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Developmental Networks and Interpersonal Support of Beginning Counselors

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Developmental Networks and Interpersonal Support of Beginning Counselors

Abstract

As beginning counselors complete graduate school and enter the workplace they often experience a turbulent transition (Moss et al., 2014). Interpersonal relationships play a vital role in counselors' development during this period of change (Skovholt & Trotter-Mathison, 2011). This qualitative study explored beginning counselors' perspectives regarding the role of interpersonal relationships in their development. Analysis of interviews with 12 beginning counselors (within two years post-graduation) resulted in five themes: Context of Personal-Professional Identity; Adjustment/Transition; Growth Orientation; Network Organization; and Connective Tissue. Implications suggest educators promote effective developmental relationships and encourage established counseling professionals to foster workplace environments that help beginning counselors navigate the transition.

Keywords

Counselor, Development, Networks, Qualitative

According to the United States Department of Labor (DOL, 2019), the counseling profession is set for significant growth. The DOL projects that employment of substance abuse, behavioral disorder, and mental health counselors will increase by 23% from 2016 to 2026, compared to a projected 7% average growth rate for occupations in the US overall. Growth of such magnitude lends importance to understanding counselor training and development.

Counselor development depends heavily upon professional relationships (Gibson et al., 2010). These relationships are particularly impactful during the transition from graduate school to practice, as counselors adapt to new responsibilities and sudden absence of graduate school structure (Gibson et al., 2010; Moss et al., 2014; Rønnestad & Skovholt, 2003). As beginning counselors encounter new and difficult tasks, they often hold idealized expectations for their performance (Moss et al., 2014). Many become frustrated with themselves and their training programs for perceived deficits in preparation (Skovholt & Trotter-Mathison, 2011).

Beginning counselors often seek “workplace mentors” to provide stability as they adjust to increased independence (Rønnestad & Skovholt, 2003, p. 18). Supportive, mentor-type relationships may be formal, such as supervisors, or informal, such as coworkers or personal friendships (Richards et al., 2010; Thompson et al., 2014). Beyond development of professional competencies, supportive relationships play a crucial role in personal and career-related wellness (Richards et al., 2010; Thompson et al., 2014). Professional and personal relationships are important factors in maintaining career satisfaction and preventing burnout (Richards et al., 2010). Further, burnout risk is highest during earlier career stages (Thompson et al., 2014), underscoring the significance of these relationships for beginning counselors. The aim of the present study was to explore the nature of these important relational connections from the

perspectives of beginning counselors. Higgins and Kram's (2001) developmental network theory provided a conceptual basis for our study of beginning counselors' supportive relationships.

Developmental Networks

In the past 30 years, mentorship research shifted from singular mentor-protégé to multiple-mentor models, as researchers recognized novice professionals need developmental support that is multifaceted in its nature and sources (Dobrow et al., 2012; Higgins et al., 2007). Amidst this transition, developmental networks became the dominant theory in multiple-mentor research (Dobrow et al., 2012; Molloy, 2005). Higgins and Kram (2001) formed the developmental network framework using constructs from social network theory, including *diversity* and *strength of ties*. *Diversity* describes the “range of sources from which individuals receive developmental help” and *strength of ties* refers to “emotional closeness and frequency of contact” between the individual and each network member (Higgins et al., 2007, p. 349).

Purpose of the Study

Existing counselor development research focuses primarily on counselor trainees during graduate school (Gibson et al., 2010; Patterson & Levitt, 2012; Prosek & Hurt, 2014), leaving a lack of emphasis on counselors beginning formal practice. Further, there is a need for research examining factors that protect beginning counselors' wellness and competence (Merriman, 2015), such as the role and nature of supportive relationships in beginning counselors' development (Gibson et al., 2010). Therefore, the purpose of this study was to explore how beginning counselors engage interpersonal supports and form developmental networks. Two research questions guided the study, each with two sub-questions.

1. How do beginning counselors experience developmental networks?

(a) *How do beginning counselors engage in developmental network relationships?*

(b) How do beginning counselors describe the makeup of their interpersonal supports?

2. How do beginning counselors perceive the role of interpersonal support in their growth?

(a) What developmental needs do they meet/attempt to meet through interpersonal connection?

(b) How might professional-social environmental factors shape their growth?

Method

Data collection and analysis followed an inductive qualitative content analysis process. Inductive content analysis involves engaging with participants and data in an exploratory way, using open-ended prompts, and deriving codes and themes from the data (Hsieh & Shannon, 2005). We used a lens of social constructivism, which assumes reality is subjectively constructed and emphasizes the need for participant expressions to drive research findings (Creswell, 2013). The constructivist lens and inductive procedures worked together to enable us to examine the nature and processes of beginning counselors' developmental networks *as they perceive them*.

Data collection consisted of semi-structured interviews, which averaged approximately 60 minutes and ranged from 37 to 85 minutes. A pre-established protocol guided the interview while allowing flexibility to focus on salient participant experiences. Developmental network constructs, such as the multiple mentor model and roles of network members (Higgins et al., 2007), informed interview questions. Questions initially sparked broad discussion on professional development and relationships, then focused more directly on network constructs and transitional experiences. Appendix A provides core questions from the interview protocol. We submitted all components of the research plan and instrumentation to the appropriate university Internal Review Board (IRB) for approval before contacting participants or collecting data. All research practices followed ACA (2014) ethical standards regarding confidentiality, informed consent, and guidelines for research practice.

Participants

Participant selection involved criterion sampling (Creswell, 2013). We established selection criteria and contacted representatives at graduate counseling programs, mental health agencies, and professional associations. Selection criteria specified that participants must: (a) be within two years after graduation from a clinically-focused CACREP-accredited master’s degree program and (b) have practiced continually (minimum average of 10 hours per week, no breaks exceeding four consecutive months). The principal researcher interviewed 12 beginning counselors, six in person and six via video conference. All participants obtained master’s degrees in clinical mental health counseling, with one holding a dual degree in clinical mental health and school counseling. Participants represented seven graduate programs, three geographic regions of the United States (Southeast, Northeast, and Northwest), and multiple community settings (e.g., rural, urban, suburban). Three participants identified their gender as male and nine as female. Table 1 further specifies participant demographics.

Table 1

Participant Demographics

Pseudonym	Sex	Age	Region (US)	Community Setting	Type of Work
Alex	Male	40-44	Southeast	Suburban	Private/Pastoral
Beth	Female	30-34	Southeast	Mid-sized City	Inpatient Hosp.
Carla	Female	25-29	Southeast	Rural	Community Mental Health (CMH)
Dana	Female	45-49	Southeast	Rural	Private & Inpatient
Ellen	Female	25-29	Southeast	Rural	CMH
Francis	Female	20-24	Southeast	Urban	CMH
Greg	Male	30-34	Southeast	Suburban	Private/Pastoral
Hank	Male	30-34	Northeast	Rural	CMH
Irene	Female	25-29	Northeast	Urban	Addictions
Julie	Female	45-49	Northeast	Travels/Varies	Addictions
Kacy	Female	25-29	Northwest	Rural	CMH
Lily	Female	25-29	Southeast	Rural	CMH

Data Analysis

Data analysis integrated Creswell's (2013) five steps for qualitative analysis and Hsieh and Shannon's (2005) strategies for inductive content analysis. The first step involved organizing data into single interview transcripts. Second, the principal researcher read the entire data set multiple times, adding highlights and margin notes (Creswell, 2013). The principal researcher led steps three and four (coding and interpreting) with support from the second author and an outside peer debriefer (Hsieh & Shannon, 2005). Third, the principal researcher coded each sentence in initial and revisionary rounds (Creswell, 2013). Following Hsieh and Shannon (2005), the principal researcher developed initial codes from a subset of the data (three interviews), modified initial codes through remaining interviews, then repeated coding through the entire data set. Next, Hsieh and Shannon's (2005) interpretation strategies guided the following steps: a) defined codes and themes; b) provided specific examples of codes and themes in the Findings; and c) examined findings in light of relevant theories in the Discussion. All participants were assigned pseudonyms to maintain confidentiality.

Statement on Reflexivity and Trustworthiness

Throughout the research process, we considered and attended to the potential effects of our positionality on data collection and analysis. At the time we conducted the study, the principal researcher was a doctoral candidate in counselor education and the second and third researchers were counselor education faculty. As such, our vested interest in counselor development and our own developmental experiences in the counseling profession shaped the lens with which we approached the study. In particular, the principal researcher's interest in developmental networks of beginning counselors stemmed from the challenges he experienced transitioning from academic training to the counseling workforce. His experiences as a developing counselor had

the potential to create or hide assumptions about the experience of others during the course of this study. For example, ignoring this positionality may have led him to assume participants felt certain levels of isolation and anxiety as they transitioned to practice.

To address these biases, we implemented several bracketing procedures—steps designed to suspend our preconceived notions and focus merely on participants' experiences in the data (Creswell, 2013; Hsieh & Shannon, 2005; Vaismoradi et al., 2013). First, the principal researcher engaged in weekly reflection and documentation by keeping a reflexive journal from the onset of participant recruitment until the completion of the initial report of findings. Further, before collecting data, the principal researcher engaged in a role reversal interview, taking the role of interviewee as the second researcher presented questions from the interview guide. This allowed us to evaluate the interview guide and increase awareness of the principal researcher's biases. The first, second, and third researchers consulted regularly throughout the process, continually reflecting on potential assumptions and reviewing execution of research protocols.

We employed additional procedures to promote trustworthiness in the study (Creswell, 2013; Hsieh & Shannon, 2005). Three peer debriefers reviewed our data analysis process and conclusions. We maintained an audit trail including interview recordings and transcripts, detailed documentation of the data analysis process (i.e., coding tree and definitions of codes and themes), and the reflexive journal. We engaged in member checking by sending participants a summary of the final analysis for their review and clarification. Three participants responded and indicated the findings accurately described their experiences; no participants suggested changes. Finally, we provided rich descriptions of data in our report of findings.

Findings

Results represent participants' descriptions of relational experiences that shaped their development. Participants discussed influential relationships that were multifaceted in setting, nature, and purpose. Participants described preferences and strategies that were important to initiating and forming supportive networks. They discussed both conscious and, in retrospect, unconscious factors influencing their relational navigation—their decisions in drawing closer, pulling back, or altering the goals of their interactions. In all, data analysis yielded construction of five themes: Context of Personal-Professional Identity; Adjustment/Transition; Growth Orientation; Network Organization; and Connective Tissue.

Theme 1: Context of Personal-Professional Identity

The first theme describes contextual factors that shaped participants' professional development and supportive relationships, including events and stages-of-life, geo-cultural context, participant personality, and work setting. Participants discussed the impact of both negative and positive life events. For example, Alex reported the death of his father after graduation delayed his entry into clinical practice and shaped his sense of professional identity. Greg and Hank discussed how having children caused them to reevaluate their values and the prioritization of clinical practice. Others noted ways geographic location or cultural surroundings influenced their professional interactions. Due to limited resources in her rural setting, Kacie depended on long-distance relationships to connect regarding social justice issues.

Several participants also noted how their own personality traits provided context for their professional relationships. For example, Dana reflected, "I'm a really laid back outgoing person, I feel like I form relationships really easy;" then, "[however], the depth of those relationships is completely different...I'll get to know you and I'm friendly and everything, but then when it

starts going deep, I kind of draw that line.” Lily explained how her tendency to be quiet or reserved around others shapes how she forms interpersonal connections: “I don’t do so well with seeking out relationships. Usually they have to be structured into something.”

The structure of the workplace environment served as another contextual factor. Several participants reported benefiting from a positive atmosphere in the workplace. Kacie relayed, “that kind of supportive, comfortable environment has really fostered that ability for me to go and make...connections with [coworkers].” Participants also discussed the impact of tension and conflict in the workplace. Francis described an uneasy relationship between two treatment teams in her former job: “They had a Christmas party and they didn’t invite us ...that was rough and felt like that community was...not a community.” Finally, participants discussed the impact of high demand, fast-paced work environments. Carla expressed surprise at the constant activity of clinical settings: “It’s just like a little hive, just going, going, going.” Two participants discussed ways these challenges fostered growth: Irene described learning to “think on my toes” and Ellen said the fast pace “pushes you into developing a lot more quickly.” We further explore these experiences of challenge, learning, and adjustment within the next theme.

Theme 2: Adjustment/Transition

The second theme involves participant adjustments as they transitioned to practice. Participants described changing relationships, the lasting impact of graduate school, specific transitional challenges, and resources that helped them overcome challenges. Participants discussed several ways relationships evolved during their transition to practice. Irene, Julie, and Beth described a decreasing reliance on professional supports as their self-efficacy grew, with Beth stating, “I’m more stable now. It took a year to get to that confidence point, but now it’s just more like a benefit for growth rather than a dependency on it.” Conversely, some participants

described an increase in consultation and communication with other professionals. Dana and Ellen both stated that they became more likely to consult with coworkers and peers as they learned to more effectively utilize counselors around them as a resource. Dana maintained that training in her graduate program impacted her capacity for interpersonal connection, noting she learned to be “more vulnerable” with those around her.

Participants discussed several experiences in their academic training that shaped their ability to adapt following graduation. Ellen explained that her training helped her endure challenges that arose, “trusting and having confidence that I was...where I had been told I was developmentally. That was something that I had to remind myself of pretty often.” On the other hand, several participants expressed that perceived limitations in graduate school training constituted a developmental challenge. Four discussed the struggle to apply core academic content to a wide variety of specific clinical challenges. Beth stated, “They’re not a textbook ...these are real people...” These challenges also centered around pragmatic aspects of counseling. Alex and Greg noted a lack of training regarding business-centered aspects of the profession, and three other participants felt unprepared for diagnosis and documentation.

Experiences of disconnection also challenged participants as they adjusted to practice. Beth noted, “I didn’t have somebody in the room with me anymore [in working with clients].” Others discussed an absence in social connection. Hank believed his age, family roles, and rural context precluded connecting with professional peers. He explained that while supervision provides a “degree” of this social connection, “it’s not the same as having...someone I can go get a beer with and talk about therapy.” Multiple participants noted that disconnection worsened self-doubt, recounting moments wherein they questioned their competence and fit for the field.

Participants mitigated these challenges by accessing social resources. Four expressed that sharing self-doubt experiences with others was important in their coping and growth. Carla valued openness and encouragement in her ongoing relationship with staff from her internship site, stating, “having that particular group to kind of build you up, but also let you know that that thought itself isn’t crazy...that everybody has those doubts. That’s been really important.”

Relationships from graduate school were significant for participants. All 12 discussed continued meaningful relationships wherein they, at minimum, “checked in” with contacts from their graduate program. Two stated their cohorts remained in close contact via social media and regular gatherings. Ellen described leaning on former classmates for “community.” Others maintained relationships with faculty. Four received supervision from a former professor and three more consulted with professors regarding clinical and professional issues.

Participants also discussed the impact of relationships built during field experiences. Eight of the 12 were hired at their practicum or internship sites after graduating. Dana described the importance of maintaining these relationships for future job prospects: “You want to have those connections so that...when [a position] comes up that they hear about, they think of you.” Participants explained that practicum and internship staff provided more than employment opportunities. Though not employed by her internship site, Carla said she still considers the staff her “professional family” and often seeks their guidance. In the next theme, we move beyond mitigation of challenges to discuss how developmental resources fostered participant growth.

Theme 3: Growth Orientation

The third theme focused on experiences that supported professional growth, intentional interpersonal strategies participants used to facilitate growth, and processes of increasing self-efficacy. Participants identified exposure to diversity and continuing education as key growth

experiences. Several participants placed value on including diverse backgrounds and perspectives in their network. For example, Greg reported he intentionally “cultivates” relationships with others who help him “pay attention to the world” in new ways. Participants attained relationship diversity by a multitude of means. Several expressed working alongside professionals in different roles (e.g., case managers, nurses, and physicians) helped them reach greater understanding of the healthcare fields. Others said working with clients from diverse backgrounds facilitated their professional growth. For instance, Dana and Julie explained how client interactions helped them develop self-awareness as they examined countertransference experiences and implicit biases.

Beyond diverse relationships, participants emphasized the role of ongoing educational experiences in solidifying and expanding their competence. Alex, Greg, Hank, and Julie discussed attending trainings, seminars, and online courses to increase their clinical knowledge. Ellen and Lily often consulted with coworkers about specific client issues and relevant resources. Francis and Beth described clinical supervision as an important information source, with Beth stating her supervisor fills a “research role”—helping her stay current regarding research in the counseling field. Dana explained that continuing education is an essential practice because graduate programs provide only a “foundation” from which counselors must build.

Participants also described intentional strategies they implemented to grow through social connections. Two described expanding their network by asking existing contacts to connect them to others who might help with a particular issue, creating a snowball effect. Julie described a “trickle down” system to access support. She first consulted coworkers. Then, if she did not receive a sufficient answer, she turned to more trusted relationships, eventually leading to her clinical supervisor. Three stated they regularly “checked in” with other professionals with the primary purpose of strengthening rapport. Ellen explained that, though introverted by nature, she

intentionally reached out to her coworkers and laid foundations for supportive relationships she knew would be important later. She challenged herself:

Sometimes, go ask a question. You haven't been down that side of the hallway all week, [if] you don't really have a question, think of a question...because...when you *do* have a question, you're going to feel comfortable going down there. So that's something I'm still consistently trying to push myself into on a weekly basis.

Participants also described intentional strategies for fostering their self-efficacy, which they identified as an important component of growth. Dana, Irene, and Carla emphasized self-acceptance, working to trust in their competence and let go of rigid expectations. Carla reflected, "even if I don't feel totally competent, [I] just kind of trust in the fact that...I'm semi-competent to have gotten this far." Four participants described a developmental process wherein they gradually advanced from concrete tasks to more abstract skills. Ellen explained that after getting comfortable with elemental aspects of practice, she began initiating "conversations about those bigger picture things." Six reported that reflecting on specific events in their practice enabled them to draw lessons for their continued development. For example, after observing a coworker's negative behaviors with a client, Beth reflected on how she could meet her own self-care needs to avoid engaging in similar actions.

Participants further described how others impacted self-efficacy: through processes of empowerment and validation. Several expressed feeling empowered or "pushed" by supporters. Dana, Irene, Julie, and Carla described a process of balanced support, in which supporters offered guidance without being too directive. Dana stated, "[My supervisor] doesn't feed me information. He challenges me to find the solution for myself." Four participants expressed that receiving trust and confidence from authority figures and colleagues increased their confidence. Hank stated that

his supervisor showed trust by granting him freedom to try new approaches in his work, which was “helpful in me learning to trust myself.” Francis, Beth, and Hank explained that having the opportunity to take leadership roles with interns also helped them to feel more competent and established in their roles.

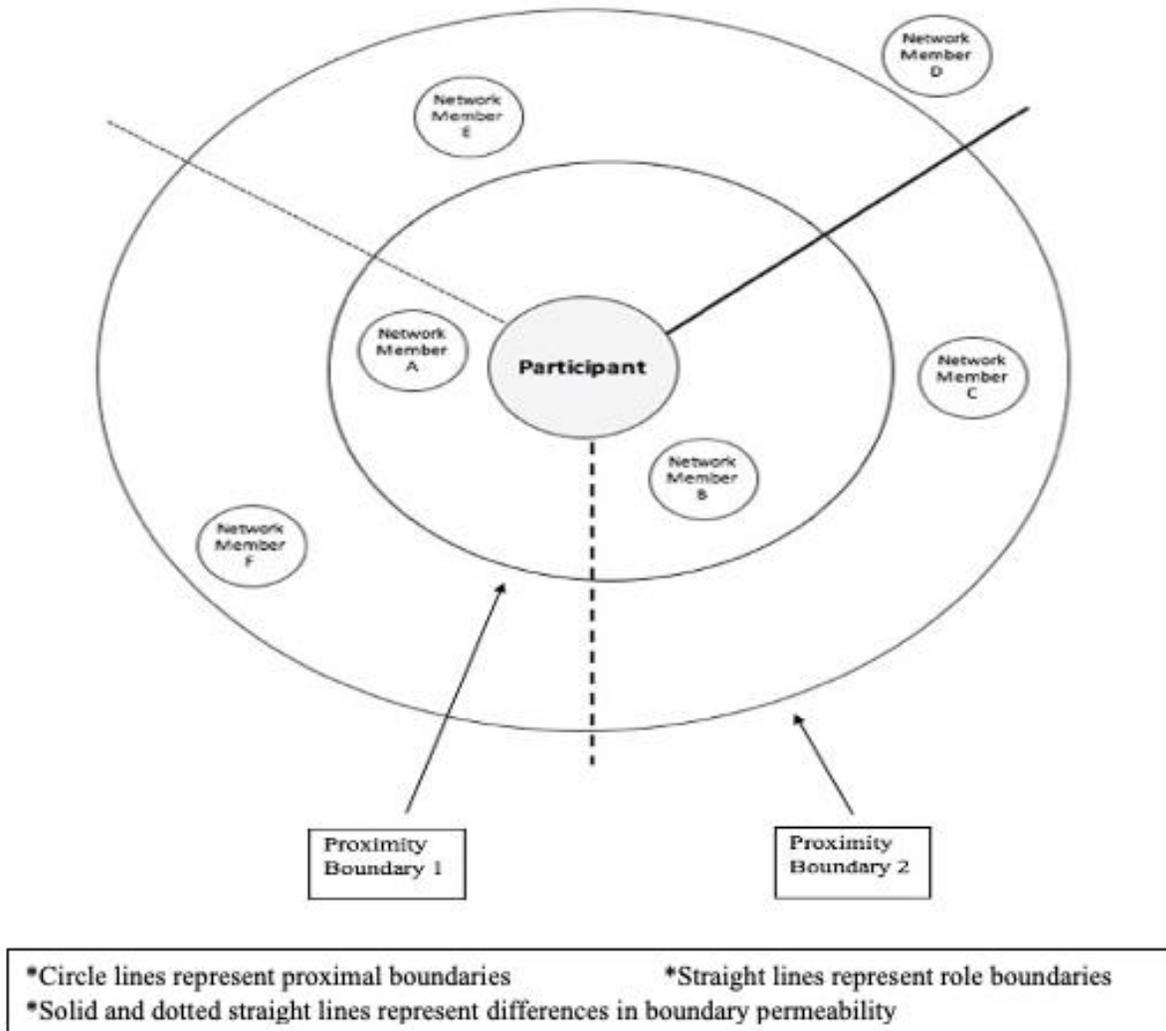
External validation also played a role in participants’ self-efficacy development, as eight described it as an important part of their developmental support. Examples of external validation included positive clinical results, normalization of challenges, and praise from professional authorities. Irene, for example, reported that positive feedback and encouragement from professional and personal relationships strengthened her commitment to the profession, helping her “realize...that [counseling] is where I’m supposed to be.” In the following theme, we describe the interpersonal structures where the above growth processes take place.

Theme 4: Network Organization

The fourth theme focused on the organizational structure of participants’ supportive networks, including types of network boundaries, processes for making boundary decisions, and the impact of power differential on network structure. We developed a network boundaries model to demonstrate participants’ network structure (Figure 1). As demonstrated in the model, network boundaries are imaginary lines determining the nature and scope of developmental relationships. Participants distinguished between network relationships in three ways, including distance in relationships (*proximal boundaries*), types of member roles (*role boundaries*), and the degree of spillover tolerated between roles (*role boundary permeability*).

Figure 1

Network Organization Visual Model



All 12 participants described *proximity* as a factor in network relationships. For example, Dana described her spouse as closest and most impactful, followed by her clinical supervisor, then more tangential relationships. Participants measured proximity subjectively, in part, based on the information they were willing to share with each network member. Three stated they held back personal elements of their clinical work (e.g., countertransference or insecurities) from coworkers and shared these issues with their clinical supervisors. Another proximity measure involved

personal connection within professional relationships. For example, Carla considered individuals from her former internship site to be close friends with whom she could share several different “aspects” of herself.

All 12 participants described *role boundaries* categorizing the support they received (i.e., *role* of supporters). Several discussed ways they conceptualized specific relationships. Alex identified three categories of support, “family, school, and licensure” (i.e., relationships connected to seeking licensure, such as clinical supervision). Greg categorized people he can contact when he faces an urgent need as “in-case- of-emergency-break-glass kind of people.” Role boundaries also determined the size and magnitude of supportive roles. Four participants said their clinical supervisor filled the largest, most prominent role. Hank explained his supervisor went beyond technical skill to “challenge me to...understand what’s going on in myself as I’m providing therapy, where I’m getting caught, where my transference is, where my own insecurities are coming out.”

Several participants discussed the degree of spillover between roles (i.e., *role boundary permeability*). This included either multiple network members filling one role or one member filling multiple roles. Participants varied in their comfort with role spillover. Lily preferred firm role boundaries: “They each sort of fill, like their own niche... I don’t like them to overlap.” Carla described variety in role permeability, viewing professional and personal relationships as “separate parts of my life,” while identifying colleagues from her internship site as close friends. Some experienced boundary crossover as unavoidable. Kacie, who worked in a rural setting, disclosed that her clinical director was also her landlord; Hank noted that, due to a lack of peer counselor relationships, his clinical supervisor also filled a social-professional role.

Participants discussed multiple factors influencing boundary decisions. Several indicated level of “trust” played a significant role. Carla stated she only sought advice from “people who I feel are very well qualified.” Dana used caution in accepting guidance from a particular clinical director, stating, “[I’m] not sure I can completely trust the information I get from her.” Alex, Kacie, and Hank expressed that accumulating personal interactions over time aided in deciding who they allowed to be close to them or fill certain roles. Greg stated professional interests largely guided his boundary decisions, as he sought those who fit his professional “lane.”

Power differential also impacted participants’ relationship structure and decisions. Participants described several figures with elevated power, including supervisors, administrators, and experienced counselors. Irene expressed that power played a salient role in her developmental experience: “I still feel like I’m very new to the counseling world...at the bottom working my way up.” Others discussed positive and negative effects of power dynamics on their development. Participants described a positive experience of relationship *leveling*, occurring through participants growing (i.e., rising toward developer’s level) or developers lowering themselves to establish a sense of equality. Ellen and Julie valued advanced professionals who were willing to “come alongside” them in their development. In an example representing both types of leveling, Beth described her evolving perspective of her clinical supervisor: “I thought he was way up here, and I was way down here. Now, I feel like we're pretty much equals. That's changed drastically...because he's...empowered me and made me feel like a better clinician.”

Participants emphasized the importance of clear communication and forgiveness in building trust with their bosses. Carla and Ellen expressed frustration over supervisors who were uncomfortable giving negative feedback. Ellen stated, “You know, if I'm doing this paperwork wrong, I don't want to be doing it wrong for three months before someone finally tells me.” Four

participants expressed that the ability to be vulnerable and receive forgiveness was important for building trust with authority figures. Carla, for instance, described a scheduling mistake and her appreciation for her boss's understanding response. In the next theme, we more thoroughly describe qualities that helped participants deepen connection in supportive relationships.

Theme 5: Connective Tissue

The fifth theme involves factors that bonded participants to network members. Participants described experiences linking them with supporters, services supporters offered, and qualities of supporters they strived to emulate. Participants valued supporters with whom they felt understood and shared meaningful aspects of their worldview. Five participants used the phrase “gets it” to refer to others who understand their experience. Several participants described certain supporters with whom they feel understood on a deep, holistic level. Dana discussed talking to her husband at the end of a workday: “He's present, and I don't feel like I have to force him to understand. He just takes it as it is, and he gets it.” Ellen explained that her fiancé, who is also a counselor, “understands uniquely the experience of coming home feeling kind of drained.” Others appreciated feeling understood within professional relationships. Hank expressed that his clinical supervisor, who was his professor and advisor in graduate school, “already knows me very well, knew me from school, knew my particular interests.”

In addition to feeling understood, several participants valued relationships with individuals who have similar personality traits, clinical perspectives, and worldview. Alex stated these “kindred spirits” played a valuable role in his development. Dana explained she and her clinical supervisor shared a “mutual vision for what this community needs.” Others described purposefully forming relationships with other counselors who share a “similar philosophy” regarding clinical practice and life.

Participants also described valued services they received from supporters. Several expressed appreciation for supporters they experienced as accessible and approachable. Francis described her workplace as an “open environment,” stating she felt comfortable approaching several coworkers when she encountered challenges. Alex was grateful that his clinical supervisor was accessible “beyond the scheduled hours.” Ellen and Carla described professional relationships in which they do not have regular contact with the individual, but the knowledge that the individual is accessible is helpful.

Further, participants expressed appreciation for individuals who exceeded participant expectations with actions of genuine care and support. Alex recounted ways family members, colleagues, his clinical supervisor, and other individuals went out of their way to help him in his development, concluding, “that’s all heart right there.” Carla described a meaningful experience with her boss. In her interview for the position, Carla mentioned an interest in a particular therapeutic training. Months later, when funding became available, her boss remembered Carla’s interest and arranged for her to receive the training. Carla reflected on her gratitude and recognition of the gesture: “That was just like, something she knew [would be important], not only for this job, but for my future as a therapist.” At least 10 participants expressed that supporters provided them with a sense of protection. Ellen indicated she felt more confident knowing other professionals were monitoring her work and would correct her if she were “doing something that’s not healthy for my clients.” Five described professional relationships that helped them identify and work through “blind spots” in their clinical practice. Kacie drew on an analogy of a trapeze act: “...Those three primary people: my colleague, my supervisor, my clinical director, have been that safety net...it’s not just me alone in the field...I have these people that I can turn to.” Several participants also specified ways they cope through professional relationships, including “venting”

and finding humor in shared experiences with coworkers. Ellen and Francis discussed the impact of sharing experiences and encouragement with former graduate school cohort members and other new therapists. Francis's colleagues reminded her that her work was meaningful—especially when she felt that she was not making a difference with particular clients.

All 12 participants discussed individuals they admired and sought to emulate among their supportive relationships. Some described active role models: Kacie looked to her experienced coworkers as she learned the ins and outs of her particular company and Alex modeled his work after a counselor working in a similar church-based setting (whom he contacted regularly). Other participants discussed more passive influencers: Greg followed professionals through their publications or trainings, stating, “These...authorial voices that I don't have any connection with...their work...informs what I do.” Two participants discussed simulating consultations with a supportive person they could not directly access. Irene thought of a peer who died during their Master's program, asking, “What would *you* do in this situation?” When facing clinical dilemmas, Carla considered actions her former internship supervisor might take. These simulated consultations demonstrate the flexible, far-reaching, and ongoing nature of developmental relationships. In the following section, we discuss these findings in light of existing research.

Discussion

The purpose of this study was to examine how beginning counselors engage interpersonal supports and form developmental networks. Beginning counselors in the study described contextual factors and experiences that shaped their professional development, active steps they took to engage interpersonal resources, and qualities they valued in supportive relationships. Participants revealed the impact of their context on the makeup of their networks and identity, including differences in place of residence, work environment, and other factors. Some indicated

experiences of isolation in rural or independent practice settings led them to lean more heavily on pre-established personal relationships. In unstructured settings, participants struggled to develop a sufficient network and tended to lean on relationships from graduate school, both of which are consistent with research on the developmental networks of professionals in career transition (Terjesen & Sullivan, 2011).

Other participants described their work environments as interconnected and collaborative by necessity, leading to a more workplace-centric network. The nature of these settings affected the diversity in participants' networks. Rønnestad and Skovholt (2003) supported the context-driven nature of supportive relationships, noting counselors often seek out “workplace mentors” in their transition to practice (p. 18). Findings from the present study expand on this knowledge, demonstrating that counselors must form developmental relationships differently depending on their life and geo-cultural context.

Participants also indicated their developmental networks adapted over time in response to changing needs and settings. Network adaptation involved both patterns of interaction (e.g., frequency of contacting a supporter) and meaning assigned to particular relationships (e.g., sense of dependence on a supporter). Participants suggested relational engagement is a fluid process rather than a static formation. Kram and Higgins (2009) affirmed this notion, as they suggested that continually reassessing and adapting developmental networks throughout the career path is important in professional development. In the present study, one significant example of participants' continuous adaptation involved the ongoing role of relationships begun in graduate school. All 12 discussed relationships with professors and/or classmates that carried over into practice—participants adapted to continue drawing from this important pool of support.

Counselors in the study also described experiences of self-doubt tied to interpersonal context. Participants' self-doubt related to feeling inadequate in the presence of clients and advanced clinicians, struggling to adapt to new settings and responsibilities, and experiencing a sense of isolation. Rønnestad and Skovholt (2003) described these experiences as "disillusionment," which they asserted often act as a catalyst leading novice counselors to a deeper level of professional "exploration" (p. 17). Participants described reaping developmental benefits from clinical challenges, affirming Rønnestad and Skovholt's concept of exploration. Additionally, participants expressed that high-intensity environments challenged them to adapt quickly. In the presence of accessible supportive relationships, they saw these challenges as opportunities for significant growth. For example, three discussed challenging interactions with clients that stimulated new self-awareness when they processed them in supervision. Participants' use of challenging experiences to prompt growth reflected an element of their growth orientation.

Participants emphasized increasing autonomy as one key developmental marker. They valued decreasing reliance on other professionals and increasing self-efficacy in making decisions. The developmental shift from reliance on external to internal factors aligns with both the Integrative Developmental Model (IDM) of supervision (Stoltenberg, 2008) and Rønnestad and Skovholt's (2003) counselor development model. This shift affected participants' experiences of developmental networks as they developed intentional, self-directed strategies for accessing and fostering supports. Research suggests intentionality and awareness are key in constructing effective developmental networks (Kram & Higgins, 2009; Terjesen & Sullivan, 2011). Findings in the present study supported this notion and demonstrated that the ability to be self-directed in forming networks is, in itself, a marker of development.

Participants described intentionally forming networks through both structural organization and decision-making processes. Participants described boundaries that determined interpersonal distance and categorized support. These boundary types related to Higgins and Kram's (2001) two developmental network dimensions: *strength of ties* and *network diversity*. Relating to Higgins and Kram's *strength of ties*, participants described variance in the closeness of relationships within their networks. We distinguished this distance with the construct of *proximal boundaries* in the Network Organization Model. Consistent with Higgins and Kram (2001), all participants expressed that their closest developmental relationships provided both career and psychosocial support, demonstrating increased *role boundary permeability* in close relationships. Some diverged from another of Higgins and Kram's positions, that higher frequency of contact indicates a stronger relationship. Counselors in the present study described strong, reciprocal relationships in which they received emotional support without necessarily engaging in frequent contact (e.g., due to geographical distance or work schedules). Thus, participant expressions supported the importance of emotional affect and reciprocity as indicators of network relationship strength, but did not yield consistent support for frequency of contact as a significant indicator.

Developmental network research widely supports the notion that Higgins and Kram's (2001) other dimension, *network diversity*, fosters development (Molloy, 2005). In the present study, we estimated six participants had developers from four or more domains (higher diversity), two had developers from three domains (intermediate diversity), and four had developers representing two or fewer domains (lower diversity). Consistent with Higgins and Kram, participants with higher diversity perceived adequate support, while multiple participants with lower diversity felt they lacked important resources and preferred a wider network. Further,

several participants specified that diverse networks (e.g., diverse worldviews, variations in life domain) promoted development.

Breadth of support was one advantage of network diversity. Several participants expressed that they accessed different types of support depending on the setting and role of supporters. For example, Alex identified the categories of “family, school, and licensure.” This is consistent with Murphy and Kram’s (2010) research in business settings, in which participants attained distinct benefits from relationships within versus outside of work. Beginning counselors in the present study added that accessing supports both in and outside of work helped them develop professionally while remaining grounded in their personal identity.

While participants held diverse styles and preferences in forming networks, they united in valuing mutual trust as a crucial factor in boundary decisions—particularly in relationships with inherent power disparity. Participants expressed that mutual trust was fostered when authority figures allowed autonomy, demonstrated competence and integrity, and provided clarity and understanding. Clinical supervision was one significant example of a developmental relationship with inherent power disparity. The Association for Counselor Education and Supervision (2011), in their *Best Practices in Clinical Supervision*, instructed supervisors to give supervisees a voice in the relationship—empowering them to develop autonomy and shape the focus and direction of supervisory work. Participant expressions echoed the need for this experience in supervision and other developmental relationships. Participants emphasized their value for “leveling” experiences, wherein they felt encouraged and empowered.

Research from Theriault et al. (2009) indicated the evaluative role of clinical supervision can create distance between supervisors and supervisees. Some participants in the present study affirmed these concerns, as Lily described feelings of anger and hurt when a supervisor expressed

concern for her performance and several participants expressed an aversion to being “micromanaged.” However, 10 of 12 participants expressed that being overseen by supportive professionals, particularly supervisors, aided their growth by offering a valued sense of protection from liability or harm. Providing empowerment and safety may be important routes supervisors and other developers can take to foster connection with beginning counselors.

In addition to empowerment and protection, participants described other relational qualities that drew them to supporters and promoted growth experiences. These included feeling understood by and receiving expressions of genuine care from supporters. Participants emphasized that these qualities were key in building rapport with supporters and establishing effective interpersonal environments for growth. Participant responses supported the need for supervision models that guide supervisors to get to know their supervisees on a holistic level and attend to their psychosocial needs, such as Lenz and Smith’s (2010) Wellness Model of Supervision. Emphasis on these relational qualities also aligns with findings from Rønnestad and Skovholt (2003), as their participants considered professional and personal relationships more impactful for growth than concrete information (e.g., research, theoretical information).

The present study examined Higgins and Kram’s (2001) developmental network construct and related research in a previously uncharted professional setting—the counseling field. As demonstrated above, findings supported many aspects of existing developmental network literature, rendered inconsistent findings regarding some constructs (e.g., frequency of contact determining strength of ties), and added new depth in the context of a specific field of work. Further, this study explored beginning counselors’ developmental processes in the context of, and beyond, existing literature—notably Rønnestad and Skovholt’s (2003) model of counselor development. The present study supports many constructs in existing counselor development

literature, while adding several new descriptions. These include contextual factors that shape new counselors' development and identity, nuanced descriptions of counselors' growth processes, and structural and procedural descriptions of developmental relationships.

Implications

Findings provide implications for counselor educators, supervisors, and both advanced and beginning counselors. Educators have opportunity to support the formation of beginning counselors' developmental relationships by addressing this subject while counselor trainees are still in school. For example, they can initiate open discussions about common transitional challenges, such as isolation and doubt (Rønnestad & Skovholt, 2003). In order to mitigate disillusionment, they might stress ongoing professional development, discuss strategies for engaging effective supervision, and encourage students to examine their interpersonal skills and resources. Educators might integrate discussions of developmental challenges and network relationships using simulated case studies. Internships may be particularly well-suited for these conversations, as students have expanded opportunities to engage potential network members. Other actions educators might take include inviting practicing counselors to speak in classes, require students to attend professional events, and encourage students to maintain faculty and peer relationships post-graduation. Supervisors, administrators, and clinicians can assist beginning counselors' development by intentionally engaging with new clinicians in an informal and ongoing manner. Supporters may help normalize fears by disclosing their own developmental challenges. Supervisors may increase developmental support by going beyond clinical issues and regularly checking in regarding beginning counselors' overall wellbeing.

Advanced counseling students and beginning counselors may benefit from considering how specific relationships impact their development, how relationships may change as they

transition to the workplace, and how they can foster connection with crucial developmental supports along the way. Activities in the classroom, workshops, or clinical supervision may be designed to foster this awareness. Our findings also provide a prompt for reflecting on developmental needs and values they hold within developmental relationships. We encourage beginning counselors to take initiative in developing their own supportive interpersonal networks. This includes regularly contacting workplace professionals, increasing involvement with community organizations, and spending more time with non-professional connections.

Limitations

This study includes several limitations. First, a single coder analyzed the data. We mitigated this limitation by consulting with two peer reviewers. Another limitation involved the lack of participant racial and ethnic diversity. All 12 participants self-identified as White or Caucasian. This may reflect the racial demographics of the counseling field in the southeastern U.S. Eight participants lived in the southeast, highlighting another limitation—lack of geographical diversity. Regardless, this study contributes to the literature as the first to apply the developmental network perspective to this population. Findings provide a detailed description of beginning counselors' growth experiences, developmental challenges, and interpersonal patterns.

Recommendations and Conclusion

Future studies can build on this exploration by collecting data from a more diverse sample, including geographical, racial, and ethnic diversity. Future research can also include perspectives of counselors at different developmental stages (e.g., counseling students and advanced professionals) to understand how developmental relationships change with experience. Another potential direction is to examine beginning counselors' developmental relationships more closely with Higgins and Kram's (2001) developmental network theory. Future studies can explore

interactional patterns and decisions of beginning counselors and assess the effectiveness of particular patterns. This may provide a list of “best practices” for counselors building relational networks, which could inform counselor educators and supervisors as they train new professionals. Finally, future research can access the perspectives of developers (i.e., counselor educators, supervisors, colleagues, etc.) to better understand their role in developmental networks. For instance, Dobrow et al. (2012) suggested conducting research examining how developers’ own development and wellbeing is impacted by serving as a developer.

This study extends existing supervision and counselor development literature by providing a window into the hallmarks of developmental networks for beginning counselors. We hope it may increase understanding regarding the transition between training and initial practice, helping counselor educators, supervisors, counselor trainees, and early career professionals anticipate and prepare for the challenges of post-master’s practice.

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Appendix A

Core Interview Questions/Prompts

1. Tell me about your professional development since graduating from your masters in counseling program.
2. Talk about how interpersonal relationships have impacted (or not impacted) your professional development since transitioning from graduate school to the workforce.
3. Are there individuals who have been particularly impactful on your development?
 - a. How did these relationships come about? Who was most active in forming this relationship? Identify the factors that brought you together.
 - b. Do you consider any of these individuals a “mentor”? Tell me what “mentor” means to you.
4. Some researchers have described supportive relationships (or “mentors”) as a constellation (or “network”) of support.
 - a. Tell me how this resonates regarding your experience(s).
 - b. How would you describe or portray your constellation/network at this point? (A pen and paper may be provided to you if you would like to construct a visual representation).*
 - c. Please talk about the role(s) that you perceive each mentor fills.
 - d. What is the nature of your contact with these individuals?
 - i. Through what medium(s) do you communicate with them (e.g., in person, by phone, text, email, etc.)?
 - ii. Please talk about frequency of contact.
 - iii. Describe the content of your interactions with each person (e.g., topics, issues)
 - iv. Identify content differences and similarities between individuals.
5. Describe some of the needs you experienced as you began practicing as a counselor after graduate school. How have you attempted to meet these needs through your supportive relationships?
 - a. Describe successful and/or unsuccessful experiences.
 - b. Explain qualities/characteristics that are most helpful.
 - c. How have your needs and related interpersonal experiences changed in the time since graduating?
6. Can you identify some major turning points, transitional experiences, or milestones in your professional development since graduating? How were your interpersonal relationships involved in (or not involved in) these experiences?
7. Describe the general social environment of the counseling workplace setting(s) you have worked in since graduation.
 - a. Discuss how these settings impacted your development as a counselor.