relationships.
with state licensure boards, which would in turn have an impact on cross-disciplinary supervision experiences.

**Supervision education leaders.** Recognition that supervisors primarily noted positive *collaborative experiencing* and would definitely continue collaborating with professionals from other disciplines, supervision education leaders are encouraged to reflect on ways to ensure more consistent, effective methods of collaborating with other professionals outside of one’s own discipline. In addition, most supervisors also expressed positive collaborative experiencing with other professionals was key to providing quality client care in many situations, as clients often interact in different systems of care. As mentioned, professional disciplines often vary in such areas as ethics and theoretical orientation. Some participants were keenly aware of these differences and adjusted their contracts and expectations according. Other participants did not show an awareness of these differences, which may have impacted the quality of supervision in their cross-disciplinary supervision relationships. Streamlining the foundational requirements and expectations for cross-disciplinary supervision experiences would provide the level of support that was deeply expressed by supervisors.

**Supervisors and supervisees.** The experience of cross-disciplinary supervision was impacted by the *supervision setting* as noted by some findings. In particular, private practice supervisors identified more use of a formal contract and ability to select supervisees that were a “goodness of fit”. Supervisors who supervised out of convenience, who worked with or for an agency, and also supervisees who selected supervisors due to lack of availability of supervisors within their own discipline, described more frustrations and challenges with the process. These findings may suggest the need for more careful examination of the
supervisor/supervisee selection process when working towards clinical licensure. This recommendation is also supported by the literature that highlights the potential impacts on client care if repeatedly selecting inadequate supervisors (Liddle, 1988). From the findings, it seemed inadequate supervisors was more based on the their ability to manage all aspects of cross-disciplinary supervision and less about the supervisors’ professional background.

The findings encourage a more thoughtful process of selecting adequate supervisors/supervisees who can more effectively manage all aspects of cross-disciplinary supervision. Some potential aspects of cross-disciplinary supervision to manage are as follows: (a) incorporating more discussion around the multicultural elements of supervision, (b) adding contract expectations around managing power in supervision relationships, (c) adding contract expectations around licensure requirements and handling differences between professions, and (d) better explication of goals specifically related to cross-disciplinary supervision at the onset of supervision.

Recommendations for further research are: (a) expanding the target population to include a more diverse supervisor demographic, (b) including field observations along with participant interviews, (c) investigating the frequency of supervisees who engage in cross-disciplinary supervision in North Carolina and (d) exploring the impact of a more formal evaluative process, specifically for cross-disciplinary supervision experiences.

Furthermore, expanding the target population to include more diverse supervisor demographics. Supervisors in present study were all White. This does not adequately represent the growing culturally diverse supervisor population. As noted in the findings, cultural factors can play a role in the experience of supervision as a whole, especially in cross-disciplinary supervision. Further research to include a more culturally diverse
participant pool would enhance insights about the experiences of cross-disciplinary supervision.

Inclusion of field observations along with participant interviews would enhance validity of the findings. Field observations would allow a researcher to compare and contrast data from field interviews and direct observations. Consequently, a more rich experience of cross-disciplinary supervision can be explored.

Further research to determine the amount of counseling professionals who actually engage in cross-disciplinary supervision is recommended. Finding out the percentage of professionals actually engaging in this type of experience may enlighten licensure boards and state education leaders on how cross-disciplinary supervision impacts the training of future leaders. This may also lead to more knowledge about the training requirements of counseling supervisors and supervisees.

Lastly, exploring the impact of a more formal evaluative process, specifically for cross-disciplinary supervision experiences is recommended. For example, this formal evaluative process may include an electronic or written version to specifically assess the impact of cross-disciplinary supervision on both the supervisor and supervisee. Additionally, a formal evaluative process may be beneficial in ensuring the inclusion of such elements as multicultural awareness training, ethics, licensure requirements and knowledge of different theoretical orientations as indicated in my study findings.

Conclusions

The supervision relationship is an important dyadic relationship that is used to train future leaders, prepare counselors to work with the general population, and prepare counselors to work with others. Ultimately supervision provides an opportunity to find out
who the supervisee is as a person and can that person be trusted to help others out in the
world independently. Previous literature by Magnuson et. al (2002), suggested supervisees
select supervisors based on professional competence and integrity. Furthermore, Bernard and
Goodyear (2014) recommended the majority of supervision should come from the
professional’s own discipline to encourage professional identity development. Interestingly,
the findings were inconsistent with the views from Bernard and Goodyear (2014) who
recommended the majority of supervision should come from the professional’s own
discipline to encourage professional identity development. As previously noted, all
participant supervisors reported they would definitely continue to collaborate with
professionals from other disciplines. Additionally, the general consensus of all supervisors on
ways to improve the process of cross-disciplinary supervision was to do more of it. The
supervisors’ desire to continue cross-disciplinary collaboration despite stated challenges can
be explained by the concept of interdependence, which was the essence of cross-disciplinary
supervision. Interdependence is a level of connectedness and reliance on others to
accomplish a common goal. In counseling professions, quality client care often includes
interactions with multiple systems. Supervisors depend on structures that support these
collaborative interactions. Cross-disciplinary supervision among counseling professionals
provides an experience for both supervisors and supervisees to practice the skills necessary
for more successful future experiences of interdisciplinary collaboration. Cross-disciplinary
supervisors’ stories demonstrate meaningful interactions do occur between professionals of
different disciplines, resulting in a level of interdependence.

Despite supervisors’ unique supervision perspectives and interdisciplinary
experiences, supervisors were unanimous in their desire to continue to engage in cross-
disciplinary supervision. Although some counseling professions continue to encourage counseling supervision experiences primarily from supervisors who share the same profession, the present study findings suggest benefits of engaging in interdisciplinary interactions during the supervision experience. Findings indicate these interdisciplinary activities are valued, and in many cases inevitable in the helping professions. Furthermore, many counseling professionals’ work environment post-licensure includes professionals from other disciplines, which necessitates collaboration to promote holistic client care.

As previously noted, Nelson, and Bardos (2002) emphasize the importance of maintaining clinical supervision in post educational settings to promote maintenance of counseling skills. Additionally, the literature also highlighted the lack of adequate supervision and prevalence of poorly trained supervisors in post educational settings. Post-educational settings provide clinical work experiences for practical application of counseling professionals’ coursework and is the training ground for full clinical licensure. These experiences are under the direction of approved clinical supervisors who serve as gatekeepers to the professional counselor’s chosen profession. Therefore, clinical supervision is a valuable part of the journey in becoming a quality counselor. Inadequate supervision leads to inadequate counselors (Liddle, 1988).

The purpose of supervision is to train counselors to provide quality client care. Therefore, it is important to look at all aspects of a professional counselor’s supervision experiences to assess for effectiveness. Cross-disciplinary supervision is one such experience that impacts the training of future leaders. This study provided an in depth analysis of the working relationship between cross-disciplinary supervisors and their supervisees, which can serve as a foundation for providing the desired support supervisors and supervisees need in
these situations. It seems becoming a supervisor is a learning process. Becoming a cross-disciplinary supervisor requires additional learning tasks around power and ways to successfully engage in interdisciplinary collaboration.

Figure 4. Cross-disciplinary supervision conceptual framework
REFERENCES


Beddoe, L., & Howard, F. M. (2012). Interprofessional supervision in social work and psychology: Mandates and (inter) professional relationships. *The Clinical Supervisor,*


APPENDICES
Appendix A

Participant Recruitment Email Invitation

Greetings!

You are invited to take part in a research study. The title of the study is **Understanding How Counseling Supervisors Experience Cross-disciplinary Supervision in North Carolina: A Phenomenological Study**. Participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. If you consent to participate, you will receive a $25 Amazon gift card upon completion of the research study as compensation for your time. The purpose of this study is to understand the supervision experience of supervisors who have supervised or are currently supervising counseling professionals in a discipline different from their own. Both supervisors and supervisees must practice in one of the following four counseling disciplines: social work, professional counseling, marriage and family therapy, or counseling psychology. (e.g., a supervisor from one of the four disciplines must have provided or is providing supervision to a supervisee in one of the other three disciplines different from the supervisor)

A written informed consent form will be provided for your review and signature prior to the start of the study (please see attached). Upon agreeing to participate in this study, you will meet with the researcher for approximately 1-2 hours to respond orally to interview questions about your supervision experience. The meeting may take place in person or online using Vsee computer software. The questions asked will address your perspective and experiences regarding cross-disciplinary supervision arrangements.

**Eligibility Requirements:**

1) Participant is a counseling professional supervisor from one of the four disciplines, certified to provide supervision within the state of North Carolina

2) Participant has supervised or is currently supervising a counseling professional from one of the four disciplines for any length of time

3) Clinical supervision was or is provided by a clinical supervisor in a counseling discipline different from that of the supervisee

This email may be forwarded to those you feel fit the eligibility requirements of this study. If you have questions or would like additional information, please contact Tia Crooms at trcrooms@ncsu.edu or (919) 201-7122. My faculty advisor is Dr. Stanley Baker at North Carolina State University and can be contacted at sbaker@ncsu.edu.

Sincerely,
Tia Crooms
Title: Understanding How Counseling Supervisors Experience Cross-disciplinary Supervision in North Carolina: A Phenomenological Study

Principal Researcher: Tia R. Crooms, MA, LMFT under guidance of Dr. Stanley Baker (committee chair)

**What are some general things you should know about research studies?**

You are asked to take part in a research study and participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of a research study is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. A research study may also pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form, it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

**What is the purpose of this study?**

The purpose of this study is to understand the cross-disciplinary supervision experience of counseling supervisors who have provided clinical supervision to counseling professionals in a discipline dissimilar from that of the counseling supervisor.

**What will happen if you take part in the study?**

Upon agreeing to participate in this study, you will meet with the researcher for 1-2 hours to respond orally to interview questions about your supervision experience. The meeting may take place in person or online using Vsee computer software. The questions asked will address your perspective and experiences regarding the cross-disciplinary supervision arrangement. Also, signing this consent form means that your responses might be shared in a publication, while keeping confidential any information that could potentially reveal your personal identity. All interviews will be audio-recorded on a password-protected recording device. You will be provided a copy of your written transcript for review via email. Transcripts will be stripped of all identifying information prior to emailing so that no one can identify you in the transcript. You will be asked to return the transcript, with comments, to the researcher via email as well, unless other arrangements are requested.

After you verify the content of the data during review of your transcript, audio recordings on
all password-protected devices will be destroyed. You will be compensated with a $25 Amazon gift card upon completion of the study.

**Risks**

You will likely discuss matters regarding your experience with cross-disciplinary supervision. You may be currently participating in a cross-disciplinary supervision arrangement. You will be asked to answer open-ended questions about your cross-disciplinary supervision experience. The process of recalling information could potentially produce some anxiety. If you are presently in a cross-disciplinary supervision arrangement, answering questions about your supervisory experience may cause you to make comments about your current supervisee. In addition, your cross-disciplinary supervision experience may have taken place at your current employer agency and participation may evoke feelings that interfere with these relationships. For example, information shared and identified related to your employer may put you at risk of consequences at your place of employment to include termination. In addition, information shared and identified may put you at risk of damaging healthy relationships with your employer or colleague. You will be ensured of confidentiality so as to reduce any risk of shared personal experiences getting back to your respective supervisees that may impact the supervisor/supervisee relationship. Methods to ensure confidentiality and protect shared data include keeping all identifiable information in the researcher's personal research journal and storing in a locked case, referring to participants by chosen pseudonym in the research study write-up, and meeting at a mutually agreed upon location by you and the researcher to conduct the study interview. You will be asked to share only information that you feel comfortable discussing, and will be reminded at the beginning of the interview that you are able to withdraw at any point. You will not be asked to share names, but only describe your experiences within the supervision process. You will have the opportunity to review your final transcript and written analysis of cross-disciplinary supervision and will again be reminded that you can withdraw from the study and transcripts will be destroyed. Additionally, if an emotional reaction occurs, the researcher is a licensed counselor, trained in buffering strong emotions. If any of these circumstances occur, you may remove yourself from the study with no negative consequences. Information about additional counseling services will be provided when deemed necessary.

**Benefits**

A benefit from this research may be revealing information about cross-disciplinary supervision experiences that could benefit other counseling professionals and clinical supervisors, thereby potentially enhancing policies and state requirement expectations of clinical supervision among counseling professions. You might also potentially gain self-awareness and knowledge of the role of supervisor and supervisee within the supervision relationship. In addition, you will be compensated for their time with a $25 Amazon gift card upon completion of the study.

**Confidentiality**
Following the interview, you will select a pseudonym of your choice to be used by the researcher for transcripts and in reporting study findings. No other names will be utilized. Pseudonyms are necessary to more accurately describe the experience of cross-disciplinary supervision while maintaining confidentiality. The researcher will keep documentation of participant protected health information and corresponding participant pseudonyms in a personal research journal. This information will be secured by the researcher for confidentiality purposes and used only as a means to contact participants for follow-up interviews. After collecting all data, this identifying information will be destroyed by the researcher. Other demographic information collected will include participants’ gender, professional discipline, supervisee professional discipline, highest degree earned, and years of clinical experience post-Masters. This demographic information will help to identify other multicultural aspects involved in your cross-disciplinary supervision experience.

The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely in the principal researcher Tia Crooms’ password protected computer and password-protected files. No reference will be made in oral or written reports that could link you to the study.

**Compensation**

You will receive a $25 Amazon gift card upon completion of the study as compensation for your time.

**What if you are a NCSU student?**

Participation in this study is not a course requirement and your participation or lack thereof, will not affect your class standing or grades at NC State.

**What if you are a NCSU employee?**

Participation in this study is not a requirement of your employment at NCSU, and your participation or lack thereof, will not affect your job.

**What if you have questions about this study?**

If you have questions at any time about the study or the procedures, you may contact the principal researcher, Tia Crooms, Educational Leadership, Policy and Human Development, 520 Poe Hall, College of Education, NC State University, Box 7801, Raleigh, NC 27695-7801 or email at trcrooms@ncsu.edu. You may also contact Dr. Stanley Baker, Professor of Counselor Education, email at sbaker@ncsu.edu.

**What if you have questions about your rights as a research participant?**

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator at dapaxton@ncsu.edu or by phone at (919) 515-4514.
**Consent To Participate**

“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Participant’s Name: __________________________________________

Participant’s Signature: _______________________________ Date: ___________

Principal Researcher’s Name: __________________________________________

Principal Researcher's signature: __________________________ Date: ___________
Appendix C

Semi-structured Interview Protocol

Note: Questions will only be used if information is not shared organically.

Participant Pseudonym _________________________

Date of interview ________________________________

Start Time __________________

End time __________________

1. How would you describe your experience of cross-disciplinary supervision?

2. What other disciplines have you supervised different from your own?

3. Would you continue to collaborate with supervisees from other disciplines? Why or why not?

4. Are there times when you as the supervisor depend on your supervisee to collaborate and meet supervision goals?

5. How many supervisees have you supervised in cross-disciplinary supervision arrangements?
6. How have these past collaborative relationships informed your present cross-disciplinary supervision work?

7. How are expectations for supervision addressed?

8. How are decisions about client treatment approaches collaboratively made in cross-disciplinary supervision?

9. How does cross-disciplinary supervision impact client care?

10. How is the cross-disciplinary supervision experience evaluated?

11. How would you describe your relationship with your supervisees in cross-disciplinary supervision?

12. When you think of power in cross-disciplinary supervision, what do you think of?

13. How is power exhibited during supervision sessions?
14. How do these power exhibitions make you feel?

15. What are supervisees’ reactions to your power? What are your reactions to supervisees’ power?

16. Are there any aspects of power in your cross-disciplinary supervision experiences that relate to your cultural identity in any way? If so, please explain.

17. How is information shared with supervisees?

18. What aspects or characteristics of your self influence power in the supervisory relationship?

19. How do these characteristics influence your work as a cross-disciplinary supervisor?

20. How are compliance and noncompliance issues handled in supervision?

21. Is there anything related to power you would like to change in your supervisory relationships?
22. How is your supervisory relationship the same or different than own profession supervisees?

23. Is there anything you would like to change in your cross-disciplinary supervision relationships?

24. What would you recommend to improve your working relationship with supervisees in cross-disciplinary supervision arrangements?
Appendix D
Demographic Information Sheet

Participant Pseudonym:

1. Please indicate your gender identity:
   ______Male
   ______Male to female transgender
   ______Female
   ______Female to male transgender
   ______Not sure
   ______Other (please specify): ________________________________

2. Would you describe yourself as:
   ______American Indian/Native American
   ______Asian/Asian American
   ______Black/African American
   ______Hispanic/Latino American
   ______White/Caucasian American
   ______Pacific Islander American
   ______Other (please specify): ________________________________

3. What is your age?
   ______18-24 years old
   ______25-34 years old
   ______35-44 years old
   ______45-54 years old
55-64 years old
65-74 year old
75 years or older

4. What is your current professional discipline licensure status? (i.e., LMFT, LPC, LCSW, LP, etc.)

- LCSW (licensed clinical social worker)
- LPC (licensed professional counselor)
- LMFTA (licensed marriage & family therapist)
- LP (licensed psychologist)

Write in abbreviation and name:
______________________________________________________
______________________________________________________
______________________________________________________

5. What are the professional disciplines of supervisees you have supervised in cross-disciplinary supervision arrangements? (Different from question #2)

- social work
- professional counseling
- marriage & family therapy
- psychology

6. In what context have you provided supervision for supervisees in cross-disciplinary supervision arrangements?

- Private Practice
- Employer Agency
- Both private practice and employer agency
- Other (please write in): ________________________________
7. In what context do you know the supervisees you have supervised in cross-disciplinary supervision arrangements?

______ Supervisee only

______ Supervisee and employee where I work

______ Supervisee and direct supervisor at place of work

______ Other (please write in): ________________________________

8. How were payments for supervision arranged for cross-disciplinary supervision provided to supervisees? (Select all that apply)

______ Supervision was provided free of charge

______ Supervision was paid directly to the supervisor

______ Supervision fees were deducted from supervisee paychecks

______ Supervision was paid for by employer agency

______ Other (please write in): ________________________________

9. What is the highest degree you have obtained?

______ MA (Masters of Arts)

______ MS (Masters of Science)

______ PhD (Doctor of Philosophy)

______ PsyD (Doctor of Psychology)

Write in abbreviation and name:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

10. How many years of clinical experience have you obtained post-Masters degree?

______ 0-2 years
______ 2-4 years

______ 4-6 years

______ 6 or more years
Appendix E

IRB Approval Letter

Dear Tia Crooms:

IRB Protocol 9146 has been approved

Title: Understanding How Counseling Supervisors Experience Cross-disciplinary Supervision in North Carolina: A Phenomenological Study

PI: Baker, Stanley B
The project listed above has been reviewed by the NC State Institutional Review Board for the Use of Human Subjects in Research, and is approved for one year. This protocol will expire on 08/29/2017 and will need continuing review before that date.

NOTE:
1 You must use the approved consent forms (available in the IRB system with the documents for your protocol) which have the approval and expiration dates of your study.
2 This board complies with requirements found in Title 45 part 46 of The Code of Federal Regulations. For NCSU the Assurance Number is: FWA00003429.
3 Any changes to the protocol and supporting documents must be submitted and approved by the IRB prior to implementation.
4 If any unanticipated problems occur, they must be reported to the IRB office within 5 business days by completing and submitting the unanticipated problem form on the IRB website.
5 Your approval for this study lasts for one year from the review date. If your study extends beyond that time, including data analysis, you must obtain continuing review from the IRB.

If you have any questions, please don't hesitate to call us.
Sincerely,
Deb Paxton
919.515.4514
IRB Administrator
dapaxton@ncsu.edu
NC State IRB Office

Jennie Ofstein
919.515.8754
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irb-coordinator@ncsu.edu
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