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ACCEPTANCE

This dissertation, THE EFFECTS OF COUNSELOR TRAINEE STRESS AND COPING RESOURCES ON THE WORKING ALLIANCE AND SUPERVISORY WORKING ALLIANCE, by PHILIP BRANSFORD GNILKA, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree Doctor of Philosophy in the College of Education, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chair, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education concurs.

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ABSTRACT

THE EFFECTS OF COUNSELOR TRAINEE STRESS AND COPING RESOURCES ON THE WORKING ALLIANCE AND SUPERVISORY WORKING ALLIANCE
by
Philip B. Gnilka

Counselor trainees' stress and coping resources have the potential to influence the relationships formed with supervisors and clients. Two hundred thirty two (N = 232) Master-level counselor trainees completed surveys designed to measure perceived stress, coping resources, the working alliance, and the supervisory working alliance. Participants completed a demographic questionnaire, the Working Alliance Inventory – Short Form Therapist Version (WAI-S; Tracey & Kokotovic, 1989), the Supervisory Working Alliance Inventory – Trainee Version (SWAI-T; Efstation, Patton, & Kardash, 1990), the Perceived Stress Scale – Short Form (PSS; Cohen, Kamarck, & Mermelstein, 1983), and the Coping Resources Inventory for Stress – Short Form (CRIS; Curlette & Matheny, 2008). The working alliance was negatively correlated with Perceived Stress (r = -.25, p < .01) and positively correlated with the coping resources Situational Control, (r = .23, p < .01), Emotional Control (r = .18, p = .01), Social Support From Family (r = .19, p < .01), Mental Tension Control (r = .18, p < .01), and Making Plans (r = .15, p < .05). The supervisory working alliance was negatively correlated with Perceived Stress (r = -.23, p < .01) and positively correlated with the coping resources Situational Control (r = .17, p < .01), Emotional Control (r = .18, p < .01), Social Support From Friends (r = .14, p < .05), Mental Tension Control (r = .22, p < .01), Asserting One's Rights (r = .13, p < .05),

and Trusting Oneself (r = .14, p < .05). After controlling for the primary internship setting, Stress (ΔR^2 = .055, β = -.21, p < .001) and Social Support from Family (ΔR^2 = .021, β = -.21, p < .025) explained 7.6% of the variance in the working alliance, F (10, 221) = 3.71, p < .001. After controlling for the number of counseling sessions and total number of weekly individual counseling hours, Perceived Stress (ΔR^2 = .047, β = -.14, p < .10) and Situational Control (ΔR^2 = .026, β = .18, p < .025) explained 7.3% of the variance in the supervisory working alliance, F (4, 170) = 7.73, p < .001. Implications for counselor training and implications for research are discussed.

THE EFFECTS OF COUNSELOR TRAINEE STRESS AND COPING RESOURCES ON THE WORKING ALLIANCE AND SUPERVISORY WORKING ALLIANCE

by
Philip B. Gnilka

A Dissertation

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CHAPTER 1

THE TRANSACTIONAL MODEL OF STRESS AND THE WORKING ALLIANCE AND SUPERVISORY WORKING ALLIANCE

Counselor education programs strive to teach the skills and knowledge necessary to develop competent and effective counselors, which includes fostering the personal development of counseling students. The deeply held belief that who a counselor is as a person is an important factor in the counseling process is embedded in the code of ethics and standards for counselor education programs. The American Counseling Association (ACA) Code of Ethics (2005) states that counselor trainees "refrain from offering or providing counseling services when their physical, mental, or emotional problems are likely to harm a client or others" (Section F.8.b. Impairment). While the profession is guided by the ACA Code of Ethics, counselor educators are similarly guided to focus on personal factors of counseling trainees. The Association for Counselor Education and Supervision (ACES) Ethical Guidelines for Counseling Supervisors (1995) states that counselor educators have a responsibility to "be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance" (Section 2.12). The Council for Accreditation of Counseling and Related Educational Program (CACREP) Standards for Counselor Education Programs also note that programs must show evidence of systematic assessment of "each student throughout the program including consideration of the student's academic performance, professional development, and personal development" (CACREP, 2009, Section 1.P.).

Personal development is a part of counselor training and this becomes especially salient during the practicum and internship experiences. During these experiences, counselor trainees establish relationships with their clients and their supervisors which will have a direct impact on their clinical and personal development. One way to view these two key relationships is through the working alliance (Bordin, 1979) and the supervisory working alliance (Bordin, 1983). Researchers have suggested that both the working alliance and the supervisory working alliance influence client outcome (e.g., Bedi & Horvath, 2004; Ladany, Hill, Corbett, & Nutt, 1996; Martin, Garske, & Davis, 2000); therefore, it is important to consider what factors influence counselor trainee's relationships with their clients and their supervisors. Two such factors include stress and coping. Researchers (e.g., Briggs & Munley, 2008) have indicated that mental health professionals experience stress and have different coping strategies to handle their stress which in turn may impact their client outcome. Despite this, there is limited literature that has directly considered the impact of stress and coping on the working alliance and supervisory working alliance.

The purpose of this article is to explore how stress and coping influence the two seminal relationships of a counselor trainee: relationships with clients and with supervisors. First, the literature on the working and supervisory working alliances will be presented. Next, the transactional model of stress, along with how this conceptually influences both the working alliance and supervisory working alliance, will be reviewed. Lastly, implications for counselor educators and future research suggestions will be discussed.

Working Alliance

Considerable research exists that investigates the working alliance and the relationship on client outcome. Several researchers (e.g., Hatcher, Barends, Hansell, & Gutfreund, 1995; Mallinckrodt, 1993) have suggested that a counselor's perspective of the working alliance is associated with client outcome. Mallinckrodt (1993) investigated the relationship between clients' and counselors' working alliance ratings, session impact, and treatment outcome in a training clinic staffed by first year doctoral and master-level students using 41 dyads. Counselor working alliance ratings accounted for 14% of the variance in client outcome as measured by the change of client target concerns, a counseling center follow-up questionnaire (Gelso & Johnson, 1983), and the Brief Symptom Inventory (Derogatis & Spencer, 1982).

Martin et al. (2000) conducted a meta-analysis that investigated the relationship between the quality of the working alliance and client outcome based on a total of 79 studies and reported an overall correlation coefficient of .22. Martin et al. further found that the relationship between the working alliance and outcome were homogeneous overall; therefore, there was no need to investigate possible mediators, moderators, or interactions with other variables (e.g., differences in how counselors and clients rate the working alliance). One conclusion from the results of this study was that in aggregate, both counselors' and clients' viewpoints of the working alliance were similar.

In contrast to Martin et al. (2000), Horvath and Bedi (2002) conducted a follow-up meta-analysis that included over 90 studies finding a heterogeneous relationship suggesting the possibility of an interaction effect with other variables (e.g., differences between counselors' and clients' viewpoints of the working alliance). The researchers

found an overall correlation coefficient average of .21 and median of .25 suggesting a medium effect size. The authors also investigated the alliance-outcome relationship from the perspectives of the client, counselor, and observer. When the source of the outcome ratings were disregarded, the client and observer rated alliances had similar relationships to outcome. However, in this study, the therapist rated alliance and outcome were still significant but less related. The correlation coefficients when the therapist rates the alliance were .10 with client outcome ratings, .19 with observer outcome ratings, and .25 with counselor outcome ratings. The authors also noted that there was significant overlap in the distributions of the perspectives of the client, counselor, and observer. Given the results of both of the meta-analyses Martin et al. (2000) and Bedi and Horvath (2002), there is some overlap between counselors' and clients' viewpoints of the alliance and outcome; in addition, a counselor's viewpoint of the working alliance is positively related to client outcome.

Bordin (1979) noted that the "strength of the working alliance was a function of the closeness of fit between the demands of the particular kind of working alliance and the personal characteristics of patient and therapist" (p. 253). He further suggested that the "influence of personal conflicts and neurotic dispositions on ineffective therapist performance" should be more closely investigated (p. 258). To date, research has investigated how the working alliance is impacted by counselor's personal qualities such as attachment and temperament (Hersoug, Hoglend, Monsen, & Havik, 2001), quality of communication skills (Kolden 1996; Priebe & Gruyters, 1993), and ability to convey understanding of the client (Castonguay & Goldfried, 1994; Diamond, Liddle, Houge, & Dakof, 1999).

Given that clients who experience a positive working alliance are more likely than clients who do not report a positive working alliance to view the counselor as empathetic, open, flexible, and sympathetic (Horvath, 2001), it could be assumed that counselors reporting high levels of stress and insufficient ability to cope may have difficulty developing positive working alliances with clients. While considerable conceptual literature and several studies suggest the possibility that counselor characteristics may influence the development of a positive working alliance, only one study has specifically investigated how counselor stress and coping may influence the development of the working alliance.

Briggs and Munley (2008) investigated the relationship between stress, coping, career sustaining behaviors (e.g., maintain sense of control over work, receive regular supervision) and the working alliance among a sample of 160 mental health practitioners. Given that the working alliance is positively related to client outcome, this study made it possible to ascertain if a relationship existed between both stress and coping and client outcome. The authors concluded that after controlling for both demographic variables and counselor stress levels, which accounted for 18.6% of the variance in the working alliance, career sustaining behaviors and coping strategies accounted for an additional 9.6% of the variance. In this study, both career sustaining behaviors and active coping were positively associated with the working alliance while avoidant coping was negatively associated with the working alliance. More active coping strategies (e.g., planful problem-solving, positive reinterpretation) may lessen the impact of overall stress while more ineffective coping strategies (e.g., distraction, avoidance, emotion-focused) may strengthen the impact of overall stress on the working alliance. In other words,

counselor stress, career sustaining behaviors, and coping are all significantly and uniquely related to the working alliance and, thus, client outcome.

In summary, the working alliance from a counselor's viewpoint is positively related to client outcome (Horvath and Bedi, 2002; Mallinckrodt, 1993; Martin et al., 2000). Individual differences (e.g., attachment style, interpersonal skills, stress levels, coping styles) that the client and the counselor bring to the relationship influence the working alliance (e.g., Briggs & Munley, 2008; Hersoug et al., 2001; Kolden 1996; Priebe & Gruyters, 1993). Thus, a further examination of the impact of stress and current coping on the dyad's working alliance should be further examined.

Supervisory Working Alliance

Similar to the working alliance, Bordin asserted that the supervisory relationship consists of three components: goals, tasks, and bonds. Bordin did acknowledge that the bonds developed between a supervisee and supervisor are slightly different and fall "somewhere between those of teacher to class members and therapist to patient" (1983, p.38). According to Bordin, the goals related to the supervisory relationship include but are not limited to mastery of specific skills, understanding of different types of clients, increasing awareness of process issues, personal development, gaining a deeper understanding of theory, and maintaining appropriate ethical standards.

Research related to the supervisory working alliance has focused on three key outcomes: (a) supervisee adherence to treatment protocols (Patton & Kivlighan, 1997), (b) supervisees' willingness to disclose to their supervisor (Ladnay et al., 1996), and (c) positive supervisee-client working alliances (Patton and Kivlighan).

Patton and Kivlighan (1997) reported a positive relationship between the supervisory working alliance and supervisees' adherence to the treatment manual. This is significant because Lambert and Arnold (1987) argue that manuals are an important way for supervisees to learn counseling interventions. Thus, it becomes important for supervisees to follow treatment manuals.

Ladnay et al. (1996) with a sample of 108 supervision dyads noted that over half of the supervisees reported that a poor supervisory working alliance was related to an increased number of nondisclosures to their supervisors. Given the liability that supervisors assume, it is important to maintain communication with supervisees to allow them to disclose unethical and illegal activities.

While nondisclosure is an important issue for supervision, a positive supervisory working alliance is also correlated with positive working alliances and outcomes between supervisees and their clients. Patton and Kivlighan (1997) investigated the perceived supervisory working alliances of 75 supervisees along with the working alliance from the perspective of the client. The authors concluded that the supervisory working alliance was positively related to a client's perception of the working alliance. Bambling, King, Raue, Schweitzer, and Lambert (2006) investigated the relationship and outcomes between supervised and unsupervised counselors with a sample of 127 clients diagnosed with depression and 127 counselors. Clients were randomly assigned to either supervised or unsupervised counselors. Supervised counselors had clients that reported higher working alliances, lower levels of depression, higher client satisfaction ratings, and significantly lower non-completion rates. These studies link supervision to positive client

outcomes (Bambling et al.) and quality of supervision to client outcomes (Ladnay et al., 1996; Patton and Kivlighan).

While the supervisory working alliance is related to various outcomes for both the supervisee and client, it is also important to investigate how various characteristics of both the supervisor and supervisee influence this important construct. Research is growing on these important factors. Supervisor factors that influence the supervisory working alliance are supervisor's style (Chen & Bernstein, 2000; Ladnay et al., 1996), use of expertness (Schultz, Ososkie, Fried, Nelson, & Bardos, 2002), self disclosure (Knox & Hill, 2003), attachment style (White & Queener, 2003), maladaptive perfectionism (Ganske, 2007), timely and balanced evaluative practices (Lehrman-Waterman & Ladany, 2001), and multicultural competence (Inman, 2006). Supervisee factors that influence the supervisory working alliance are supervisees' experience of negative supervision (Ramos-Sánchez et al., 2002) and maladaptive perfectionism (Ganske, 2007). Lastly, certain supervision processes also influence the supervisory working alliance including allowing discussion of diversity issues (Gatmon et al., 2001) and racial identity matching (Ladany, Brittan-Powell, & Pannu, 1997).

Bordin (1983), in describing a working alliance based model of supervision, suggested eight key goals, two of which focus on a supervisee's personal development and could be linked to a counselor's stress levels and ability to cope may influence the counseling process. One goal, increasing self-awareness and influence on the counseling process, assisted a supervisee in understanding "…his or her own feelings and what impact they may be having on the change process" (p.37). This suggests that supervision

may include discussion about how a counselor's self influences the outcome of counseling.

Another goal, working through personal obstacles that impact counseling effectiveness, focused on a counselor's "persisting difficulties that appear to be sufficiently general to suggest that they are of his or her own making rather than functions of a particular client" (Bordin, 1983, p. 37). In other words, this is when supervision "begins to increasingly resemble therapy" (p.37). There are multiple personal conflicts that may come up in supervision, and it seems likely that issues of stress and difficulty coping are issues that counselor trainees may face during their practicum/internship experiences.

Transactional Model of Stress

Stress, when perceived demands exceed an individual's perceived ability and resources to cope, is a normal condition of life facing all humans (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984; Matheny & McCarthy, 2000). For many years, researchers have studied and found that stress has negative effects on the body (e.g., Sapolsky, 2004). Stress has been linked to various physical illnesses and emotional disturbances including, cardiovascular disease, anxiety, depression, immune deficiency, colds, allergies, and strokes (e.g., Matheny & McCarthy; Sapolsky).

Researchers (e.g., Lazarus and Folkman, 1984) currently conceptualize stress from a transactional model in which appraisal of both the environment and the person must be taken into consideration. According to the transactional model of stress (Lazarus, 1966), whether an individual does or does not have a stress response is the result of a combination of two phases of appraisals: primary appraisal and secondary

appraisal. First, an individual performs a primary appraisal that specifically focuses on the encountered demand to determine any immediate threat. Demands are requirements placed on the individual that can be either internal such as perfectionist standards or external such as facing a large vicious dog (Matheny & McCarthy, 2000). The primary appraisal can range from both immediate and unconscious to a more deliberate cognitive process. The secondary appraisal focuses on an individual's resources for handling the demand or potential stressor. Typically, individuals will continually reassess both the demand and their individual resources creating a feedback loop. A stress response, therefore, occurs when the perceived demands of a situation exceeds an individual's perceived resources for handling those demands (Matheny, Aycock, Curlette, & Junker, 1993). The intensity of the stress response increases as the gap grows larger between higher perceived demands and lower coping resources. Since the transactional model of stress focuses on both perceived demands and perceived resources, researchers are increasingly focusing on an individual's ability to cope (Folkman & Moskowitz, 2004).

Like stress, coping is a multi-dimensional and contextual construct. Coping is defined as the strategies, responses, and resources that individuals use to combat perceived stressors (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984; Matheny & McCarthy, 2000). While there are numerous ways to conceptualize coping, one common way is the distinction between problem-focused coping and emotion-focused coping (Folkman & Moskowitz; Lazarus & Folkman). Problem-focused coping is defined as approaches that actively attack the threat while emotion-focused coping is defined as approaches that manage the stress and emotions about the threat (Matheny & McCarthy). Researchers suggest that the use of both problem-focused and emotion-

focused coping jointly can be the most beneficial strategy for addressing stressors (Folkman & Moskowitz; Matheny & McCarthy). Matheny and McCarthy caution that not all problem-focused and emotion-focused coping strategies are necessarily helpful; rather, some coping strategies are not helpful and potentially unhealthy (e.g., self-blame, denial, substance abuse, self-distraction).

Another way to conceptualize coping is the difference between individual coping strategies and responses and coping resources. Individual coping strategies and responses occur after a perceived stressor has been encountered while coping resources (e.g., financial resources, social support system, problem-solving abilities) are factors that are in place before stressors are encountered. Individuals that perceive they have more coping resources available will more likely either overcome or significantly reduce the perceived stressor (Matheny et al., 1993).

Hobfoll (1989) asserts that individuals grow and protect their coping resources and are threatened when they are faced with the perceived or actual loss of these coping resources. Hobfoll also argues that the measurement of coping resources would be more predictive of stress reactions than simply quantifying the type and intensity of a demand. Matheny, Aycock, Pugh, Curlette, and Cannella (1986) suggested that coping resources that are in place influence every step of the transactional model of stress.

The increased use of coping resources have been linked to decreases in physical illness (Matheny, Ashby, & Cupp, 2005), lower levels of depression (Ellett, 1991), decreased anxiety (Brock, 1991), reduction in certain forms of psychopathology (White & Franzoni, 1990), and lower levels of burnout in teachers (Davis-Johnson, 1991). Individuals with greater coping resources in contrast to individuals with only a few

coping resources are more capable of successful coping (Matheny & McCarthy, 2000). While considerable research using samples that represent the general population have been conducted on the relationship between stress, coping, and various psychological outcomes, researchers have also focused on more specific populations of individuals such as counselors.

Research specifically in the counseling profession focusing on the combination of stress, coping, and psychological distress is sparse but growing. Sowa and May (1994) investigated the perception of occupational stress and use of coping resources in a sample of counselors (N=125). The authors concluded that counselors reported occupational stress levels that were similar to other professionals; in addition, coping resources differentiated between counselors reporting high and low occupational stress. Counselors that reported high occupational stress had lower levels of self care, recreation, and social support. Lawson (2007) randomly surveyed 501 counselors from a national counseling professional association about their overall workloads, career coping resources, and overall psychological distress. Lawson concluded that approximately 5% of the sample reported clinical levels of burnout and approximately 11% reporting clinical levels of compassion fatigue. While research shows that mental health practitioners in practice experience personal distress, there is considerably less research on the stress levels counseling students experience during their programs and possible coping resources they use.

Kumary and Baker (2008) investigated the relationship between stress and self-reported general health among a sample of 108 counseling psychologist trainees. They concluded that 59% of the sample met or exceeded the clinical cut-off score suggesting

distress levels that may be likely for various clinical diagnoses (e.g., depression). These results were consistent with Cushway's (1992) findings of a similar relationship between stress and general health among 287 clinical psychology students. The counseling profession has also begun to investigate overall levels of wellness and psychological distress among counselor trainees with mixed findings (e.g., Myers, Mobley, & Booth, 2003; Roach & Young, 2007). White and Franzoni (1990) and Smith, Robinson, and Young (2007) noted that a large proportion of counseling students reported overall psychological distress. Specifically, Smith et al. reported that 10.7% experienced psychological distress (e.g., stress, anxiety, depression) at levels similar to those seen in clinical settings, 16.8% experienced significant interpersonal relationship difficulties (e.g., marriage and family difficulties, loneliness), 14.2% indicated symptoms of common mental health disorders (e.g., mood disorders), and 16.8% noted significant difficulties in meeting requirements at home, work, and school.

One consistent finding among master-level counselor trainees is a negative relationship between psychological distress and both wellness (Smith et al., 2007) and coping resources (White & Franzoni, 1990). These findings suggest that both wellness and coping resources may help buffer counselor trainees from negative psychological outcomes. While this has been a consistent relationship found among counselor trainees, White and Franzoni stated that a clear relationship between psychological distress, coping, and counselor effectiveness had not been established.

Only in three studies, all which surveyed psychologists in practice, have researchers investigated the impact of distress and coping on client outcome. Pope, Tabachnick, and Keith-Spiegel (1987) reported approximately 60% of psychologists

surveyed reported having worked with clients when they were too distressed to be effective. In a similar finding two years later, Guy, Poelstra, and Stark (1989) reported that approximately 37% of their surveyed psychologists reported that their own personal distress affected the quality of their sessions with clients. While considerable conceptual literature and several studies (e.g., Guy et al.; Lawson, 2007; Pope et al.) suggest the possibility of impaired client outcomes from the perspective of the mental health practitioner due to personal distress, only one study to date has empirically tested this link.

As discussed earlier, Briggs and Munley (2008) investigated the relationship between stress, coping, career sustaining behaviors, and the working alliance among a sample of 160 mental health practitioners. Counselor stress, career sustaining behaviors, and coping were significantly and uniquely related to the working alliance and, thus, client outcome.

Implications for Counselor Educators

There are several benefits to focusing on how stress and coping resources impact both the supervisory-supervisee and supervisee-client working alliances during a counseling training program. Given that personal development is a key component of any counseling training program, counselor educators should also implement systematic evaluations of counseling student's personal development progress. This approach would help counselor educators comply with the CACREP standard for "systematic assessment" of personal development of counseling students for the duration of the training program. Two key dimensions of personal development that seem particularly relevant are a student's stress levels and coping resources. There are a plethora of assessment

instruments that could be used to provide rich and detailed information for creating personal development plans for counseling students during a training program. Two possible instruments would provide comprehensive measurement of coping resources and wellness factors are the Coping Resources Inventory for Stress (CRIS; Matheny, Curlette, Aycock, Pugh, and Taylor, 1987) and the Five Factor Wellness Evaluation of Lifestyle (Myers & Sweeney, 2004). Both of these instruments have excellent reliability as well as concurrent and predictive validity (Matheny et al., 1993; Myers, Luecht, & Sweeney, 2004).

In order to monitor overall stress levels, several assessment instruments are suggested such as the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983), the State-Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, Lushene, Vagg, & Jaconbs, 1983), and the Mental Health Professionals Stress Scale (MHPSS; Cushway, Tyler, & Nolan, 1996). Both the PSS and STAI measure current general stress and anxiety that a counseling student has in their life while the MHPSS was more specifically designed to measure specific stressors encountered by mental health practitioners. The MHPSS consists of 42 items and has seven subscales: workload, client-related difficulties, organizational structure and processes, relationships and conflicts with other professionals, lack of resources, professional self-doubt, and home–work conflict. It may be important to use a combination of the PSS or STAI with the MHPSS to gain a better picture of the overall generalized stress and more specific counseling stressors faced by the student. While it is important for counseling students to consistently and reliably measure their overall stress and coping resource levels, it is also important for counselor educators to be aware of their own stress and coping resources as well.

By consistently measuring and tracking their own stress and coping resource levels, counselor educators can model self-care to their students. If counselor educators are consistently enduring high stress levels with insufficient coping resources, supervisory working alliances they establish with their supervisees may be negatively influenced.

In addition to measuring stress and coping resources, counselor educators should also measure both the supervisory working alliance and the working alliance throughout a student's practicum/internship. By obtaining consistent feedback on these important relationships, counselor educators will gain several benefits. First, counselor educators will have improved insight into client care. Given that better working alliances between students and clients are associated with positive client outcomes, counselor educators should be particularly cognizant of any declines in the working alliance as this might suggest clients are at risk of a negative counseling outcome. Counselor educators should bring this up in supervision and assist students in constructively coming up with solutions to repair the working alliance with clients.

When declines in the working alliance are noted within supervision, another possible discussion could focus on personal factors as suggested by Bordin (e.g., stress and coping). Counselor educators should assist counseling students in seeing how their own levels of functioning influence their working alliances with clients. This approach may help students begin to assess their own personal functioning and possibly prevent personal stress from influencing work with their clients.

As well as measuring the working alliance between counselor trainees and their clients, counselor educators who are supervising practicum or internship sections should

consistently measure the supervisory working alliance. Various instruments measure the supervisory working alliance including the Supervisory Working Alliance Inventory (SWAI; Efstation et al., 1990). Two short forms, one for the supervisor and one for the supervisee, allow both perspectives to be taken into account. Counselor educators should be willing to discuss any declines in the supervisory working alliance and work to repair any rupture. This is important, because a positive supervisory working alliance is related to increased numbers of disclosures by the supervisee (Ladany et al., 1996), increased adherence to treatment protocols, and positive counselor trainee-client working alliances (Patton and Kivlighan, 1997). Any significant increases in the supervisory working alliance should also be discussed in order to identify interventions or approaches that are more helpful and accepted by counselor trainees.

References

American Counseling Association. (2005). *ACA code of ethics.* Alexandria, VA: American Counseling Association.

Association for Counselor Education and Supervision. (1995). Ethical guidelines for counseling supervisors. *Counselor Education and Supervision, 34*, 270-277.

Bambling, M., King, R., Raue, P., Schweitzer, R., & Lambert, W. (2006). Clinical supervision: Its influence on client-rated working alliance and client symptom reduction in the brief treatment of major depression. *Psychotherapy Research, 16*(3), 317-331. doi: 10.1080/10503300500268524

Bedi, R., & Horvath, A. O. (2004). The perceived relative strength of the therapeutic alliance: Perceptions of own and partner's alliance and psychotherapeutic outcome in time-limited couples therapy. *Journal of Couple & Relationship Therapy, 3*(4), 65-80. doi: 10.1300/J398v03n04_04

Bordin, E. (1983). Supervision in counseling. Contemporary models of supervision: A working alliance based model of supervision. *The Counseling Psychologist, 11*(1), 35-42. doi: 10.1177/0011000083111007

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice, 16*(3), 252-260.

Briggs, D. B., & Munley, P. H. (2008). Therapist stress, coping, career sustaining behavior and the working alliance. *Psychological Reports, 103*(2), 443-454. doi: 10.2466/PR0.103.6.443-454

Brock, D. D. (1991). *The effects of nutrition on coping with stress*. (Doctoral dissertation). Georgia State University, Atlanta.

Castonguay, L. G., & Goldfried, M. R. (1994). Psychotherapy integration: An idea whose time has come. *Applied & Preventive Psychology, 3*(3), 159-172. doi: 10.1016/S0962-1849(05)80068-X

Chen, E. C., & Bernstein, B. (2000). Relations of complementarily and supervisory issues to supervisory working alliance: A comparative analysis of two cases. *Journal of Counseling Psychology, 47*(4), 485-497. doi: 10.1037/0022-0167.47.4.485

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health & Social Behavior, 24,* 385-396. doi: 10.2307/2136404

Council for Accreditation of Counseling & Related Educational Programs: *CACREP accreditation manual: The 2009 standards.* Alexandria, VA: Author.

Cushway, D. (1992). Stress in clinical psychology trainees. *British Journal of Clinical Psychology, 31*(2), 169-179.

Cushway, D., Tyler, P. A., & Nolan, P. (1996). Development of a stress scale for mental health professionals. *British Journal of Clinical Psychology, 35*(2), 279-295.

Davis-Johnson, L. (1991). *The effects of psychological type on stress, coping resources, and professional burnout.* (Doctoral Dissertation). Georgia State University, Atlanta, GA.

Derogatis, L. R., & Spencer, P. M. (1982). *The Brief Symptom Inventory (BSI): Administration, scoring and procedures manual–I*. Baltimore: Johns Hopkins University School of Medicine.

Diamond, G. M., Liddle, H. A., Hogue, A., & Dakof, G. A. (1999). Alliance-building interventions with adolescents in family therapy: A process study. *Psychotherapy, 36*(4), 355-368. doi: 10.1037/h0087729

Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology, 37*(3), 322-329. doi: 10.1037/0022-0167.37.3.322

Ellett, B. G. (1991). *Stress and coping: Actualizing a general model as applied to senior adults and Alzheimer's disease.* (Doctoral Dissertation). Georgia State University, Atlanta, GA.

Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology, 55*(1), 745-774. doi: 10.1146/annurev.psych.55.090902.141456

Ganske, K. H. (2007). *The relationship between counselor trainee perfectionism and working alliance with supervisor and client.* (Doctoral Dissertation). Georgia State University, Atlanta, GA.

Gatmon, D., Jackson, D., Koshkarian, L., Martos-Perry, N., Molina, A., Patel, N., et al. (2001). Exploring ethnic, gender, and sexual orientation variables in supervision: Do they really matter? *Journal of Multicultural Counseling & Development, 29*(2), 102-113.

Gelso, C. J., & Johnson, D. H. (1983). *Explorations in time-limited counseling and psychotherapy*: New York: Columbia University Press.

Guy, J. D., Poelstra, P. L., & Stark, M. J. (1989). Personal distress and therapeutic effectiveness: National survey of psychologists practicing psychotherapy.

Professional Psychology, Research & Practice, 20(1), 48-50. doi: 10.1037/0735-7028.20.1.48

Hatcher, R. L., Barends, A., Hansell, J., & Gutfreund, M. J. (1995). Patients' and therapists' shared and unique views of the therapeutic alliance: An investigation using confirmatory factor analysis in a nested design. *Journal of Consulting & Clinical Psychology, 63*(4), 636-643. doi: 10.1037/0022-006X.63.4.636

Hersoug, A. G., Hoglend, P., Monsen, J. T., & Havik, O. E. (2001). Quality of working alliance in psychotherapy: Therapist variables and patient/therapist similarity as predictors. *Journal of Psychotherapy Practice & Research, 10*(4), 205-216.

Hobfoll, S. E. (1989). Conservation of resources. *American Psychologist, 44*(3), 513-524. doi: 10.1037/0003-066X.44.3.513

Horvath, A. O. (2001). The alliance. *Psychotherapy, 38*(4), 365-372. doi: 10.1037/0033-3204.38.4.365

Horvath, A. O., & Bedi, R. P. (2002). The Alliance. In I. C. Norcross (Ed.), *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients* (pp. 37-70). New York: Oxford University Press.

Inman, A. G. (2006). Supervisor multicultural competence and its relation to supervisory process and outcome. *Journal of Marital & Family Therapy, 32*(1), 73-85. doi: 10.1111/j.1752-0606.2006.tb01589.x

Knox, S., & Hill, C. E. (2003). Therapist self-disclosure: Research-based suggestions for practitioners. *Journal of Clinical Psychology, 59*(5), 529-539. doi: 10.1002/jclp.10157

Kolden, G. G. (1996). Change in early sessions of dynamic therapy: Universal processes and the generic model of psychotherapy. *Journal of Consulting & Clinical Psychology, 64*(3), 489-496. doi: 10.1037/0022-006X.64.3.489

Kumary, A., & Baker, M. (2008). Stresses reported by UK trainee counseling psychologists. *Counselling Psychology Quarterly, 21*(1), 19-28. doi: 10.1080/09515070801895626

Ladany, N., Brittan-Powell, C. S., & Pannu, R. K. (1997). The influence of supervisory racial identity interaction and racial matching on the supervisory working alliance and supervisee multicultural competence. *Counselor Education & Supervision, 36*(4), 284-304.

Ladany, N., Hill, C., Corbette, M., & Nutt, E. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology, 43*(1), 10-24. doi: 10.1037/0022-0167.43.1.10

Lambert, M. J., & Arnold, R. C. (1987). Research and the supervisory process. *Professional Psychology: Research and Practice, 18*(3), 217-224. doi: 10.1037/0735-7028.18.3.217

Lawson, G. (2007). Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling, Education & Development, 46*(1), 20-34.

Lazarus, R. S. (1966). *Psychological stress and the coping process*. New York: McGraw-Hill.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.

Lehrman-Waterman, D., & Ladany, N. (2001). Development and validation of the evaluation process within supervision inventory. *Journal of Counseling Psychology, 48*(2), 168-177. doi: 10.1037/0022-0167.48.2.168

Mallinckrodt, B. (1993). Session impact, working alliance, and treatment outcome in brief counseling. *Journal of Counseling Psychology, 40*(1), 25-32. doi: 10.1037/0022-0167.40.1.25

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting & Clinical Psychology, 68*(3), 438-450. doi: 10.1037/0022-006X.68.3.438

Matheny, K. B., Ashby, J. S., & Cupp, P. (2005). Gender differences in stress, coping, and illness among college students. *Journal of Individual Psychology, 61*(4), 365-379.

Matheny, K. B., Aycock, D. W., Curlette, W. L., & Junker, G. N. (1993). The Coping Resources Inventory for Stress: A measure of perceived resourcefulness. *Journal of Clinical Psychology, 49*(6), 815-830.

Matheny, K. B., Aycock, D. W., Pugh, J. L., Curlette, W. L., & Cannella, K. A. (1986). Stress coping: A qualitative and quantitative synthesis with implications for treatment. *Counseling Psychologist, 14*, 499-549.

Matheny, K. B., Curlette, W. L., Aycock, D. W., Pugh, J. L., & Taylor, H. F. (1987). *Manual for Coping Resources Inventory for Stress.* Atlanta, GA: Health Prisms.

Matheny, K. B., & McCarthy, C. J. (2000). *Write your own prescription for stress*. Oakland, CA: New Harbinger Publications.

Myers, J. E., Luecht, R. M., & Sweeney, T. J. (2004). The factor structure of wellness: Reexamining theoretical and empirical models underlying the Wellness Evaluation of Lifestyle (WEL) and the Five-Factor WEL. *Measurement & Evaluation in Counseling & Development, 36*(4), 194-208.

Myers, J. E., Mobley, A. K., & Booth, C. S. (2003). Wellness of counseling students: Practicing what we preach. *Counselor Education & Supervision, 42*(4), 264-274.

Myers, J. E., & Sweeney, T. J. (2004). *Manual for the Five Factor Wellness Inventory:* Palo Alto, CA: Mindgarden.

Patton, M. J., & Kivlighan, D. M., Jr. (1997). Relevance of the supervisory working alliance to the counseling alliance and to treatment adherence in counselor training. *Journal of Counseling Psychology, 44*(1), 108-115. doi: 10.1037/0022-0167.44.1.108

Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice. The beliefs and behaviors of psychologists as therapists. *The American Psychologist, 42*(11), 993-1006. doi: 10.1037/0003-066X.42.11.993

Priebe, S., & Gruyters, T. (1993). The role of the helping alliance in psychiatric community care: A prospective study. *Journal of Nervous & Mental Disease, 181*(9), 552-557. doi: 10.1097/00005053-199309000-00004

Ramos-Sánchez, L., Esnil, E., Goodwin, A., Riggs, S., Touster, L. O., Wright, L. K., et al. (2002). Negative supervisory events: Effects on supervision satisfaction and supervisory working alliance. *Professional Psychology Research & Practice, 33(2)*, 197-202. doi: 10.1037/0735-7028.33.2.197

Roach, L. F., & Young, M. E. (2007). Do counselor education programs promote wellness in their students? *Counselor Education & Supervision, 47*(1), 29-45.

Sapolski, R. M. (2004). *Why Zebras Don't Get Ulcers*. New York: Henry Holt and Co.

Schultz, J. C., Ososkie, J. N., Fried, J. H., Nelson, R. E., & Bardos, A. N. (2002). Clinical supervision in public rehabilitation counseling settings. *Rehabil Couns Bull, 45*(4), 213-222. doi: 10.1177/00343552020450040401

Smith, H. L., Robinson, M., & Young, M. E. (2007). The relationship among wellness, psychological distress, and social desirability of entering Master's-level counselor trainees. *Counselor Education & Supervision, 47*(2), 96-109.

Sowa, C. J., & May, K. M. (1994). Occupational stress within the counseling profession: Implications for counselor training. *Counselor Education & Supervision, 34*(1), 19-29.

Spielberger, C. D., Gorsuch, R. L., Lushene, R., Vagg, P. R., & Jacobs, G. A. (1983). *State-trait Anxiety Inventory for adults*. Palo Alto, CA: Consulting Psychologists Press.

Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1*(3), 207-210.

White, P. E., & Franzoni, J. B. (1990). A multidimensional analysis of the mental health of graduate counselors in training. *Counselor Education & Supervision, 29*(4), 258-267.

White, V. E., & Queener, J. (2003). Supervisor and supervisee attachments and social provisions related to the supervisory working alliance. *Counselor Education and Supervision*, *42*(3), 203-218

CHAPTER 2

THE EFFECT OF COUNSELOR TRAINEE STRESS AND COPING RESOURCES ON THE WORKING ALLIANCE AND SUPERVISORY WORKING ALLIANCE

Effective counselors "experience the same difficulties as everyone else" (Gladding, 2008, p.37) and "are growing as persons" (p.35). This growth also can be referred to as professional development. Gladding noted several factors associated with effective counselors including: intellectual competence, energy, flexibility, support, goodwill, and self-awareness. Self-awareness is knowledge of self that includes feelings, thoughts, values, and attitudes as well as the ability to recognize how these factors influence oneself (Gladding). In order to increase self-awareness, the personal development of counselors and counselor trainees is an important objective of counselor education programs and the counseling profession. Lawson (2007) asserted that, "[c]ounselors who are unwell (stressed, distressed, or impaired) will not be able to offer the highest level of counseling services to their clients, and they are likely to begin experiencing a degradation of their quality of life in other domains as well (physical, social, emotional, spiritual, etc.)" (p.20). The belief that a counselor trainee's wellbeing and personal development is an important factor is also represented in the various ethical codes of the profession (e.g. American Counseling Association [ACA] Code of Ethics, 2005; Association for Counselor Education and Supervision [ACES] Ethical Guidelines for Counseling Supervisors, 1993) and the standards for counseling programs (e.g. Council for Accreditation of Counseling and Related Educational Program [CACREP] Standards, 2009). While the personal development of counselor trainees' has been shown

to be an important objective, to date, it has not been an area of much focus (Lawson, 2007; Myers, Mobley, & Booth, 2003).

Personal development is a part of counselor training. This becomes especially salient given that the relationships formed with clients (working alliance) and supervisors (supervisory working alliance) during the practicum and internship experiences will have a direct impact on the clinical and personal development of the counselor trainee. Patton and Kivlighan (1997) suggested that both the working alliance and the supervisory working alliance influence client outcome; therefore, it is important to consider what factors influence counselor trainee's relationships with their clients and their supervisors. Two such factors include stress and coping. According to Briggs and Munley (2008), mental health professionals experience stress and have different coping strategies to handle their stress, which in turn may impact their client outcome. Therefore, the purpose of this study is to examine the effect of stress and coping on working and supervisory working alliances.

Working Alliance and Supervisory Working Alliance

Bordin, through the working alliance (1979) and supervisory working alliance (1983), offered a conceptually and empirically sound way to view these relationships. The working alliance is the relationship between the counselor and a client with three key components: (1) tasks, the in-counseling behaviors and techniques that make up the counseling process; (2) bonds, the personal attachment between them; and (3) goals, the agreement on the outcome and interventions used during counseling. Working alliances are positively associated with successful client outcomes (Horvath & Bedi, 2002; Horvath & Symmonds, 1991; Martin, Garske, & Davis, 2000) and a counselor's

perspective of the working alliance is positively associated with client outcome (Busseri & Tyler, 2003; Hatcher, Barends, Hansell, & Gutfreund, 1995; Mallinckrodt, 1993; Martin et al., 2000).

Bordin (1979) noted that the "strength of the working alliance was a function of the closeness of fit between the demands of the particular kind of working alliance and the personal characteristics of patient and therapist" (p. 253). He further suggested that the "influence of personal conflicts and neurotic dispositions on ineffective therapist performance" should be more closely investigated (p. 258). Given that Bordin asserted that a counselors' personal issues and conflicts may impede their ability to form strong working alliances with clients, counselors reporting high levels of stress and insufficient ability to cope may have difficulty developing strong working alliances with their clients.

Since a strong working alliance between client and counselor is a robust predictor of successful client outcomes in counseling (Bedi & Horvath, 2002; Horvath and Symmonds, 1991; Martin et al., 2000), and that a counselor's personal conflicts may impede the development of a strong working alliance (Bordin, 1979), counselors reporting high levels of stress and insufficient ability to cope may have difficulty developing strong working alliances with clients (Briggs and Munley, 2008).

Similar to the working alliance, the supervisory working alliance consists of the three components: goals, tasks, and bonds (Bordin, 1983). The supervisory working alliance has been extensively studied and linked to various supervisee outcomes including the client's perception of the working alliance (Patton & Kivlighan, 1997), adherence to treatment protocols (Patton & Kivlighan), willingness to disclose to their supervisors (Ladany, Hill, Corbette, & Nutt, 1996; Ladany, O'Brien, Hill, Melincoff,

Knox, & Petersen, 1997), enhanced competency with multicultural issues (Ladany, Brittan-Powell, & Pannu, 1997), increased counselor self efficacy (Efstation, Patton, & Kardash, 1990), higher satisfaction with supervision (Inman, 2006; Ladany, Ellis, & Friedlander, 1999), lower levels of anxiety (Friedlander, Keller, Peca-Baker, & Olk,1986; Kennard, Stewart, & Gluck, 1987), effective supervisor evaluation (Lehrman-Waterman & Ladany, 2001), and less work related stress and higher job satisfaction (Sterner, 2009). In addition, various characteristics of the supervisor and supervisee have been shown to influence the supervisory working alliance such as a supervisor's style (Chen & Bernstein, 2000; Efstation, et al., 1990; Ladany, Walker, & Melincoff, 2001), a supervisors ability to avoid role ambiguity, conflict, and negative supervisory experiences (Ladany & Friedlander 1995; Quarto, 2003; Ramos-Sanchez et al., 2002; Walker, Ladany, & Pate-Carolan, 2007) a supervisors perceived ability to be viewed operating from a referent and expert power bases (Schultz, Ososkie, Fried, Nelson, & Bardos, 2002), racial identity (Ladany et al., 1997), supervisee acculturation (Nilsson & Anderson, 2004), supervisor actual or perceived attachment style (Riggs & Bretz, 2006; White & Queener, 2003), perceived supervisor multicultural competence (Inman, 2006), level of support (Hilton, Russell, & Salmi, 1995), a supervisors' frequency and quality of discussions surrounding multicultural issues in supervision (Gatmon et al., 2001), frequency and type of supervisor self-disclosures (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999), supervisor and supervisee emotional intelligence (Cooper & Ng, 2009), male supervisee restricted emotionality (Wester, Vogel, & Archer, 2004), and supervisee developmental level (Ramos-Sanchez et al.).

Bordin (1983) outlined eight goals related to the supervisory relationship: (a) mastery of specific skills, (b) understanding of different types of clients, (c) increasing awareness of process issues, (d) personal development, (e) gaining a deeper understanding of theory, (f) maintaining appropriate ethical standards, (g) self awareness, and (h) working through personal obstacles.

One of these eight goals (i.e., self-awareness and working through personal obstacles) focuses on a supervisee's personal development and is likely to influence counselor trainees' perceived supervisory working alliance. Self-awareness has a direct influence on the counseling process and can assist a supervisee in understanding "…his or her own feelings and what impact they may be having on the change process" (Bordin, 1983, p.37). Thus, it is important in supervision to discuss how a counselor's self influences the outcome in counseling.

Stress and Coping

Many researchers (e.g. Lazarus, 2006; Lazarus and Folkman, 1984; Sapolsky, 2004) currently conceptualize stress from a transactional model, which includes an appraisal of both the environment and the person. An individual experiences stress when perceived demands or threats exceed an individual's perceived abilities and resources to cope with those demands or threats (Folkman & Moskowitz, 2004; Hobfoll, 1989; Lazarus & Folkman; Matheny & McCarthy, 2000). Individuals conduct two phases of appraisals: primary appraisal and secondary appraisal. Primary appraisal specifically focuses on the encountered demand, requirements placed on the individual which can be either internal or external, to determine any immediate threat (Matheny & McCarthy). The secondary appraisal focuses on an individual's resources for handling the demand or

potential stressor. A stress response, therefore, occurs when the perceived demands of a situation exceeds an individual's perceived resources for handling those demands (Matheny, Aycock, Curlette, & Junker, 1993). Since the transactional model of stress focuses on both perceived demands and perceived resources, researchers are increasingly focusing on an individual's ability to cope (Folkman & Moskowitz).

Coping is defined as the strategies, responses, and resources that individuals use to combat perceived stressors (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984; Matheny & McCarthy, 2000). While there are numerous ways to conceptualize coping, one common way is the distinction between problem-focused coping, approaches that actively attack the threat, and emotion-focused coping, approaches that manage the stress and emotions about the threat (Folkman & Moskowitz; Lazarus & Folkman; Matheny & McCarthy).

Coping resources, factors that can be used before stressors are encountered (e.g., financial resources, social support system, problem solving abilities) are another way to conceptualize coping (Hobfoll, 1989). Individuals with greater coping resources in contrast to individuals with only a few coping resources are more capable of successful coping (Matheny & McCarthy, 2000). The increased levels of coping resources have been linked to increased satisfaction with life (Hamarat, Thompson, Steele, Matheny, & Simons, 2002; Matheny et al., 2002; Matheny, Roque-Tovar, & Curlette, 2008), decreased levels of overall stress (Matheny et al., 2002, 2008), decreased levels of physical illness (Cupp, 1985; Matheny, Ashby, Cupp, 2005), lower levels of depression (Ellett, 1991; McCarthy, Fouladi, Juncker, & Matheny, 2006), decreased levels of anxiety (Brock, 1991; McCarthy et al.), and lower levels of certain forms of psychopathology

(White & Franzoni, 1990). Considerable research using samples that represent the general population have been conducted on the relationship between stress, coping, and various psychological outcomes (e.g., McCarthy et al.; Penley, Tomaka, & Wiebe, 2004; Schnider, Elhai, & Gray, 2007; Williams & Littman, 1996), Additionally, researchers also have focused on more specific populations of individuals such as mental health practitioners (Briggs & Munley, 2008; Cushway & Tyler, 1994; Cushway, Tyler, & Nolan, 1996; Fothergill, Edwards, & Burnard, 2004; Jordaan, Spangenberg, Watson, Fouche, 2007; Medeiros & Prochaska, 1988; Murtagh & Wollersheim, 1997).

Researchers have investigated various coping strategies used by mental health practitioners that have either a positive or negative association with psychological distress. Specifically, avoidance coping strategies (e.g., self-blame, behavioral disengagement, denial, substance use, self-distraction, wishful thinking) had a positive relationship with psychological distress (Cushway & Tyler, 1994; Cushway et al., 1996; Jordaan et al., 2007; Medeiros & Prochaska, 1988; Murtagh & Wollersheim, 1997). In addition, counselors who have negative self-talk in session also viewed themselves as less helpful and their clients' reactions as more negative even after accounting for the working alliance (Morran, 1986; Nutt-Williams & Hill, 1996). Conversely, more active coping strategies such as planful problem solving, self controlling, self re-evaluation, optimistic perseverance, seeking social support, and humor, had a negative relationship with psychological distress such as stress, anxiety, depression, and overall psychological distress (Briggs & Munley, 2008; Cushway et al.; Jordan et al.; Medeiros & Prochaska). Although there have been studies that explored stress, coping resources, and coping

strategies with mental health professionals, there is limited but growing research on stress, coping resources, and coping strategies with counselor trainees.

Kumary and Baker (2008) concluded that 59% of a sample of counseling psychology trainees met or exceeded the clinical cut-off score suggesting distress levels that may be likely for clinical diagnosis and noted a significant positive relationship between stress level and general health. These results were consistent with Cushway (1992) who found a similar relationship between stress and general health among 287 clinical psychology students.

The counseling profession also has begun to investigate overall levels of wellness and psychological distress among counselor trainees with mixed findings. White and Franzoni (1990) and Smith, Robinson, and Young (2007) noted that a large proportion of counseling students reported overall psychological distress varying from approximately 11% to 50%. Other studies have noted higher levels of overall wellness in counseling students than the general population (Myers et al., 2003; Roach & Young, 2007; Smith et al.); however, no significant differences in wellness were noted between Master-level counselor trainees across three different time points across their graduate education (Roach & Young). One consistent finding among Master-level counselor trainees is a negative relationship between psychological distress and both wellness (Smith et al.) and coping resources (White & Franzoni) suggesting that both wellness and coping resources may help buffer counselor-trainees from negative psychological outcomes.

Only three studies, all which surveyed psychologists in practice, have investigated the impact of distress and coping on client outcome. Out of these three studies, only one has measured client outcome empirically. Pope, Tabachnick, and Keith-Spiegel (1987)

reported approximately 60% of psychologists surveyed reported having worked when they were too distressed to be effective. In a similar finding two years later, Guy, Poelstra, and Stark (1989) reported that approximately 37% of their surveyed psychologists reported that their own personal distress affected the quality of their sessions with clients. While considerable conceptual literature and several studies suggest the possibility of impaired client outcomes from the perspective of the mental health practitioner due to personal distress, only one study to date has empirically tested this link (i.e., Briggs & Munley, 2008).

Briggs and Munley (2008) investigated the relationship between stress, coping, career sustaining behaviors, and the working alliance with a diverse sample of 160 mental health practitioners. Counselor age, gender, number of clients seen per week, years experience, and counselor stress levels accounted for 18.6% of the variance in the working alliance. An additional 9.6% of the variance was explained by both career sustaining behaviors (e.g., how often they attend continuing education seminars; ability to maintain a sense of humor) and coping strategies. Both career sustaining behaviors and active coping were positively associated with the working alliance; conversely, avoidant coping was negatively associated with the working alliance. More active coping strategies (e.g., planful problem-solving) may decrease the impact of stress while avoidant coping strategies may increase the impact of stress on the working alliance. Counselor stress, career sustaining behaviors, and coping are significantly and uniquely related to the working alliance.

No research, however, has been conducted to investigate if Master-level counselor trainees' perceived stress and coping resources influence both their perceived working

alliance and supervisory working alliance. This seems particularly important given that counselor trainees reported significant levels of stress (Cushway, 1992; Kumary & Baker, 2008), and ethical and professional guidelines direct counselor educators to monitor the personal development of their students (see ACA Code of Ethics, 2005; CACREP, 2009). Therefore, the purpose of this study is to explore the relationships between perceived stress levels, coping resources, working alliance, and supervisory working alliance among counselor trainees. More specifically, the research questions are: (a) What is the relationship between current perceived stress levels, coping resources and working alliance among counselor trainees? (b) Are perceived stress levels and coping resources predictive of the working alliance from a counselor trainees' perspective? (c) What is the relationship between current perceived stress levels, coping resources and supervisory working alliance among counselor trainees? (d) Are perceived stress levels and coping resources predictive of the supervisory working alliance from a counselor trainees' perspective?

Method

Participants

Two hundred thirty two master-level counselor trainees (age: *M* = 32.80, *SD* = 10.09, range 22-66 years) participated in the study. Participation in the study was voluntary and all completed an informed consent at the beginning of the study (see Appendix A).

The trainee sample included 200 females (86.2%), 30 males (12.9%), and two transgendered individuals (0.9%). The sample was predominately White/Caucasian (*n* = 181, 78.0%) though African-American/Black (*n* = 25, 10.8%), Multiracial (*n* = 12, 5.2%),

Latino/Hispanic (*n* = 8, 3.4%), and Asian/Pacific Islander (*n* = 6, 2.6%) also participated. 40.1% (*n* = 93) of the participants reported being married followed by 35.3% (*n* = 82) single, 12.9% (*n* = 30) unmarried but living in same household with a significant other, 5.6% (*n* = 13) divorced, 5.6% (*n* = 13) domestic partner, and 0.4% (*n* = 1) declined to answer. 89.2% (*n* = 207) of participants self identified as Straight/Heterosexual followed by Lesbian (*n* = 9, 3.9%), Gay (*n* = 7, 3.0%), Bisexual (*n* = 5, 2.2%), Queer (*n* = 1, 0.4%), Other (*n* = 1, 0.4%), and two (0.9%) declined to answer. Approximately 29% (*n* = 68) of participants reported an annual income lower than $10,001 and 72.8% (*n* = 169) of participants reported an annual income below $40,001.

Trainee participants also chose a primary practicum/internship setting from eight options: Community Mental Health Agency (*n* = 76, 33.8%), Faith-based Agency (*n* = 7, 3.0%), Hospital (*n* = 12, 5.2%), Private Practice (*n* = 15, 6.5%), School (*n* = 42, 18.1%), University/College Counseling Center (*n* = 40, 17.2%), University/College Career Center (*n* = 6, 2.6%), and Other (*n* = 32, 13.8%). Two participants (0.9%) declined to answer.

Participants represented various program tracks, with 28.0% (*n* = 65) of participants reported being enrolled in a Community Counseling followed by Mental Health Counseling (*n* = 52, 22.4%), School Counseling (*n* = 40, 17.2%), Professional Counseling (*n* = 32, 13.8%), Other (*n* = 19, 8.2%), Marriage and Family (*n* = 13, 5.6%), and Rehabilitation (*n* = 10, 4.3%). One participant (0.4%) declined to answer. Approximately 80% of the participants were equally enrolled in either a 48 hour degree program (*n* = 92, 39.7%) or a 60 hour degree program (*n* = 90, 38.8%), with 18.5% (*n* = 43) of the participants reported “Other” and 3.0% (*n* = 7) declining to answer. 71.1% (*n* = 165) of the participants stated that their program was CACREP accredited followed by

19.8% (*n* = 46) answering their program was not, and 8.6% (*n* = 20) stating they were unsure. One participant declined to answer.

The mean hours spent conducting individual counseling sessions was 6.87 (*SD* = 5.02, range 0 – 30 hours), 0.72 for family counseling (*SD* = 2.02, range 0 – 20 hours), 1.59 for intake/assessments (*SD* = 2.04, range 0 – 10 hours), and 2.50 for group counseling (*SD* = 3.26, range 0 - 20). A total of 10.8% (*n* = 25) participants did not provide the number of counseling sessions with their client. Among the 89.2% (*n* = 207) that responded, the reported a mean of 5.35 individual sessions (*SD* = 2.76, range 1 – 14 sessions) with their individual client. In order to determine if there were significant mean differences between participants who provided and did not provide the number of counseling sessions on the outcome measures, independent *t*-tests were conducted. There were no significant differences between the two groups on both the supervisory working alliance scores $t(230) = 1.59$, $p > .05$ and working alliance scores $t(230) = .44$, $p > .05$.

In completing the supervisory working alliance inventory for this study, 30.6% (*n* = 71) focused on their University Supervisor, 69.0% (*n* = 160) focused on their Site Supervisor, and one participant declined to answer. A total of 24.6% (*n* = 57) participants did not provide the number of supervisory sessions. Among the 75.4% (*n* = 175) that responded, they reported a mean of 7.17 supervisory sessions (*SD* = 3.04, range 1 – 15 sessions) with their individual supervisor.

Procedure

Recruitment emails (see Appendix B) were sent directly to counselor education faculty using several email listservs that included counselor education faculty. Each recruitment email included a web link to an online survey that could be forwarded to

counseling students currently enrolled in practicum or internship experiences. Recruitment emails (see Appendix C) also were sent directly to master-level counseling students at universities with both Master and Ph.D. programs in counseling. The first section of the web survey included the informed consent. After affirming their voluntary consent to participate in the study, counseling trainee participants were able to complete the online survey.

Measures

Demographic sheet. A demographic questionnaire (see Appendix D) was created to gather information on counselor trainees age, gender, sexual orientation, marital status, profession, counseling program details (e.g., degree program, CACREP status), internship setting, number of hours performing clinical work per week, number of sessions with client, number of sessions with supervisor, and location of their supervisor.

The Working Alliance Inventory - Short Form (WAI-S; Tracey & Kokotovic, 1989). The WAI-S is a 12-item scale designed to measure the working alliance between a counselor and a client. Participants respond to items on a 7-point Likert scale ranging from 1 = Never to 7 = Always. Items include statements such as “The goals of these sessions are important to me” and “I feel that the things I do in therapy will help me accomplish the changes that I want.” The WAI-S was created from the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) that had three subscales that were based on Bordin’s (1979) formulation of the working alliance (bonds, goals, tasks). The WAI-S has been shown to have acceptable internal consistency of .95 (Tracey & Kokotovic, 1989) and .91 (Busseri & Tyler, 2003); in addition, it has been widely used and has been shown to have good predictive validity (Busseri & Tyler; Horvath & Symonds, 1991;

Tracey & Kokotovic). In order to help randomize the selection of clients, counseling trainees were be asked to complete the WAI-S based on the client with whom they have the next scheduled session.

The Supervisory Working Alliance Inventory - Trainee Version (SWAI-T; Efstation et al., 1990). The SWAI-T is a 19-item scale designed to measure the supervisee's perspective of the supervisory working alliance and based upon the construct of the supervisory working alliance (Bordin, 1983). The SWAI-T has two subscales: Rapport (the effectiveness of the supervisor in developing a bond with the trainee) and Client Focus (the amount of emphasis a supervisor places on client issues). Participants respond to items on a 7-point Likert scale from 1 = Almost Never to 7 = Almost Always. Items include statements such as "My supervisor welcomes my explanations about the client's behavior" and "My supervisor stays in tune with me during supervision." The total scores of the SWAI-T were used for this study due to the two subscales being highly correlated (Patton & Kivlighan, 1997; Wester et al., 2004; White & Queener, 2003). The SWAI-T overall scale has good reported internal consistency scores of .95 (Wester et al.) and .96 (White & Queener). Given that several studies have found the two subscales have high intercorrelations, this study will use the overall score similar to other studies (e.g., White & Queener; Patton & Kivligham). Efstation et al. demonstrated convergent and discriminate validity during initial development by positive correlations with supervisory style and counselor self efficacy as well as a positive relationship with the working alliance between client and counselor (Patton & Kivligham).

The Perceived Stress Scale – Short Form (PSS; Cohen, Kamarck, & Mermelstein, 1983). The PSS is a 14-item scale that measures appraised stress. Participants respond to the items on a 5-point Likert scale from 0 = never to 4 = very often. Items include statements such as "How often have you felt that you were unable to control the important things in your life" and "How often have you found that you could not cope with all the things that you had to do." Diner, Emmons, Larsen, & Griffin (1985) reported two-month test retest reliability coefficient of 0.82, and the internal consistency ranged from 0.84 to 0.86 across two groups (Cohen et al.). Convergent and discriminate validity have been demonstrated with positive correlations with depression (Hewitt, Flett, & Mosher, 1992; Martin, Kazarian, Breiter, 1995) and a normative sample reported by Cohen and Williamson (1988). The PSS has been translated and validated for use in multiple cultures (Matheny et al., 2002, 2008; Mimura & Griffiths, 2008; Remor, 2006).

The Coping Resources Inventory for Stress – Short Form (CRIS-S; Curlette & Matheny, 2008). The CRIS-S is a 70-item scale that measures the perceived coping resources individuals based on the transactional model of stress (Matheny, Curlette, Aycock, Pugh, and Taylor, 1987). The CRIS-S was derived from the Coping Resources Inventory for Stress (CRIS; Matheny et al., 1987) which has excellent reliability and validity reported elsewhere (see Matheny Aycock, Curlette, & Junker, 2003). Participants respond to the items on a 4-point Likert scale from 1 = strongly agree to 4 = strongly disagree. The CRIS-S has one overall scale, six primary scales and twelve subscales all derived from factor analysis. The primary and subscales scales along with the number of items, internal consistency Cronbach alphas and correlations between the CRIS-S

primary scales with the CRIS scales are as follows. Confidence (10 items, alpha = .90, correlation = .95) measures an individual's ability to reach their goals by controlling their emotions and mastery over their environment and includes two subscales: Situational Control (5 items, alpha = .86) and Emotional Control (5 items, alpha = .83). Social Support (12 items, alpha = .88, correlation = .94) measures the quality of one's social network and includes two subscales: Support from Family (5 items, alpha = .89) and Support from Friends (7 items, alpha = .87). Tension Control (15 items, alpha = .85, correlation = .95) measures the ability to successfully use relaxation techniques and thought control and includes the subscales: Physical Tension Control (5 items, alpha = .75) and Mental Tension Control (10 items, alpha = .84). Structuring (10 items, alpha = .91, correlation = .94) measures an individual's ability to organize their time and resources and includes the subscales Making Plans (5 items, alpha =.85) and Carrying Out Plans (5-items, alpha =.89). Physical health (11 items, alpha = .85, correlation = .78) is an overall measure of a person's physical wellness and lack of both illness and disability and includes the following subscales: Wellness (6 items, alpha = .82) and Energy (5 items, alpha =.83). Self-Directedness (11 items, alpha = .87, correlation = .96) measures an individual's assertiveness and decision-making skills in interpersonal relationships and includes the following subscales: Asserting One's Rights (6 items, alpha = .81) and Trusting Oneself (5 items, alpha = .85).

Results

Descriptive statistics and coefficient alphas for the measures are displayed in Table 1. Internal consistency for the scores (Cronbach's coefficient alphas) ranged from .73 to .96.

Table 1

Descriptive Statistics for Scale Scores

Measure	Min.	Max.	*M*	*SD*	*A*
CRIS-S					
Situational Control	2.00	4.00	3.09	0.43	.82
Emotional Control	1.40	4.00	2.84	0.48	.78
Support from Family	1.00	4.00	3.29	0.65	.85
Support from Friends	1.14	4.00	3.13	0.53	.87
Physical Tension Control	1.20	4.00	2.80	0.55	.85
Mental Tension Control	1.60	4.00	2.95	0.36	.82
Making Plans	1.60	4.00	2.97	0.52	.82
Carrying Out Plans	1.60	4.00	3.29	0.44	.76
Wellness	1.33	4.00	3.28	0.60	.86
Energy	1.20	4.00	2.84	0.56	.85
Asserting One's Rights	1.83	3.83	2.76	0.41	.73
Trusting Oneself	1.00	4.00	2.67	0.54	.82
Perceived Stress Scale	5.00	44.00	23.76	6.98	.84
WAI-S	36.00	83.00	64.47	8.88	.88
SWAI-T	19.00	133.00	108.54	20.65	.96

Note. N = 235;Min = minimum; Max = maximum; WAI-S = Working Alliance Inventory – Short Form; SWAI-T = Supervisory Working Alliance Inventory – Trainee Version; PSS = Perceived Stress Scale; CRIS-S = Coping Resources Inventory of Stress – Short Form; SCO = Situational Control; ECO = Emotional Control; SOF = Support from Family; SFF = Support from Friends; PTC = Physical Tension Control; MTC = Mental Tension Control; MPL = Making Plans; COP = Carrying Out Plans; WEL = Wellness; ENE = Energy; AOR = Asserting One's Rights; TOS = Trusting Oneself.

In order to determine if demographic variables may have influenced the outcome measures, analyses of variance and independent *t*-tests were conducted and yielded few significant mean differences. There were no overall mean differences for the outcome measures (SWAI-T & WAI-S) for participant variables of gender, race, sexual orientation, marital status, type of degree program, degree program number of hours, CACREP accreditation status, or type of supervisor. However, there was a significant mean difference for primary internship setting on the WAI-S, $F(8,231) = 2.05$, $p = .042$.

Post hoc analyses using the Tukey post hoc criterion for significance indicated that the average WAI-S score was significantly lower in the community mental health agency category (*M* = 62.67, *SD* = 9.28, 95% CI [60.55, 64.79]) than in the faith based category (*M* = 74.71, *SD* = 4.31, 95% CI [70.73, 78.70]), *p* = 016. Bivariate correlations among the continuous demographic variables and outcome variables produced few significant relationships. Age and number of sessions with a client were not significantly related to either WAI-S or SWAI-T scores. However, while number of supervisory sessions and total clinical hours per week were not significantly correlated with WAI-S scores, significant correlations were found between number of supervisory sessions and SWAI-T scores ($r = .19$, $p < .05$) and total individual counseling sessions hours per week and SWAI-T scores ($r = .18$, $p < .05$).

Bivariate correlations among the measures in this study revealed several significant relationships. Working alliance scores (WAI-S) were negatively correlated with perceived stress (PSS; $r = -.26$, $p < .01$) and positively correlated with the following CRIS-S subscales: Situational Control ($r = .23$, $p < .01$), Emotional Control ($r = .19$, $p < .01$), Support from Family ($r = .19$, $p < .01$), Mental Tension Control ($r = .18$, $p < .01$), and Making Plans ($r = .15$, $p < .05$). Supervisory working alliance scores (SWAI-T) were negatively correlated with perceived stress (PSS; $r = -.23$, $p < .01$) and positively correlated with the following CRIS-SF subscales: Situational Control ($r = .17$, $p < .01$), Emotional Control ($r = .18$, $p < .01$), Support from Friends ($r = .14$, $p < .05$), Mental Tension Control ($r = .22$, $p < .01$), Asserting One's Rights ($r = .13$, $p < .05$), and Trusting Oneself ($r = .14$, $p < .05$). Correlation coefficients between all the measures are displayed in Table 2.

Table 2

Correlations Between Stress, Coping, Supervisory Working Alliance, and Counselor Working Alliance

Scale	WAI-S	2	3	4	5	6	7	8	9	10	11	12	13	14
2. SWAI-T	.218**													
3. PSS	-.259**	-.233**												
4. SCO	.232**	.172**	-.458**											
5. ECO	.185**	.182**	-.584**	.648**										
6. SOF	.187**	.032	-.163*	.190**	.186**									
7.SFF	.084	.135*	-.318**	.256**	.303**	.308**								
8.PTC	.103	.124	-.176**	.100	.123	.012	.177**							
9.MTC	.180**	.219**	-.564**	.539**	.712**	.222**	.348**	.415**						
10.MPL	.146*	-.052	-.248**	.278**	.168*	.097	.108	.066	.152*					
11.COP	.100	.025	-.213**	.238**	.218**	.191**	.164*	.058	.269**	.535**				
12.WEL	-.017	.078	-.202**	.179**	.142*	.163*	.184**	-.136*	.151*	.183**	.300**			
13.ENE	.040	.046	-.357**	.326**	.310**	.113	.313**	.021	.349**	.316**	.375**	.547**		
14.AOR	.119	.132*	-.350**	.464**	.365**	.119	.223**	.125	.324**	.187**	.274**	.109	.235**	
15.TOS	.123	.138*	-.412**	.257**	.525**	.071	.241**	.105	.380**	.058	.147*	.011	.147*	.409**

Note. Abbreviations: WAI-S = Working Alliance Inventory – Short Form; SWAI-T = Supervisory Working Alliance Inventory – Trainee Version; PSS = Perceived Stress Scale; SCO = Situational Control; ECO = Emotional Control; SOF = Support from Family; SFF = Support from Friends; PTC = Physical Tension Control; MTC = Mental Tension Control; MPL = Making Plans; COP = Carrying Out Plans; WEL = Wellness; ENE = Energy; AOR = Asserting One's Rights; TOS = Trusting Oneself.
* $p < .05$. ** $p < .01$.

To investigate if perceived stress, and coping resources are predictors of the perceived working alliance and supervisory working alliance, four stepwise multiple regression analyses were conducted with and without covarying significant demographic variables. Predictor variables were entered into the multivariate equation in a blocked fashion with alphas set to enter at .05 and to delete at .10. In regards to the perceived working alliance, the first model used the following predictor variables in the following order: (a) perceived stress (PSS) and (b) the 12 CRIS-S subscales. A second model used the same predictors with the primary internship setting as a covariate. In regards to the perceived supervisory working alliance, a third model used the following predictor variables in the following order: (a) perceived stress (PSS) and (b) the 12 CRIS-S subscales. A fourth model used the same predictors with along with two covariates: number of supervision sessions and total number of weekly individual counseling hours.

The first model was significant and explained 8.9% of the variance F (2,229) = 11.15, $p < .001$. Perceived stress ($\Delta R^2 = .067$, $\beta = -.24$, $t = -3.68$, $p < .001$) and Support from Family ($\Delta R^2 = .021$, $\beta = .15$, $t = 2.32$, $p < .025$) were the only significant predictors of the perceived working alliance. The second model with the primary internship setting as a covariate was also significant and explained 14.4% of the variance, F (10,221) = 3.71, $p < .001$. In this model, Perceived Stress ($\Delta R^2 = .055$, $\beta = -.21$, $p < .001$) and Social Support from the Family ($\Delta R^2 = .021$, $\beta = -.21$, $p < .025$) explained additional significant variation in the perceived working alliance. The third model was significant and explained 5.4% of the variance F (1,230) = 13.23, $p < .001$. Perceived stress ($\beta = -.23$, $t = -3.68$, $p < .001$) was the only significant predictor of the perceived supervisory working alliance. The fourth model with number of supervision sessions and total

number of weekly individual counseling hours as covariates was also significant and explained 15.4% of the variance, F (4,170) = 7.73, $p < .001$. In this model, Perceived Stress ($\Delta R^2 = .047$, $\beta = -.14$, $p < .10$) and Situational Control ($\Delta R^2 = .026$, $\beta = .18$, $p < .025$) were the only significant predictors of the perceived supervisory working alliance.

Discussion

This study investigated the relationship between, and to what degree, counselor trainees' perceived stress and specific types of coping resources influenced their perceived working alliances with clients and supervisors. Findings were consistent with the conceptual literature associating high levels of stress as negatively impacting and high levels of coping resources positively impacting both the perceived working alliances with clients (Bordin, 1979) and with supervisors (Bordin, 1983). Findings also were consistent with previous empirical research documenting that stress and coping influences the perceived working alliance with clients of mental health practitioners (Briggs & Munley, 2008). This study extended the findings of the Briggs and Munley by using a different sample made up specifically of Masters level counselor trainees in their practicum or internship experiences.

Consistent with the findings of Briggs and Munley (2008), counselor trainees' stress levels and specific types of coping resources were significantly related to their ability to establish relationships with their client. Specifically, stress had a significant negative relationship with their perceived working alliance with clients suggesting that the more trainees' perceive their lives as stressful the less capable they are able to form and to maintain therapeutically beneficial relationships with clients. Given that, the working alliance is one of the best predictors of client outcome (Orlinsky, Ronnestad, &

Willutzki, 2004), counselor educators and supervisors should continuously monitor the stress levels of counselor trainees to identify potential impairment or distress that is affecting the counselor trainee's ability to form a strong working alliance with their clients.

While overall stress levels had a negative relationship with the perceived working alliance, coping resources of counselor trainees had a significant positive relationship to the perceived working alliance. Similar to Briggs and Munley (2008) who found more healthy forms of coping styles such as active coping were positively associated with the quality of their working alliance, the coping resources situational control, emotional control, social support from family, mental tension control, and making plans were all significantly positively correlated with the perceived working alliance. These five specific coping resources are consistent with what Horvath (2001) suggested are the characteristics a client reporting a positive working alliance describes of their counselor: empathetic, open, flexible, and sympathetic. Trainees demonstrating high levels of emotional control and mental tension control may be better able to exhibit more empathetic, warm, and supportive responses with clients while being better able to reduce more negative responses such as blaming, ignoring, or rejecting which has been noted as influencing the working alliance (Lambert & Barley, 2001). Trainees with higher coping resources may be more effective in providing appropriate empathetic responses to clients and better able to manage their own emotional responses to difficult client behavior and emotions. Trainees who show high levels of situational control and making plans may exhibit greater mastery over two of the key components of the working alliance: tasks and goals. Trainees may be more capable in formulating mutually agreeable goals that fit

with a client's worldview, which has been linked to client outcome (Dormaar, Dijkman, & de Vries, 1989; Safran & Wallner, 1991).

Counselor trainees' perceived stress levels and the specific coping resource of social support from family were significant predictors of a counselor trainees' perception of their relationships with their clients after controlling for the internship site setting. Counselor trainees who were practicing at faith-based internship settings reported significantly higher perceived working alliances than those counselor trainees working at community mental health agencies. Multiple possibilities may exist that explain these differences such as differences in the characteristics of the settings (e.g., different quantities of supervision and fewer session limits), characteristics of the counselor trainees who self select into such settings (e.g., higher levels of religious coping may lead to differences in perceived working alliance), as well as characteristics of the types of clients who present at such settings (e.g., clients seeking out religious counseling agencies may be more likely to have a similar world view that fits that setting and not be mandated compared to community settings that may have increased levels of mandated clients and have a more diverse worldview).

The coping resource of social support from family, while not as strongly, positively correlated with the perceived working alliance as other coping resources, was the only significant coping resource predictor in the hierarchal regression model after stress and internship setting were taken into account. This finding extends Dunkle and Friedlander's (1996) findings, which noted that "the alliance was uniquely predicted by the extent and quality of the therapist's social network" (p. 459). Although Dunkle and Friedlander did not specify from whom this social support came from, it is reasonable to

include family as a part of a trainees' social support. Counselor trainees who perceive increased levels of family support perceive themselves as having stronger perceived working alliances with clients.

This was the first study to empirically explore how perceived stress and specific coping resources are related to a counselor trainees' perception of the supervisory working alliance. Counselor trainees' stress levels and various types of specific coping resources were significantly related to their perceived relationships with their supervisors. While significant positive correlations were discovered between multiple coping resources and the perceived supervisory working alliance, results of the two regression models differed somewhat from each other. Counselor trainees' stress level was the only significant predictor in both regression models even when the number of supervision sessions and total number of individual clients seen weekly were controlled. There are several explanations regarding the positive relationship between the perceived supervisory working alliance and counselor trainees who reported both higher number of supervision sessions and increased numbers of weekly individual counseling sessions. First, counselor trainees who have strong perceived supervisory working alliances are likely to have clients that report strong working alliances, which is consistent with previous research investigating parallel process (Patton & Kivlighan, 1997). This suggests counselor trainees with strong supervisory working alliances positively influence the working alliance clients report and vice versa. Clients reporting stronger working alliances are more likely to have successful clinical outcomes, increased number of sessions with their counselor, and less likely to drop out of treatment. Both of these factors may result in greater confidence or perceived skills in trainees, because they are

learning more both through more experience (higher number of weekly individual sessions) and more feedback (increased supervision sessions).

While stress levels were a negative predictor of the perceived supervisory working alliance in both models, the coping resource Situational Control was a positive predictor only after controlling for the number sessions with a supervisor and the number of weekly individual sessions. Counselor trainees' whom reported lower levels of stress in their lives and increased ability to control their environment, reported stronger perceived alliances with their supervisors. Previous stress researchers (e.g., Matheny & McCarthy, 2000; Sapolsky, 2004) have demonstrated that an individual's control over their environment is one of the best buffers against stress. Counselor trainees who feel a greater sense of control in the process of supervision (e.g., how they would like to receive feedback) are likely to have a higher degree of fit surrounding the goals and topics that are discussed.

Implications

Given the results of this study and the findings related to the relationships between perceived stress and coping and the working and supervisory working alliances, it is essential that counselor educators focus on the stress and coping resources of their counselor trainees. First, counselor educators should have systematic evaluations of counseling trainees' stress and coping resources, which allows for the creation of personal development plans during their practicum and internship experiences. Overall, perceived stress levels negatively influenced the perceived working alliance and supervisory working alliance. In order to monitor overall stress levels, several assessment instruments are suggested such as the PSS and the Mental Health Professionals Stress

Scale (MHPSS; Cushway et al., 1996). The PSS is a widely used general measure of stress while the MHPSS was specifically created for mental health practitioners. The MHPSS consists of 42 items and has seven subscales: workload, client-related difficulties, organizational structure and processes, relationships and conflicts with other professionals, lack of resources, professional self-doubt, and home–work conflict.

The Coping Resources Inventory for Stress (CRIS; Matheny et al., 1987) is one instrument that provides a comprehensive measurement of coping resources. While multiple specific coping resources were positively related to both the working alliance and supervisory working alliance, counselor educators should pay particular focus on the specific coping resources of Social Support from Family and Situational Control. Counselor educators should be willing to openly discuss with counselor trainees how their own family relationships influence their clinical work with clients. In cases where counselor trainees report minimal family social support, counselor educators may need to assist in the creation of personal development plans, outside counseling referrals, and lighter clinical responsibilities at internship sites when necessary. Counselor educators should also attempt to increase counselor trainees' sense of control surrounding supervision. Supervisors should discuss with counselor trainees the importance of identifying specific goals and tasks that are important to them as well as how to increase their ability to feel a sense of engagement in supervision. Counselor educators should also continually focus on assuring their supervisees have a sense of control in the relationship through providing feedback, reassessment of goals and tasks, and allowing additional flexibility in the amount of individual supervision sessions needed as the counselor trainee progresses during their internship.

In addition to measuring stress and coping resources, counselor educators should also measure both the supervisory working alliance and the working alliance throughout a counselor trainees' practicum/internship. By obtaining consistent feedback on these important relationships, counselor educators will gain several benefits. First, counselor educators will gain insight into the quality of client care being provided by counselor trainees. If significant declines in the working alliance are noted with a specific client, counselor educators may want to bring this up in supervision and assist counselor trainees in exploring why they do not feel connected to the client and consider measuring the working alliance from the perspective of the client. Another possible discussion could focus on personal factors as suggested by Bordin (e.g., stress and coping) and how much support the counselor trainee perceives from their family. Counselor educators should assist counseling trainees in seeing how their own levels of stress and social support from family influence their working alliances with clients. This approach may help counselor trainees begin to assess how their own personal functioning and family support influences their clinical work with clients.

Supervisors of practicum or internship sections should consistently measure the supervisory working alliance. Various instruments have been designed to measure the supervisory working alliance including the Supervisory Working Alliance Inventory (SWAI; Efstation et al., 1990). Two short forms, one for the supervisor and one for the supervisee, have been created allowing for both perspectives to be taken into account. Counselor educators should be willing to discuss any declines in the supervisory working alliance and work to repair any rupture. One fruitful area of discussion may surround counselor trainees' feelings of control in the supervision process. This is important,

because a positive supervisory working alliance is related to increased numbers of disclosures by the supervisee (Ladany et al., 1996) and positive counselor trainee-client working alliances (Patton and Kivlighan, 1997).

Limitations and Future Research

The current study has a number of limitations that need to be considered when interpreting the results. It is possible that trainees in this sample differ in some consistent way from those trainees who did not volunteer. Data was gathered through an online survey and may possibly represent technologically competent counselor trainees, who differ from those not willing to participate online. The combination of having group supervision and individual supervision from the same supervisor may influence the supervisory working alliance from those who did not have such an option. The supervisors' perspective of the supervisory working alliance as well as the clients' perspective of the working alliance were not obtained and could result in a different viewpoint of these relationships.

It is possible that perceived stress, coping resources, and both working alliances change over time. Future research that uses longitudinal designs could prove informative in clarifying the relationships between the constructs of stress, coping resources, and working alliances. Changes in stress and coping over time and how this may influence changes in the working alliances could also be explored. Future research should attempt to determine if group and individual supervision explain unique variances in the supervisory working alliance. Future research could investigate in more detail what type of family social support is most influential on the working alliance. It is also possible that attachment styles and social support from family may be measuring a similar construct.

Future research should also investigate in more detail how different types of control a counselor trainee perceives influences the supervisory working alliance (e.g., control over the time/place of supervision, agenda setting, goals, etc). Another line of investigation could determine if a counselor trainees' coping and stress levels mediate the relationship between the supervisory working alliance and working alliance with clients. Bernard and Goodyear (2009) as well as Wampold and Holloway (1997) have suggested increased attention to these types of designs. Lastly, future research should take the supervisors perspective of the supervisory working alliance as well how supervisors' stress and coping resources may influence this important relationship.

References

American Counseling Association. (2005). *ACA code of ethics.* Alexandria, VA: American Counseling Association.

Association for Counselor Education and Supervision. (1995). Ethical guidelines for counseling supervisors. *Counselor Education & Supervision, 34*, 270-277.

Bedi, R., & Horvath, A. O. (2004). The Perceived Relative Strength of the Therapeutic Alliance: Perceptions of Own and Partner's Alliance and Psychotherapeutic Outcome in Time-Limited Couples Therapy. *Journal of Couple & Relationship Therapy, 3*(4), 65-80.

Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of Clinical Supervision* (4th ed.). Upper Saddle River, NJ: Pearson.

Bordin, E. (1983). Supervision in counseling: II. Contemporary models of supervision: A working alliance based model of supervision. *The Counseling Psychologist, 11*(1), 35-42. doi:10.1177/0011000083111007

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice, 16*(3), 252-260.

Briggs, D. B., & Munley, P. H. (2008). Therapist stress, coping, career sustaining behavior and the working alliance. *Psychological Reports, 103*(2), 443-454. doi:10.2466/PR0.103.6.443-454

Brock, D.D. (1991). *The effects of nutrition on coping with stress*. (Doctoral dissertation). Georgia State University, Atlanta, GA.

Busseri, M. A., & Tyler, J. D. (2003). Interchangeability of the Working Alliance Inventory and Working Alliance Inventory, Short Form. *Psychological Assessment, 15*(2), 193-197. doi:10.1037/1040-3590.15.2.193

Chen, E. C., & Bernstein, B. (2000). Relations of complementarity and supervisory issues to supervisory working alliance: A comparative analysis of two cases. *Journal of Counseling Psychology, 47*(4), 485-497. doi:10.1037/0022-0167.47.4.485

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health & Social Behavior, 24,* 385-396.

Cohen, S., & Williamson, G. M. (1988). Perceived stress in a probability sample of the United States. *The Social Psychology of Health, 13,* 123–128.

Cooper, J. B., & Ng, K. M. (2009). Trait emotional intelligence and perceived supervisory working alliance of counseling trainees and their supervisors in agency settings. *International Journal for the Advancement of Counseling, 31*(3), 145–157. doi:10.1007/s10447-009-9074-4

Council for Accreditation of Counseling & Related Educational Programs: *CACREP accreditation manual: The 2009 standards.* Alexandria, VA: Author.

Cupp, P. K. (1985). *Prediction of illness based on life and coping resources: A study of sex differences*. (Doctoral dissertation). Georgia State University, Atlanta, GA.

Curlette, W. L., & Matheny, K. B. (March 2008). *The development of the brief form of the Coping Resources Inventory for Stress.* Paper presented at the American Educational Research Association, New York, NY.

Cushway, D. (1992). Stress in clinical psychology trainees. *British Journal of Clinical Psychology, 31*(2), 169-179.

Cushway, D., & Tyler, P. A. (1994). Stress and coping in clinical psychologists. *Stress Medicine, 10*(1), 35-42. doi:10.1002/smi.2460100107

Cushway, D., Tyler, P. A., & Nolan, P. (1996). Development of a stress scale for mental health professionals. *British Journal of Clinical Psychology, 35*(2), 279-295.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*(1), 71-75. doi:10.1207/s15327752jpa4901_13

Dormaar, J. M., Dijkman, C. I., & de Vries, M. W. (1989). Consensus in patient-therapist interactions: A measure of the therapeutic relationship related to outcome. *Psychotherapy & Psychosomatics, 51*(2), 69–76. doi:10.1159/000288138

Dunkle, J., & Friedlander, M. (1996). Contribution of therapist experience and personal characteristics to the working alliance. *Journal of Counseling Psychology, 43,* 456-460. doi:10.1037/0022-0167.43.4.456

Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology, 37*(3), 322-329. doi:10.1037/0022-0167.37.3.322

Ellett, B. G. (1991). *Stress and coping: Actualizing a general model as applied to senior adults and Alzheimer's disease.* (Doctoral dissertation). Georgia State University, Atlanta, GA.

Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology, 55*(1), 745-774. doi:10.1146/annurev.psych.55.090902.141456

Fothergill, A., Edwards, D., & Burnard, P. (2004). Stress, burnout, coping and stress management in psychiatrists: Findings from a systematic review. *International Journal of Social Psychiatry*, *50*(1), 54-65. doi:10.1177/0020764004040953

Friedlander, M. L., Keller, K. E., Peca-Baker, T. A., & Olk, M. E. (1986). Effects of role conflict on counselor trainees' self-statements, anxiety level, and performance. *Journal of Counseling Psychology*, *33*(1), 73–77. doi:10.1037/0022-0167.33.1.73

Gatmon, D., Jackson, D., Koshkarian, L., Martos-Perry, N., Molina, A., Patel, N., & Rodolfa, E. (2001). Exploring ethnic, gender, and sexual orientation variables in supervision: Do they really matter? *Journal of Multicultural Counseling & Development*, *29*(2), 102–113.

Gladding, S. T. (2008). *Counseling: A comprehensive profession* (6th ed.). Upper Saddle River, NJ: Prentice Hall.

Guy, J. D., Poelstra, P. L., & Stark, M. J. (1989). Personal distress and therapeutic effectiveness: National survey of psychologists practicing psychotherapy. *Professional Psychology, Research & Practice*, *20*(1), 48-50. doi:10.1037/0735-7028.20.1.48

Hamarat, E., Thompson, D., Steele, D., Matheny, K., & Simons, C. (2002). Age differences in coping resources and satisfaction with life among middle-aged, young-old, and oldest-old adults. *Journal of Genetic Psychology*, *163*(3), 360–367. doi:10.1080/00221320209598689

Hatcher, R. L., Barends, A., Hansell, J., & Gutfreund, M. J. (1995). Patients' and therapists' shared and unique views of the therapeutic alliance: An investigation

using confirmatory factor analysis in a nested design. *Journal of Consulting & Clinical Psychology, 63*(4), 636-643. doi:10.1037/0022-006X.63.4.636

Hewitt, P. L., Flett, G. L., & Mosher, S. W. (1992). The Perceived Stress Scale: Factor structure and relation to depression symptoms in a psychiatric sample. *Journal of Psychopathology & Behavioral Assessment*, *14*(3), 247–257. doi:10.1007/BF00962631

Hilton, D. B., Russell, R. K., & Salmi, S. W. (1995). The effects of supervisor's race and level of support on perceptions of supervision. *Journal of Counseling and Development*, *73*, 559–559.

Hobfoll, S. E. (1989). Conservation of resources. *American Psychologist, 44*(3), 513-524. doi:10.1037/0003-066X.44.3.513

Horvath, A. O. (2001). The alliance. *Psychotherapy, 38*(4), 365-372. doi:10.1037/0033-3204.38.4.365

Horvath, A. O., & Bedi, R. P. (2002). Psychotherapy relationships that work: Therapist contributions and responsiveness to patients. In J. C. Norcross (Ed.), *The alliance* (pp. 37–69). New York: Oxford University Press.

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38(2)*, 139-149. doi:10.1037/0022-0167.38.2.139

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology, 36*, 223-233. doi:10.1037/0022-0167.36.2.223

Inman, A. G. (2006). Supervisor multicultural competence and its relation to supervisory process and outcome. *Journal of Marital & Family Therapy, 32*(1), 73-85. doi:10.1111/j.1752-0606.2006.tb01589.x

Jordaan, I., Spangenberg, J. J., Watson, M. B., & Fouche, P. (2007). Emotional stress and coping strategies in South african clinical and counselling psychologists. *South African Journal of Psychology, 37*(4), 835-855.

Kennard, B. D., Stewart, S. M., & Gluck, M. R. (1987). The supervision relationship: Variables contributing to positive versus negative experiences. *Professional Psychology: Research & Practice*, *18*(2), 172–175. doi:10.1037/0735-7028.18.2.172

Kumary, A., & Baker, M. (2008). Stresses reported by UK trainee counselling psychologists. *Counselling Psychology Quarterly, 21*(1), 19-28. doi:10.1080/09515070801895626

Ladany, N., Brittan-Powell, C. S., & Pannu, R. K. (1997). The influence of supervisory racial identity interaction and racial matching on the supervisory working alliance and supervisee multicultural competence. *Counselor Education & Supervision, 36*(4), 284–304.

Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance, trainee self-efficacy, and satisfaction. *Journal of Counseling & Development*, *77*(4), 447–455.

Ladany, N., & Friedlander, M. L. (1995). The relationship between the supervisory working alliance and trainees' experience of role conflict and role ambiguity. *Counselor Education & Supervision*, *34*(3), 220–231.

Ladany, N., Hill, C., Corbette, M., & Nutt, E. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology, 43*(1), 10. doi:10.1037/0022-0167.43.1.10

Ladany, N., Lehrman-Waterman, D., Molinaro, M., & Wolgast, B. (1999). Psychotherapy supervisor ethical practices: Adherence to guidelines, the supervisory working alliance, and supervisee satisfaction. *The Counseling Psychologist*, *27*(3), 443-475. doi:10.1177/0011000099273008

Ladany, N., O'Brien, K. M., Hill, C. E., Melincoff, D. S., Knox, S., & Petersen, D. A. (1997). Sexual attraction toward clients, use of supervision, and prior training: A qualitative study of predoctoral psychology interns. *Journal of Counseling Psychology*, *44*, 413–424. doi:10.1037/0022-0167.44.4.413

Ladany, N., Walker, J. A., & Melincoff, D. S. (2001). Supervisory style: Its relation to the supervisory working alliance and supervisor self-disclosure. *Counselor Education & Supervision*, *40*(4), 263–275.

Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, *38*(4), 357–361.

Lawson, G. (2007). Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling, Education & Development*, *46*(1), 20-34.

Lazarus, R. S. (2006). *Stress and emotion: A new synthesis*. New York: Springer.

Lazarus, R., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.

Lehrman-Waterman, D., & Ladany, N. (2001). Development and validation of the evaluation process within supervision inventory. *Journal of Counseling Psychology*, *48*(2), 168–177. doi:10.1037/0022-0167.48.2.168

Mallinckrodt, B. (1993). Session impact, working alliance, and treatment outcome in brief counseling. *Journal of Counseling Psychology*, *40*(1), 25-32. doi:10.1037/0022-0167.40.1.25

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting & Clinical Psychology*, *68*(3), 438-450. doi:10.1037/0022-006X.68.3.438

Martin, R. A., Kazarian, S. S., & Breiter, H. J. (1995). Perceived stress, life events, dysfunctional attitudes, and depression in adolescent psychiatric inpatients. *Journal of Psychopathology & Behavioral Assessment*, *17*(1), 81–95. doi:10.1007/BF02229205

Matheny, K. B., Ashby, J. S., & Cupp, P. (2005). Gender differences in stress, coping, and illness among college students. *Journal of Individual Psychology*, *61*(4), 365-379.

Matheny, K. B., Aycock, D. W., Curlette, W. L., & Junker, G. N. (1993). The coping resources inventory for stress: A measure of perceived resourcefulness. *Journal of Clinical Psychology*, *49*(6), 815-830.

Matheny, K. B., Aycock, D. W., Curlette, W. L., & Junker, G. N. (2003). The Coping Resources Inventory for Stress: A measure of perceived resourcefulness. Originally published in Volume 49, Number 6, 1993, pages 815-830. *Journal of Clinical Psychology*, *59*(12).

Matheny, K. B., Curlette, W. L., Aycock, D. W., Pugh, J. L., & Taylor, H. F. (1987). *The Coping Resources Inventory for Stress*. Atlanta, GA: Health Prisms.

Matheny, K. B., Curlette, W. L., Aysan, F., Herrington, A., Gfroerer, C. A., Thompson, D., & Hamarat, E. (2002). Coping resources, perceived stress, and life satisfaction among Turkish and American university students. *International Journal of Stress Management*, *9*(2), 81–97. doi:10.1023/A:1014902719664

Matheny, K. B., & McCarthy, C. J. (2000). *Write your own prescription for stress*. Oakland, CA: New Harbinger Publications.

Matheny, K. B., Roque-Tovar, B. E., & Curlette, W. L. (2008). Perceived stress, coping resources, and life satisfaction among US and Mexican college students: A cross-cultural study. *Anales de Psicología, 24(1)*, 49–57.

McCarthy, C. J., Fouladi, R. T., Juncker, B. D., & Matheny, K. B. (2006). Psychological resources as stress buffers: Their relationship to university students. *Journal of College Counseling*, *9*(2), 99-111.

Medeiros, M. E., & Prochaska, J. O. (1988). Coping strategies that psychotherapists use in working with stressful clients. *Professional Psychology, Research & Practice, 19*(1), 112-114. doi:10.1037/0735-7028.19.1.112

Mimura, C., & Griffiths, P. (2008). A Japanese version of the Perceived Stress Scale: cross-cultural translation and equivalence assessment. *BMC Psychiatry*, *8*(1), 85-92. doi:10.1186/1471-244X-8-85

Morran, D. K. (1986). Relationship of counselor self-talk and hypothesis formulation to performance level. *Journal of Counseling Psychology*, *33*(4), 395-400. doi:10.1037/0022-0167.33.4.395

Murtagh, M. P., & Wollersheim, J. P. (1997). Effects of clinical practice on psychologists: treating depressed clients, perceived stress, and ways of coping. *Professional Psychology Research & Practice, 28*, 361-364. doi:10.1037/0735-7028.28.4.361

Myers, J. E., Mobley, A. K., & Booth, C. S. (2003). Wellness of counseling students: Practicing what we preach. *Counselor Education & Supervision, 42*(4), 264-274.

Nilsson, J. E., & Anderson, M. Z. (2004). Supervising international students: The role of acculturation, role ambiguity, and multicultural discussions. *Professional Psychology Research & Practice, 35*, 306–312. doi:10.1037/0735-7028.35.3.306

Nutt-Williams, E., & Hill, C. E. (1996). The relationship between self-talk and therapy process variables for novice therapists. *Journal of Counseling Psychology, 43*(2), 170-177. doi:10.1037/0022-0167.43.2.170

Orlinsky, D. E., Ronnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 307–389). New York: Wiley.

Patton, M. J., & Kivlighan, D. M., Jr. (1997). Relevance of the supervisory working alliance to the counseling alliance and to treatment adherence in counselor training. *Journal of Counseling Psychology, 44*(1), 108-115. doi:10.1037/0022-0167.44.1.108

Penley, J. A., Tomaka, J., & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine, 25*(6), 551–603. doi:10.1023/A:1020641400589

Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice. The beliefs and behaviors of psychologists as therapists. *The American Psychologist, 42*(11), 993. doi:10.1037/0003-066X.42.11.993

Quarto, C. J. (2003). Supervisors' and supervisees' perceptions of control and conflict in counseling supervision. *The Clinical Supervisor*, *21*(2), 21–37. doi:10.1300/J001v21n02_02

Ramos-Sánchez, L., Esnil, E., Goodwin, A., Riggs, S., Touster, L. O., Wright, L. K., Ratanasiripong, P., et al. (2002). Negative supervisory events: Effects on supervision satisfaction and supervisory alliance. *Professional Psychology Research & Practice, 33*(2), 197–202. doi:10.1037/0735-7028.33.2.197

Remor, E. (2006). Psychometric properties of a European Spanish version of the Perceived Stress Scale (PSS). *Spanish Journal of Psychology*, *9*(1), 86-93.

Riggs, S. A., & Bretz, K. M. (2006). Attachment processes in the supervisory relationship: An exploratory investigation. *Professional Psychology Research & Practice*, *37*(5), 558. doi:10.1037/0735-7028.37.5.558

Roach, L. F., & Young, M. E. (2007). Do counselor education programs promote wellness in their students? *Counselor Education & Supervision*, *47*(1), 29-45.

Safran, J. D., & Wallner, L. K. (1991). The relative predictive validity of two therapeutic alliance measures in cognitive therapy. *Psychological Assessment*, *3*(2), 188–195. doi:10.1037/1040-3590.3.2.188

Sapolsky, R. M. (2004). *Why zebras don't get ulcers*. New York: Henry Holt & Co.

Schnider, K. R., Elhai, J. D., & Gray, M. J. (2007). Coping style use predicts posttraumatic stress and complicated grief symptom severity among college

students reporting a traumatic loss. *Journal of Counseling Psychology*, *54*(3), 344-350. doi:10.1037/0022-0167.54.3.344

Schultz, J. C., Ososkie, J. N., Fried, J. H., Nelson, R. E., & Bardos, A. N. (2002). Clinical supervision in public rehabilitation counseling settings. *Rehabilitation Counseling Bulletin*, *45*(4), 213–22. doi:10.1177/00343552020450040401

Smith, H. L., Robinson, M., & Young, M. E. (2007). The relationship among wellness, psychological distress, and social desirability of entering Master's-level counselor trainees. *Counselor Education & Supervision*, *47*(2), 96-109.

Sterner, W. R. (2009). Influence of the supervisory working alliance on supervisee work satisfaction and work-related stress. *Journal of Mental Health Counseling*, *31*(3), 249–263.

Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, *1*(3), 207-210. doi:10.1037/1040-3590.1.3.207

Walker, J., Ladany, N., & Pate-Carolan, L. (2007). Gender-related events in psychotherapy supervision: Female trainee perspectives. *Counselling & Psychotherapy Research*, *7*(1), 12–18. doi:10.1080/14733140601140881

Wampold, B.E., & Holloway, E.L. (1997). Methodology, design, and evaluation in psychotherapy supervision research. In C. Edward Watkins (Ed.), *Handbook of psychotherapy supervision* (pp. 11-27). New York: Wiley.

Wester, S. R., Vogel, D. L., & Archer, J. (2004). Male restricted emotionality and counseling supervision. *Journal of Counseling & Development*, *82*(1), 91-98.

White, P. E., & Franzoni, J. B. (1990). A multidimensional analysis of the mental health of graduate counselors in training. *Counselor Education & Supervision*, *29*(4), 258-267.

White, V. E., & Queener, J. (2003). Supervisor and supervisee attachments and social provisions related to the supervisory working alliance. *Counselor Education & Supervision*, *42*(3), 203-218.

Williams, R. B., & Littman, A. B. (1996). Psychosocial factors: role in cardiac risk and treatment strategies. *Cardiology Clinics*, *14*(1), 97-104.

APPENDIXES

APPENDIX A

Georgia State University
Department of Counseling and Psychological Services
Informed Consent Form

Title: The Effects of Counselor Trainee and Supervisor Stress and Coping Resources on the Working Alliance and Supervisory working alliance

Principal Investigator: Catharina Chang, Ph.D.

Student Principal Investigator: Philip B. Gnilka, M.A.

Introduction/Background/Purpose:
You are being asked to participate in our study of stress, coping, and relationship with both clients and supervisors. We are investigating this topic to learn about how stress and coping may influence the supervision and counseling processes. Your participation in the research study is voluntary. Before agreeing to be part of this study, please read the following information carefully.

Procedures:
If you participate in this study, you will be asked to complete one online survey. The survey will take approximately 20 minutes to complete.

Risks:
There are no risks to participating in this study.

Benefits:
You may benefit from thinking about your own life and your relationship with clients and supervisors. Finally, what we learn from the study may help us to better understand stress, coping resources, supervision, and counseling.

Voluntary Participation and Withdrawal:
Participation in research is entirely voluntary. You have the right to refuse to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may discontinue participation at any time.

Confidentiality:
We will keep your records private to the extent allowed by law. Before you begin the study you will enter your name to sign this informed consent form. This information will be kept entirely separate from the rest of the study. It will be saved in a separate file and your name will not be associated with your answers to the survey questions. Your name and other facts that might point to you will not appear when we present this study or publish its results.

Contact Persons:
Contact Catharina Chang, Ph.D. or Philip B. Gnilka, M.A. at (404) 413-8196 if you have questions about this study.

If you have questions or concerns about your rights as a participant in this research study, you may contact the Institutional Review Board (IRB) which oversees the protection of human research participants. Susan Vogtner in the office of research compliance can be reached at (404) 413-3513.

Please print a copy of this consent form to keep for your records.

If you are willing to volunteer for this research, please enter your name in the signature box below then hit the "I agree" button to indicate that you have read and understand this form.

Catharina Chang, Ph.D.
Principal Investigator

Philip B. Gnilka, M.A.
Student Principal Investigator

APPENDIX B

Email Sent to Counselor Educators

Hello Counselor Educators!

My name is Philip Gnilka, and I am a doctoral candidate in Counselor Education and Practice at
Georgia State University. I am conducting a study that looks at how stress and coping may influence the relationships counselor trainees form with supervisors and clients.

PLEASE FORWARD THIS EMAIL TO ALL OF YOUR STUDENTS.

If you are currently supervising a practicum/internship section, you may be asked to complete a survey for one of your supervisees. However, this is not a required part of participating in this study.

If you have any questions, please contact me at pgnilka1@student.gsu.edu or my faculty advisor, Catharina Chang, Ph.D. at cychang@gsu.edu.

Thanks!

Email to forward:
My name is Philip Gnilka, and I am a doctoral student in Counselor Education and Practice at Georgia State University. I am contacting you to ask you to please help me with my dissertation research. I am looking at how stress and coping may influence the relationships counselor trainees form with supervisors and clients. The survey should take 15-25 minutes to complete.

You are eligible to participate in the study IF YOU ARE CURRENTLY SEEING CLIENTS IN A PRACTICUM OR INTERNSHIP SETTING.

Please click on the link below if you are able to help me out:
http://www.speedsurvey.com/INSERTSTUDYADDRESS

Please contact me at pgnilka1@student.gsu.edu if you have any questions about this study. You may also contact my advisor, Catharina Chang, Ph.D., at cychang@gsu.edu.
Sincerely,
Philip B. Gnilka, M.A.
Doctoral Student
Counselor Education and Practice
Department of Counseling and Psychological Services
Georgia State University

APPENDIX C

Email Sent to Counseling Students

Hello Counseling Students!

My name is Philip Gnilka, and I am a doctoral student in Counselor Education and Practice at
Georgia State University. I am contacting you to ask you to please help me with my dissertation research. I am looking at how stress and coping may influence the relationships counselor trainees form with supervisors and clients. The survey should take 20-30 minutes to complete.

You are eligible to participate in the study IF YOU ARE CURRENTLY SEEING CLIENTS IN A PRACTICUM OR INTERNSHIP SETTING.

Please click on the link below if you are able to help me out:
http://www.speedsurvey.com/INSERTSTUDYADDRESS

Please contact me at pgnilka1@student.gsu.edu if you have any questions about this study. You may also contact my advisor, Catharina Chang, Ph.D., at cychang@gsu.edu.

Sincerely,

Philip B. Gnilka, M.A.
Doctoral Student
Counselor Education and Practice
Department of Counseling and Psychological Services
Georgia State University

APPENDIX D

Counselor Trainee Demographic Form

Please choose the choice that best describes you.

Age:

Gender: Male Female Transgender

Sexual Orientation: Straight Gay/Lesbian Bisexual Queer Other

Marital/Relationship Status: Single Married Domestic Partner Unmarried but living in same household Divorced

Race/Ethnicity: American Indian/Alaskan Native Asian/Pacific Islander Hispanic
Africa-American/Black (not of Hispanic Origin) White (not of Hispanic Origin)
Bi Racial/Multi-racial

Annual Income (please enter your annual household income):

Practicum Experience: Not started Currently Enrolled Finished
Internship Experience: Not started Currently Enrolled Finished

Current Practicum/Internship Setting 1 = primary work setting 2 = secondary work setting
Hospital Community Mental Health Agency Faith-based Agency Private Practice
University Counseling Center School Other: Please specify _____

Degree Program Currently Enrolled:
MA/MS Ph.D. Ed.D. Other: Please specify_____

What type of degree program are you currently enrolled:
Community Counseling
Mental Health Counseling
School Counseling
Professional Counseling
Marriage and Family Counseling
Rehabilitation Counseling
Other: Please specify_____

How many hours is your degree program?
48 hours
60 hours
Other: Please specify_____

Is your university program CACREP accredited? Yes No D/K
Average number of individual client sessions per week (excluding intake sessions): _____
Average number of group sessions per week: _____
Average number of intake sessions per week: _____
Average number of family sessions per week:_____

How many sessions have you had with this client?_____

When filling out the rest of the survey, choose consider only one supervisor. Which supervisor are you thinking about? Site Supervisor University Supervisor

How many individual supervision sessions have you had with your selected supervisor?_____