



Received: 28 June 2017
Accepted: 24 August 2017
First Published: 31 August 2017

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CLINICAL PSYCHOLOGY & NEUROPSYCHOLOGY | RESEARCH ARTICLE

Clinical supervisors' ethical and professional identity behaviors with postgraduate supervisees seeking independent licensure

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Abstract: In addition to state laws, the counseling profession's code of ethics and training standards stipulate that counselors clearly uphold ethical standards and identify with a distinct professional counselor identity. We investigated 411 postgraduate counseling supervisees' experiences with ethical and professional identity development during supervision in the US. The results of the survey indicated that supervisors do not directly and consistently pass a professional counselor identity to the supervisee. However, supervision encompassed ethical considerations. Study results are not a reflection of nor the sole responsibility of supervisors. The counseling profession must also assume responsibility for these outcomes and better support counseling supervisors in passing a counselor professional identity from the supervisor to the supervisee. Additional research could determine how to support supervisors in passing a counselor professional identity to the supervisee during supervision.

Subjects: Counseling; Counseling - Ethics; Counseling Techniques & Intervention

Keywords: supervision; professional identity; counselor; supervisee; development

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PUBLIC INTEREST STATEMENT

The counseling profession offers ample information covering how to be a supervisor for counselors earning the right to practice free of supervision. Yet the counseling profession does not ask supervisees' about their perceptions of ethical and counselor professional identity behaviors occurring during supervision. The authors asked counselors under supervision to rate their supervisor on ethical and counselor professional identity behaviors during supervision. Understanding the outcomes of supervision from the perspective of the supervisee can help the profession of counseling to better train supervisors. Ultimately, understanding what is occurring in supervision from the perspective of the supervisee in terms of ethical practice and counselor professional has a great impact on the clients of the supervisee. Additionally, the supervision experience for the supervisee shapes their future career development. Knowing more about the supervisee's perspective in supervision impacts the counselor, supervisor, organization, clients, community, and US society.

1. Introduction

States in the US require post-degree supervision for graduates of counseling programs to secure an independent counseling license, develop a counselor professional identity, and promote ethical practice (Barnes, 2004; Britton, Goodman, & Rak, 2002; Pearson, 2000). Further, the American Counseling Association (ACA) Code of Ethics (2014) and Counseling and Related Educational Programs (CACREP, 2015) 2016 Standards require that counselors meet ethical as well as professional identity development guidelines during training and after graduation. These requirements exist because counselors without a strong professional counselor identity gravitate toward other mental health professional identities and struggle to identify what distinguishes the unique roles and responsibilities of professional counselors (Hansen, 2003).

The counselor's professional identity shapes the way counselors carry out their professional roles and responsibilities (Brott & Myers, 1999). Out of all the literature published on the composition of the unique philosophy of the profession of counseling, Healey and Hays (2012) most succinctly define it as focusing on normal human development, prevention, wellness, advocacy, and empowerment. Mellin, Hunt, and Nichols (2011) also found counselors across subspecialties naturally defined the profession of counseling as distinct from other mental health professions by being grounded in a developmental, preventive, and wellness orientation.

To work with their preferred client population, receive insurance reimbursements for counseling services, offer their full scope of practice, and effectively advocate for clients, counselors need to practice ethically and establish a distinct professional counselor identity to the public and other health care professionals. Therefore, many scholars call for counselors to identify with and advocate for the profession of counseling's unique philosophy, role, and scope of practice (Calley & Hawley, 2008; Gale & Austin, 2003; Myers, Sweeney, & White, 2002).

2. Foundations of a professional counselor identity

The profession of counseling was distinguishable from other mental health professions in the United States after the founding of what is now called the American Counseling Association (ACA), the creation of the ACA Code of Ethics, the development of state licensure laws, and the establishment of the CACREP standards (Gale & Austin, 2003). The ACA Code of Ethics, CACREP training standards, and state licensure laws in the US stipulate that counselors clearly uphold ethical standards and identify with a distinct professional counselor identity.

Counselor licensure in all 50 states and the ability to receive insurance reimbursement for counseling services were two positive outcomes of the profession of counseling defining and communicating a distinct professional counselor identity (Calley & Hawley, 2008; Hanna & Bemak, 1997). State counseling licensure laws and rules in the US document the unique roles and responsibilities of licensed professional counselors. The laws and rules include definitions, terms, and activities associated with the profession of counseling. This includes clarity in displaying and articulating a professional identity as a counselor to clients (as opposed to claiming to be a psychologist, social worker, etc.) as well as legal practice guidelines. State laws and rules also articulate the requirements of supervision in obtaining independent counseling licensure.

The ACA Code of Ethics (2014) specifies that counselors in the US are to appropriately communicate their roles and scope of practice (A.2.b, C.4.b, and F.1.b); abide by the ACA Code of Ethics (2014) (C.2.e, F.4.c, I.1.a, and I.1.b); participate in local, state, and national associations that foster the profession of counseling (C. Introduction); meet with supervisees regularly, follow state laws and ethical codes for supervision requirements, be available to supervisees for emergency situations (F.1.a, F.4.b, and I.1.a); and promote the professional development of supervisees (C.2.f).

The counselor's cognitive understanding of the counseling profession is the basis of their ability to articulate the counseling profession's philosophy, approach, and scope of practice (Brott & Myers, 1999). Therefore, CACREP 2016 Standards require that all master's and doctoral-level curriculum

include the history and philosophy of the counseling profession and specifically clinical mental health counseling (2.F.1.a, 2.F.1.b, 2.F.1.c, and 5.C.1.a); define the professional roles and functions of counselors (5.C.1.b, 5.C.1.c, and 5.C.1.e); advocate on behalf of the profession of counseling (2.F.1.d); encourage membership in professional counseling organizations (2.F.1.f); provide appropriate supervision based on following legal and ethical practices (2.F.1.i, 2.F.5.d, 3.H, and 3.L); and outline professional counseling certification, licensure, and accreditation practices and standards (2.F.1.g). In terms of identifying the focus of instruction, Remley and Herlihy (2014) identified six major areas of education for counselor professional identity: (a) history, (b) philosophy, (c) roles and functions, (d) ethical standards (e) professional associations, and (f) pride in the profession of counseling. This section defined several aspects of counselor professional identity imperative to meeting training standards, codes of ethics, and laws. The following section describes the importance of counselor professional identity in everyday counseling practice.

3. Importance of professional counselor identity in practice

Counselors work in collaborative environments where they address some of the most complex social concerns in the US. Interprofessional collaboration is a best practice strategy in these contexts (Mellin et al., 2011). Examples of interprofessional collaboration include counselors coordinating a client's care with physicians, social workers, psychologists, parole officers, nurses, and other professions. Counselors can advocate for clients and the counseling profession as well as improve client outcomes through interprofessional collaboration (Myers et al., 2002). The National Interprofessional Competency Framework (NICF) identifies best practices in interprofessional education and collaborative practice. Their six essential interprofessional practice competencies assure success in interprofessional collaboration: (a) successful conflict resolution, (b) communication, (c) client/family/community-centered care, (d) role clarification, (e) team functioning, (f) and collaborative leadership (Canadian Interprofessional Health Collaborative, 2010).

One of the six essential competencies requires effective role clarification to other members of the team. According to the NICF, effective role clarification requires all collaborators to (a) understand one's own role and scope of practice, (b) respect the role and scope of practice of all other professions, (c) commit to relationship building, (d) respect differences in ethical practice for all involved professions, and (e) respect subjectivity (Ewashen, McInnis-Perry, & Murphy, 2013; Johnson, Stewart, Brabeck, Huber, & Rubin, 2004; Palermo, 2013). The ability to communicate professional roles and scopes of practice leads to improved functions within the team and improved outcomes for clients (Benes, Walsh, McMinn, Dominguez, & Aikins, 2000; Mellin et al., 2010, 2011; Myers et al., 2002; Palermo, 2013). It also reduces role ambiguity, power and status conflicts, and stereotypes that threaten successful interprofessional collaboration (Mellin et al., 2011). When a collaborator lacks knowledge about their professional identity, it leads to missing important opportunities during collaboration, because the other collaborators fail to understand the member's role on the team (Giordano, 2009). This section described the importance of counselor professional identity in everyday counseling practice. As the counselor developmentally progresses from counseling student to counselor to clinical supervisor, their counselor professional identity will evolve (Brott & Myers, 1999). The next section outlines how supervisors impact counselor professional identity.

4. The postgraduate clinical supervisor's role in developing a professional counselor identity

The supervisors of postgraduate counselors link classroom training into the daily practice of being an independently licensed professional counselor. Supervision postgraduation is just as critical to counselor professional identity development in counselor education programs because burgeoning counselors are no longer in contact with their instructors (Nelson, Johnson, & Thorngren, 2000). Supervisors must have a strong connection to the profession of counseling or apathy may result within the supervisee regarding developing own their professional identity (Lambie & Sias, 2009; West & Hamm, 2012). First, counselors struggle to develop their professional identity when their supervisor lacks a counselor professional identity (Gainor & Constantine, 2002). Second, it is unlikely that the supervisee will advocate for the profession of counseling if their supervision does not

provide a foundation in professional counselor identity development (Somody, Henderson, Cook, & Zambrano, 2008). Some states do not stipulate formal training, continuing education, nor license as a counselor to qualify as a counselor supervisor. This combination negatively impacts having a uniformed understanding of the supervision of counselors and the passage of an understanding of counselor professional identity (West, Mustaine, & Wyrick, 2002). In the end, the professional counselor, the profession of counseling, and clients suffer when the counselor cannot function ethically and articulate a professional counselor identity.

Postgraduate counselors reported a desire to work with supervisors who have a strong sense of identity and connection to the field of counseling (Page, Pietrzak, & Sutton, 2001). Further, postgraduate counseling supervisees depend on postgraduate supervision to improve their ethical practice development and assist them in identifying and establishing their professional identity as they ethically and legally work toward independent licensure (Nelson et al., 2000; Somody et al., 2008). Ultimately, the proper training of supervisors ensures the supervisee's ability to articulate the unique roles and responsibilities of professional counselors as well as meet ethical obligations.

5. Purpose

We measured postgraduate counseling supervisee's ethical and professional identity development during the supervisory relationship. The questions evaluated supervision practices based on a direct connection to professional counseling organizations, the ACA Code of Ethics, accrediting body standards, and state licensure policies and procedures (Gale & Austin, 2003; Mellin et al., 2011). Further, the questions evaluated pride in the profession of counseling and the incorporation of the profession of counseling's unique philosophy and role during supervision (Remley & Herlihy, 2014). We used three specific research questions from the perspective of the supervisee to guide the study to determine how counselor supervisors foster ethical practice and professional identity development in the context of the supervisory relationship: (a) Are supervisors demonstrating ethical behavior to postgraduate counselors? (b) Do supervisors demonstrate counselor professional identity behaviors to postgraduate counselors? and (c) Do supervisors encourage the postgraduate supervisee's counselor professional identity?

6. Method

6.1. Participants

We defined "postgraduate mental health counselors" as counselors who have graduated with at least a Master's degree and who must work under clinical supervision to obtain an independent license to practice as a counselor in the US. At this time, fluctuations exist in the path to independent licensure as a counselor. For example, in some states, an independently licensed counselor must supervise those seeking independent licensure as a counselor while in other states a range of mental health licenses can supervise counselors. In some states, most counselor education programs are CACREP accredited, and in other states, CACREP accreditation is rare for counselor education programs. For several states in the US, some counseling supervisees did not graduate with a Master's from a counselor education program. Despite these variations, the fact remains that independent license as a counselor in the US falls under the purview of the ACA Code of Ethics, CACREP standards, state counseling licensure laws and rules, and professional counselor identity. The study must include all provisionally licensed counselors who are working under clinical supervision to obtain an independent license to practice as a counselor to understand the ethical and professional identity development of counselors in supervision. Participants were 411 postgraduate counseling supervisees with a mean age of 39 (*Range* = 25–90, *SD* = 11.3), years since Master's graduation of 5.3 (*Range* = 1–35, *SD* = 6.4), and years since receiving their first-tier counseling license of 3.4 (*Range* = .5–26, *SD* = 4.3). Table 1 provides detailed demographic information.

Table 1. Participant demographics by number and percentage

	Number	Percentage
Female	335	82
Male	76	18
European American	330	80
Hispanic	33	8
African American	30	7
Mixed	11	3
Asian American	6	2
Native American	1	<1
Supervised by licensed counselor	314	76
Supervised by other profession	95	23
Graduated from a CACREP accredited program	219	53
Member of the American Counseling Association	169	41
Member of the State Counseling Association	97	24
Held National Certified Counselor Credential	66	16
Worked in a counseling agency	156	38
Worked in private practice	77	19
Worked in a hospital/clinic	40	9
Worked for the state/federal government	39	9
Worked, but not as a counselor	23	6
Worked in a college setting	22	5
Worked in a K-12 setting	15	4
Reported unemployment	15	4
Worked at a non-profit agency	15	4
Worked in managed care	7	2

6.2. Data collection procedures

SurveyMonkey’s (2016) power analysis calculator for survey designs identified a need for at least 384 survey respondents given a 95% confidence level, 135,000 population size (United States Bureau of Labor Statistics, 2016), and confidence interval of +/- 5%. We selected states in the US with two-tier counseling licenses (one tier independently licensed and one tier requiring supervision to obtain independent counseling licensure) to ensure that only postgraduate counselors currently practicing under supervision participated in the study. One state counseling licensure board list from each of the four ACA regions (four states total) was randomly selected. These four lists combined generated a list of 9,771 postgraduate counselors currently practicing under supervision. We randomly selected 4,000 participants from the combined state board lists. Because many counselors had moved from one of the four states and were now practicing in another state, postgraduate clinical mental health counselors needing supervision to obtain their independent license from 48 states and the District of Columbia were part of the simple random sample. Ultimately, the sample did not include North Dakota and Utah.

Overall, address errors occurred with 26% ($n = 1,050$) of recruitment letters. There were 411 completed surveys from all four states resulting in a 14% response rate. This response rate is similar to Goodman-Scott’s (2015) study of American School Counseling Association members with a 13%

response rate and Moe, Bacon, and Leggett's (2015) study of school counselors with a 20% response rate. Additionally, Erford (2014) says "usually, response rates for mailed or electronic surveys are less than 20 percent" (p. 192). Each participant received a letter of explanation that included a link to a web page that contained the informed consent form, a demographic questionnaire, and the survey instrument.

6.3. Measure

While scales already exist that measure a counselor's professional identity, any self-report assessment suffers from issues with self-report bias. First, image management occurs when the participant responds not according to their actual behaviors, but in ways to manage their image to others. Second, introspective ability becomes an issue when participants view themselves differently from how others view them on the same dimension. Therefore, having supervisors rate themselves on demonstrating ethical behavior, demonstrating professional identity behaviors and encouraging a counselor professional identity in supervisees would likely result in measuring the image management and introspective ability of supervisors. A search of the literature failed to yield examples of existing measures relative to the topic where the supervisee would evaluate their supervisor.

Our survey instrument presented supervisees with a range of professional behaviors associated with encouraging and modeling counselor professional identity as well as ethical supervision practices. Because this was a new and untested instrument, we established content validity before its use. Ten experts from the counseling field completed the instrument and rated items for clarity, representativeness, and appropriateness. These 10 experts had published or presented on professional identity and ethics in counseling and served on state or national counseling ethics and counselor professional identity committees. They further provided comments and suggested revisions.

Using the method described by Grant and Davis (1997), the 17 scale items contained in the instrument obtained an inter-rater agreement score (IR) of .88. Dividing the total number of agreements (total items rated 1 or 2 and 3 or 4 by all panelists) by the total number of items rated (IR = 15/17 = .88) determined the IR score. The range for minimum acceptable IR scores is .70 to .80 (Grant & Davis, 1997). Next, calculating the proportion of panelists who rated each item (3 or 4 on a frequencies scale) for the content validity index score (CVI) determined if the instrument was valid or representative. Dividing the total number of items ranked 3 or 4 by all panelists by the total number of items (CVI = 16/17 = .94) generated the total CVI for the instrument: CVI of .94. Grant and Davis (1997) suggest that new instruments obtain CVI scores of greater than .80 to be valid.

Next, we performed item analyses on the 17 items by having 50 postgraduate counselors currently under supervision take the survey. Pilot study results suggested Cronbach's α was good at .8 for all three scales. We made no changes to the 17 items and therefore included the 50 pilot study participants in the study. Lastly, principle components factor analysis documented the dimensionality of the 17 items. Three criteria determined the number of factors to rotate: the a priori hypothesis that the measure had three dimensions, the scree test, and the interpretability of the factor solution. The scree plot indicated that our initial hypothesis of three dimensions was incorrect. Based on the plot, we used an oblique rotation with a Kaiser Normalization rotation procedure to control for two related factors. The rotated two-factor solution accounted for 55% of the variance (Table 2) and suggested the factors of counselor professional identity and ethical supervisor behavior. The counselor professional identity factor accounted for 43.5% of the item variance and the ethical supervisor behavior factor accounted for 11.7% of the item variance. We designated items as loading on a factor if the highest factor loading was .60 or greater and if the second highest factor loading was .30 or smaller (Matsunaga, 2010). Three items did not meet the criteria and loaded similarly between the two factors. We retained these items as this study focused on the information collected by the survey and not the creation of an assessment. Additionally, the profession of counseling deems membership in the ACA and state counseling associations as well as the development of growth as a counselor as foundational to counselor professional identity. While we developed items to assess supervisors demonstrating ethical behavior, demonstrating their counselor professional identity

Table 2. Correlations between the survey items, sections, and factors

Items by section	Factors	
	Counselor specific identity	Supervisor ethical behavior
<i>Meeting state law requirements</i>		
Insists on meeting with me for 1 h of face-to-face supervision per week to discuss cases	-.03	.75
Is available to me as needed between scheduled supervision meetings for consultation	-.01	.78
Clearly is concerned about maintaining high ethical standards.	-.11	.95
Models good ethical behavior and practice with clients	-.00	.82
<i>Supervisor's professional identity behaviors</i>		
Is very clear in her/his language about her/his identity as a counselor/professional clinical counselor (as opposed to "therapist," "psychotherapist," "psychologist")	.67	.08
In discussion of cases and/or professional issues, articulates the distinctive approach that we take as counselors (e.g. "As counselors, we would see this problem as ...")	.67	.17
Distinguishes between counselors, social workers, and psychologists when discussing approaches to work with clients	.83	-.02
Expresses pride in the profession of counseling	.79	-.02
Is a member of the American Counseling Association	.11	.17
Is a member of the State Counseling Association	.22	.23
In instances of ethical concerns, references the American Counseling Association Code of Ethics	.56	.29
<i>Supervisor's encouragement of supervisee's professional identity</i>		
Encourages discussion of my professional growth as a counselor in supervision (as opposed to strict case review)	.39	.49
Encourages me to be clear about my identity as a professional counselor	.87	-.07
Invites me to become more involved in professional activities specific to counseling such as participating in leadership meetings, trainings, community outreach/awareness, etc	.72	-.08
Encourages me to attend counseling conferences to further my professional development	.64	.13
Encourages me to maintain membership in the American Counseling Association	.85	-.08
Encourages me to maintain membership in the State Counseling Association	.89	-.11

Bold values: Significant factor loadings.

behaviors and encouraging the postgraduate supervisee's counselor professional identity, it appears that all counselor professional identity behaviors loaded into one construct.

Four sections comprised the survey: (a) questions about participants' demography, (b) questions about the supervisor demonstrating ethical behavior in supervision, (c) questions about the supervisor's professional identity behaviors in supervision, and (d) questions about the supervisor's encouragement of the postgraduate supervisee's professional identity.

The demographic variables included the following: sex, age, year of master's in counseling graduation, the number of years licensed as a postgraduate counselor needing supervision, supervisor license, university/college granting masters in counseling degree, current affiliations, current

employment setting, and race. The categories for current employment from which postgraduate counselors could choose from were: not employed, counseling agency, hospital/clinic, private practice, K-12, college, nonprofit, state and federal government, managed care, not employed as a practicing counselor, retired, looking for work as a counselor, and other.

The second section of the survey had five questions as outlined in Table 3 to assess the Supervisor’s Ethical Behaviors. State laws most often mandate that counseling supervision consists of a specified number of hours of supervision for a certain number of direct counseling hours as well as meeting legal and ethical standards. The supervisor’s ability to legally and ethically conduct supervision is critical to the postgraduate supervisee obtaining independent licensure. We created the five questions in this section to measure these ideas.

The third section of the survey had six questions as outlined in Table 3 to assess the Supervisor’s Professional Identity Behaviors. As supervision supports the supervisee’s articulation of the counseling profession’s occupational role, philosophy, and professional clinical approach, we created the six questions in this section to determine if the supervisor demonstrated these behaviors in a way that the supervisee could recognize.

Table 3. Participants’ survey responses by survey question

	Mean	SD
<i>Supervisor demonstrating ethical behavior in super</i>		
1. Insists on meeting with me for the state mandated supervision requirement per week to discuss cases	4.1	1.3
2. Is available to me as needed between scheduled supervision meetings for consultation	4.3	1.0
3. In instances of ethical concerns, references the American Counseling Association Code of Ethics	3.7	1.6
4. Clearly is concerned about maintaining high ethical standards	4.5	.9
5. Models good ethical behavior and practice with clients as per the American Counseling Association Code of Ethics	4.5	.9
Scale average	21.1	5.7
<i>Supervisor’s professional identity behaviors</i>		
1. Is very clear in her/his language about her/his identity as a counselor/professional clinical counselor (as opposed to “therapist;” “psychotherapist;” “psychologist”)	3.2	1.7
2. In discussion of cases and/or professional issues, articulates the distinctive approach that we take as counselors (e.g. “As counselors, we would see this problem as ...”)	3.0	1.6
3. Distinguishes between counselors, social workers, and psychologists when discussing approaches to work with clients	2.7	1.7
4. Expresses pride in the profession of counseling	3.6	1.6
5. Is a member of the American Counseling Association	3.2	1.6
6. Is a member of the State Counseling Association	3.0	1.7
Scale average	18.7	9.9
<i>Supervisor’s encouragement of the postgraduate supervisee’s professional identity</i>		
1. Encourages discussion of my professional growth as a counselor in supervision (as opposed to strict case review)	4.0	1.3
2. Encourages me to be clear about my identity as a professional counselor	3.0	1.8
3. Encourages me to become involved in professional activities specific to counseling such as participating in leadership meetings, trainings, community outreach/awareness, etc	3.2	1.7
4. Encourages me to attend counseling conferences to further my professional development	3.4	1.7
5. Encourages me to maintain membership in the American Counseling Association	1.8	1.9
6. Encourages me to maintain membership in the State Counseling Association	1.5	1.8
Scale average	16.9	10.2

The fourth section of the survey had six questions as outlined in Table 3 to assess the Supervisor's Encouragement of the Postgraduate Supervisee's Professional Identity. We created the six questions in this section to determine if the supervisor encouraged behaviors that would help the supervisee articulate the counseling profession's occupational role, philosophy, and professional clinical approach. Additionally, these questions asked about the supervisor's connection to and encouragement of counselor professional identity. For these last three sections of the survey, participants responding "Never" scored a value of 0 and those responding "Always" scored a 5.

We calculated Cronbach's α for each of the three scales for all participants using the following interpretation: ">.9: – Excellent, >.8 – Good, and >.7 – Acceptable" (George & Mallery, 2003). Cronbach's α was good at .8 for the Supervisor Demonstrating Ethical Behavior in Supervision and the Supervisor's Professional Identity Behaviors scales. Cronbach's α was excellent at .9 for the Supervisor's Encouragement of the Postgraduate Supervisee's Professional Identity scale. We retained all items because each item in the scale contributed to increasing Cronbach's α for the scale, the items correlated well with their respective scale, and the study focused on the information gathered by the survey.

The Kaiser–Meyer–Olkin Measure of Sampling Adequacy for the survey was .91 (superb) on the basis of the responses of the 411 participants who gave responses to all items. Values between .8 and .9 classify as great and values above .9 classify as superb (Hutcheson & Sofroniou, 1999). Further, Bartlett's test was highly significant ($p < .001$), and therefore, factor analysis was appropriate.

6.4. Data analysis procedures

We performed several data analysis procedures. We used Cronbach's α calculations to assess the internal consistency among grouped survey items. Bartlett's test of sphericity determined that correlations in the data-set were appropriate for factor analysis. Factor analysis procedures determined factors and factor loadings. We used the Kaiser–Meyer–Olkin measure of sampling adequacy to explain the degree of common variance among the variables. We used descriptive statistics to explore survey responses to analyze data gathered from supervised, postgraduate counselors using a mail survey design (Fink & Kosecoff, 1998; Heppner, Kivlighan, & Wampold, 1992). We performed a Friedman test to determine if there were statistical differences between the three scales. We ran Wilcoxon tests as posthoc analyses to determine which scales were significantly different from each other.

7. Results

The items comprised of the scale measuring Supervisor Demonstrating Ethical Behavior in Supervision (Table 3) demonstrated the highest mean (21.1 out of a maximum of 25) and lowest standard deviation (5.7). Being clearly concerned about maintaining high ethical standards was *frequently* to *always* noted by supervisees. Supervisors were *frequently* available as needed between scheduled supervision meetings for consultation and met the state-mandated requirements for supervision each week to discuss cases. Counseling supervisors *mostly* to *frequently* referenced the ACA Code of Ethics in instances of ethical concerns. However, 12% of supervisors *never* to *occasionally* insisted on meeting for the state required supervision time and 19% of supervisors *never* to *occasionally* use the ACA Code of Ethics in instances of ethical concerns with supervisees.

The items comprised of the scale measuring the Supervisor's Professional Identity Behaviors (Table 3) revealed the second highest mean (18.7 out of a maximum of 30) and second lowest standard deviation (9.9). About half of supervisors demonstrated professional identity behaviors to supervisees in a way the supervisee could recognize. Supervisees reported their supervisor *mostly* to *frequently* expressed pride in the profession of counseling. About half of supervisees reported supervisors were very clear in their language about their professional identity and that in discussions of cases and professional issues articulated the distinctive approach that counselors would take when working with the client's concern. Approximately, 31% of supervisors referred to their profession *always* to *most* of the time as a "therapist," "psychotherapist," or "psychologist" when not licensed

as these terms. Further, supervisees reported that 35% of supervisors would *never* to *occasionally* distinguish between the roles and philosophies of the different mental health professions during supervision. Additionally, 44% of supervisors *never* to *occasionally* discussed the distinctive case approach counselors take with clients. The supervisor, for a vast majority of supervisees (70%), did not model the importance of ACA and state counseling association memberships.

The items comprised of the scale measuring Supervisor's Encouragement of the Postgraduate Supervisee's Professional Identity (Table 3) revealed the lowest mean (16.9 out of a maximum of 30) and highest standard deviation (10.2). Encouraging discussion of the supervisee's professional growth as a counselor in supervision occurred *always* to *frequently* for 74% of supervisees. About half of supervisees reported encouragement from the supervisor to attend counseling conferences to further their professional development, become involved in professional activities specific to the counseling profession, or speak clearly with others about the supervisee's identity as a professional counselor. Twenty-six percent of supervisors *never* to *occasionally* encouraged attendance at counseling conferences. Thirty-five percent of supervisors *never* to *occasionally* encouraged clear professional identity language in supervisees. The weakest area for this scale was supervisors *rarely* to *occasionally* encouraging supervisees to be members of the ACA or the state counseling association.

We conducted a Friedman test to evaluate differences in medians among the three scales for items about the supervisor demonstrating ethical behavior in supervision (median = 22), items about the supervisor's counselor professional identity behavior in supervision (median = 19), and items about the supervisor's encouragement of the postgraduate supervisee's counselor professional identity (median = 17). The Friedman test was significant, $\chi^2(2, N = 411) = 62.78, p < .01$. We conducted follow-up pairwise comparisons using a Wilcoxon test while controlling for Type 1 errors across these comparisons using the .05 level with the LSD procedure. The median score on the scale containing questions about the supervisor demonstrating ethical behavior in supervision was significantly greater than the median score on the scale containing questions about the supervisor's professional identity behavior in supervision, $p < .01$. The median score on the scale containing questions about the supervisor demonstrating ethical behavior in supervision was significantly greater than the median score on the scale containing questions about the supervisor's encouragement of the postgraduate supervisee's professional identity, $p < .01$. The median score on the scale containing questions about the supervisor's professional identity behavior in supervision was significantly greater than the median score on the scale containing questions about the supervisor's encouragement of the postgraduate supervisee's professional identity, $p < .01$.

8. Discussion

The first of the three areas surveyed, the supervisor demonstrating ethical behavior in supervision, was significantly higher as compared to the other two scales. Responses indicated that counselor supervisors were *frequently* to *always* modeling good ethical behavior in practice with clients and with administrative supervision duties. The results align with The ACA Code of Ethics (2014) specifying that supervisors are to meet with supervisees regularly, follow state laws and ethical codes for supervision requirements, and be available to supervisees for emergency situations (F.1.a, F.4.b, and I.1.a). Additionally, results indicate agreement with CACREP 2016 Standards requiring providing appropriate supervision based on following legal and ethical practices (2.F.1.i, 2.F.5.d, 3.H, and 3.L) and professional counseling certification, licensure, and accreditation practices and standards (2.F.1.g). Meeting state requirements is important as postgraduate supervisees are held accountable to their state counseling board during ethical and legal challenges. States often directly or indirectly use the ACA Code of Ethics (2014) as the foundation for ethical counselor behavior. The ACA Code of Ethics establishes expectations of conduct, practice, considerations, and roles of professional counselors. It assists counselors in building a course of action that best serves clients and (in conjunction with state counseling licensure laws) helps those outside the counseling profession process inquiries and ethical complaints concerning counselors. State requirements also must be met to obtain independent licensure as a counselor.

The demonstration of supervisor professional identity behaviors was significantly lower than the supervisor's displayed ethical behaviors. Supervisors were not modeling ACA and state counseling association memberships, clarity in identifying as a professional counselor, identifying the differences between the different mental health professions, and articulating the distinctive approach that counselors take when working with clients. The ACA Code of Ethics (2014) specifies that counselors are to appropriately communicate their roles and scope of practice (A.2.b, C.4.b, and F.1.b) and participate in local, state, and national associations that foster the profession of counseling (C. Introduction). CACREP 2016 standards require that all master's and doctoral-level curriculum include the history and philosophy of the counseling profession (2.F.1.a, 2.F.1.b, 2.F.1.c, and 5.C.1.a); the professional roles and functions of counselors (5.C.1.b, 5.C.1.c, and 5.C.1.e); advocating on behalf of the profession of counseling (2.F.1.d); and membership in professional counseling organizations (2.F.1.f). Even though CACREP does not accredit counseling supervisors, counseling supervisors should be aware of and follow CACREP standards as they are the training standards of the counseling profession.

Postgraduate supervision is a substantial part of the counselor training process that culminates in achieving independent counseling licensure. Additionally, Remley and Herlihy's (2014) six major areas comprising counselor professional identity; (a) history, (b) philosophy, (c) roles and functions, (d) professional associations, and (e) pride in the profession of counseling, are hard for supervisees to detect through the behaviors of their supervisor. Further, Healey and Hays (2012) definition of the profession of counseling focusing on normal human development, prevention, wellness, advocacy, and empowerment appears lacking from discussions in supervision. Lastly, as supervisors are rarely modeling counselor professional identity, it calls into question how effective supervisors are in inter-professional practice. It would seem they would have a difficult time communicating their professional role and scope of practice as a counselor to other team members. The results identify a lack of connection to the field of counseling as a whole and a missed opportunity to model the counseling profession's occupational role, philosophy, and professional approach to the supervisee.

The third area, the supervisor's encouragement of the supervisee's professional identity, was significantly lower than the other two scales. The ACA Code of Ethics (2014) specifies that counselors are to appropriately communicate their roles and scope of practice (A.2.b, C.4.b, and F.1.b) and participate in local, state, and national associations that foster the profession of counseling (C. Introduction). CACREP 2016 standards require training in the history and philosophy of the counseling profession (2.F.1.a, 2.F.1.b, 2.F.1.c, and 5.C.1.a); the professional roles and functions of counselors (5.C.1.b, 5.C.1.c, and 5.C.1.e); advocating on behalf of the profession of counseling (2.F.1.d); and membership in professional counseling organizations (2.F.1.f). Remley and Herlihy's (2014) six major areas that comprise counselor professional identity as well as the profession of counseling focusing on normal development, prevention, wellness, advocacy, and empowerment appear to be lacking in counselor supervision. Lastly, as supervisors are not encouraging counselor professional identity in supervisees, it calls into question how effective burgeoning counselors will function in inter-professional practice as they would likely have a difficult time communicating their professional roles and scopes of practice.

Postgraduate counselors reported a desire to work with supervisors who have a strong sense of identity and connection to the field of counseling (Page et al., 2001). Ultimately, there appears to be little passage of a professional counselor identity from the supervisor to the supervisee, which results in a lack of connection to the profession of counseling. This has strong implications for emerging professional counselors struggling to practice within the counseling profession's occupational role, philosophy, and scope of practice. State laws and rules in the US, the ACA Code of Ethics, and CACREP standards require developing a counselor professional identity and understanding ethical practice (Barnes, 2004; Britton et al., 2002; Pearson, 2000). It appears that the professional identity foundation is currently missing in counselor supervision.

The results raise concerns as counselors without a strong professional counselor identity gravitate toward other mental health professional identities and struggle to identify what distinguishes the unique roles and responsibilities of professional counselors (Hansen, 2003). The counselor's professional identity shapes the way counselors carry out their professional roles and responsibilities (Brott & Myers, 1999). A poor counselor professional identity may lead to the denial of work with preferred client populations, denial of insurance reimbursements for counseling services, the inability to offer their full scope of practice, and the inability to effectively advocate for clients. There is a reason many scholars call for counselors to identify with and advocate for the profession of counseling's unique philosophy, role, and scope of practice (Calley & Hawley, 2008; Gale & Austin, 2003; Myers et al., 2002) and it appears that there is much work left to achieve this goal.

9. Limitations

Limitations of this study include sampling counseling supervisees from four states in the USA larger sample size from more states could be more helpful for generalization. Voluntary participants may have biased results by attracting only certain types of supervisees. The overall return response rate was modest. Supervisors were not participants in the study. Further, we used this the survey instrument for the first time. Lastly, the cross-sectional survey study offers supervisee opinions at only one point in time.

10. Implications for research

It is important to replicate the study to ensure the findings. Research should determine if a lack of training in supervision or a lack of professional identity in supervisors influenced the results of this study. Additional research could further evaluate the survey instrument used for this study. Further research should investigate how supervisors perceived their functioning on these three scales. Qualitative studies could better understand counseling supervisors' experiences with counseling association memberships, opinions on identifying as the title of their mental health license, processing with supervisees the distinctive approach that counselors take when case conceptualizing and distinguishing between the various mental health professions and how they work with clients. Furthermore, qualitative studies could assist in better understanding counseling supervisors' encouragement of supervisees to join counseling associations, encouragement in identifying as the supervisee's mental health counseling license, assisting in the supervisee's distinctive approach they take as a counselor when case conceptualizing and assisting in the supervisee's understanding of how the various mental health professions work with clients.

11. Implications for supervision practice and training

Supervisors have the longest-term and most personalized relationships with counselors as they finalize their training to become independently licensed counselors. The profession of counseling needs supervisors to have a strong professional identity as well as a strong ethical foundation so that they can offer comprehensive supervision to emerging counselors. Many counselor supervisors do not model or encourage professional counselor identity with supervisees. Many supervisors seemingly functioned in isolation from professional counseling associations and devoid of professional counselor identity behaviors. To increase these behaviors, supervisors likely need to be more integrated into the fabric of the counseling profession at the student level, the counselor training level, and the counseling association level. Further, counselor educators need to incorporate supervisors as an extension of counselor training programs. Asking supervisors to lend their expertise to the leadership of national, state, and regional counseling associations and the development of student learning outcomes in counselor education programs would help in this effort. Additionally, professional counseling associations likely need to perform needs assessments with counseling supervisors to more fully understand how counseling associations could better meet supervisors' needs. Additionally, states need to require that only independently licensed counselors can supervise individuals seeking independent counseling licensure. Lastly, mandating that counselor education programs become CACREP accredited to receive independent licensure as a counselor could assist in assuring students create a counselor professional identity.

Supervisors likely need the support of the profession of counseling to help them develop skills to increase professional counselor identity in supervision as well as support them as supervisors in clinical practice. When creating courses and programming for counselor supervisors, it is important to note that modeling ethical behavior, maintaining high ethical standards, discussing the supervisee's professional growth as a counselor, meeting the state-mandated supervision requirements, and availability between supervision sessions are strengths for a majority. Providing programming on professional counselor identity development could be helpful and should likely include counselors' roles, scope of practice, and the importance of identifying as a Licensed Professional Counselor or other term adopted by the licensing state as a means of advocating for the profession and protecting the public. Additionally, training should cover the roles and scopes of practice of other mental health professions, so supervisors provide clarity in these differences to their supervisees.

Additionally, training should emphasize that counseling interventions derive from a normal lifespan development, wellness, advocacy, prevention, and empowerment perspective to differentiate the unique approach that counselors take when working with clients. Education on the important roles that ACA and state counseling associations play in the counselor's scope of practice, licensure, employment opportunities, leadership opportunities, continuing education, ethics, support, insurance, best practices, and other benefits could increase counseling supervisor membership. This in turn could increase the likelihood that supervisees join counseling associations. Further, as counselor supervisors are usually training postgraduate counselors with little to no compensation for their time and effort, it may be in the best interest of regional, state, and national professional counseling associations to offer counselor supervisors free membership as a "thank-you" for their service to the counseling profession. As counseling programs also benefit from counselor supervisors performing supervision for current students and alumni, counselor education programs may consider paying for memberships in counseling associations as a "thank-you" for supervisors' service to their students.

12. Conclusion

The academy, state counseling licensure boards, and professional counseling organizations have focused on counselor professional identity for decades in (Burns & Cruikshanks, 2017). These entities currently promote counselor professional identity to achieve workforce parity for independently licensed counselors. The CACREP 2016 standards encourage clinical mental health programs to have practicum and internship students supervised by licensed professional counselors; require core counselor educators educated, licensed, and professionally functioning as counselors; and educate students in the history and philosophy of the profession of counseling. A study by Burns and Cruikshanks (2017) found *Slight to Moderate* support by independently licensed counselors for the specific 2016 CACREP standards required to ensure a strong professional counseling identity in students during training. While it appears that independently licensed counselors have some connection to counselor professional identity, the current study finds little direct and consistent passage of a professional counselor identity from the supervisor to the supervisee during supervision. Clearly, improvements are needed to help supervisees connect with counselor professional identity during the supervision processes.

Specifically, results imply that postgraduate supervision focuses on ethical issues and the tasks necessary to obtain independent counselor licensure. What appears deficient is a direct and consistent passage of a professional counselor identity from the supervisor to the supervisee during supervision. To work with their preferred client population, receive insurance reimbursements for counseling services, offer their full scope of practice, and effectively advocate for clients, counselors need to practice ethically and establish a distinct professional counselor identity to the public and other health care professionals. Study results are not a reflection of nor the sole responsibility of supervisors. The counseling profession must also assume responsibility for these outcomes as well as creating solutions to the problem. The counseling profession needs to better support counseling supervisors in passing a counselor professional identity from the supervisor to the supervisee.

Acknowledgement

Thank you to all of the counselor supervisees who responded to our survey.

Funding

This research was supported in part by the College of Education and Human Development Mini-Grant Program at Western Michigan University and in part by the Aquinas College Mini-Grant Program.

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Citation information

Cite this article as: Clinical supervisors' ethical and professional identity behaviors with postgraduate supervisees seeking independent licensure, Daniel R. Cruikshanks & Stephanie T. Burns, *Cogent Psychology* (2017), 4: 1373422.

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