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Modeled Wellness: How Perceived Supervisor Wellness Explains Supervisee Personal Wellness

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Modeled Wellness: How Perceived Supervisor Wellness Explains Supervisee Personal Wellness

Abstract

In this quantitative investigation of 105 counselors-in-training, we analyzed how their perceptions of supervisor wellness are related to their own levels of wellness. The supervisee's perception of their site supervisor's level of wellness did explain the personal wellness of the counselor-in-training and the strength of the supervisory relationship acted as a suppressor variable in the expanded regression model. Implications for counselor educators and supervisors include the importance of adopting positive wellness attitudes and behaviors. Counselors-in-training appear to notice, for good and for bad, their supervisors' levels of wellness. Adopting positive wellness attitudes and behaviors allows supervisors to model positive approaches.

Keywords

counselor wellness, clinical supervision, modeling

The concept of wellness is integral to the very definition of counseling, as evidenced by the American Counseling Association (2014): “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, educational and career goals” (p. 3). Myers and Sweeney (2004) defined wellness as the integration and balance of emotional, physical, cognitive, and spiritual aspects of the self for improved functioning. Individuals may have varying levels of wellness across these different aspects of the self and levels may vary at different times across the lifespan. Importantly, wellness extends beyond the absence of illness to include an enthusiasm for living (Myers & Sweeney, 2004). With counseling’s longstanding identity and practice linked to wellness, there has been a groundswell in research on ways to promote wellness in both clients and counselors alike (Foster, 2010; Myers & Sweeney, 2008; Neswald-Potter et al., 2013). Although the focus of the wellness paradigm in counseling started out as a way to help our clients, a second focus has developed as counselor impairment became increasingly problematic in the counseling community (Sheffield, 1998).

To that note, the ACA Code of Ethics (2014) includes directives regarding the health of practitioners: “Counselors [should] monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired” (p. 9). This focus on counselor impairment further emphasizes the need to incorporate the wellness paradigm as a prevention/intervention measure (Hendricks et al., 2009; Lawson, 2007; Lawson et al., 2007; Sheffield, 1996). With this in mind, researchers have focused on the wellness and development of trainees, examining how personal wellness changes during counselor education programs, and if there are certain interventions that can benefit counselor education students (Blount et al., 2016; Leppma & Young, 2016; Myers et al., 2003; Roach & Young, 2007). One such intervention includes taking a wellness focus during clinical supervision

(Blount & Mullen, 2015; Lenz et al., 2018; Lenz & Smith, 2010); however, current research neglects to examine how modeled wellness by the supervisor, as well as the strength of the supervisory relationship, explains supervisee personal wellness. Thus, this study aims to analyze how a supervisor's modeled wellness explains changes in their supervisee's personal wellness.

Supervision

Clinical supervision has been labeled the “signature pedagogy for the mental health professions” (Bernard & Goodyear, 2014, p. 2). Further, clinical supervision has been positioned as an area for improvement within counselor training that could provide the “biggest dividend” toward counselor development (Borders et al., 2014, p. 29). The ACA Code of Ethics (2014) identifies the focus of counselor supervision as twofold: to ensure client welfare and promote the supervisee's development. Different from mentoring relationships that are focused on the mentor's expert knowledge, counseling supervisees learn from their supervisors in various ways that are subtle, yet impactful (Bernard & Goodyear, 2014). One such avenue for learning is supervisor modeling.

The value of supervisor modeling is anchored in Social Learning Theory, in which Bandura (1977) proposed that people learn from, and are influenced by, others within a social context through observation and imitation of behavior. Social Learning Theory has its roots in behavioral conditioning and asserts that people develop expectations and learn behaviors at the cognitive level through modeling and reinforcement (Brauer & Tittle, 2012). In other words, people develop behaviors by observing others and then imitating what they observe, with the expectation that similar outcomes will occur (Blackburn, 1993). Within the supervision context, the supervisor may model communication skills, professional behaviors, self-reflection, or other aspects of counseling

practice. Given social learning is at work in supervision, it is vital to further understand how counselor wellness can be enhanced through supervisor modeling.

Wellness and Supervision

Cummins and colleagues (2007) asserted that effective supervision is critical for improving counselor wellness and preventing impairment. Borders et al. (2014) further highlighted the need to not only discuss the concept of wellness in supervision, but more importantly to model wellness behaviors and attitudes for supervisees. Lawson et al. (2007) reported that the "most healing relationships are those that promote mutual congruence and authenticity" (p. 15). With congruence and authenticity in mind, it is vital that supervisors recognize that their own authentic behavior is important to their supervisees.

Wellness interventions have been shown to effect supervisee wellness (Callendar & Lenz, 2017; Lenz et al., 2018; Lenz et al., 2012; Meany-Walen et al., 2015; Storlie & Smith, 2012). When wellness interventions take place *within* strong supervisory relationships they have been seen to have a significant effect (Storlie & Smith, 2012). Additional researchers have revealed that wellness interventions have had limited effects when a relationship was not present (Ohrt et al., 2015). Many studies have analyzed improvement in wellness and quality of life through wellness-focused supervision or wellness interventions within supervision but did not include an assessment of the strength of the supervisory relationship (Callendar & Lenz, 2017; Lenz et al., 2012; Meany-Walen et al., 2015), or were limited in the generalizability of their findings (Callendar & Lenz, 2017; Lenz et al., 2014; Meany-Walen et al., 2015; Thompson et al., 2011). Finally, when wellness and self-care strategies were proposed as predictors of the strength of the supervisory wellness, results lacked statistical and/or practical significance (e.g., Gnilka et al., 2012; Storlie & Smith, 2012).

Further, qualitative inquiry has reinforced the benefits of directly addressing wellness in supervision (Lenz et al., 2014; Thompson et al., 2011); however, inseparable from this focus on direct interventions and consistent focus on wellness, is the way the supervisor models personal wellness attitudes and behaviors (Lenz et al., 2018). Lenz and colleagues (2018) reported that wellness-focused supervision and intervention is likely more effective when there is “observable buy-in from supervisors who communicate authenticity, enthusiasm, and resilience through developmental experiences” (p. 354).

In short, researchers have described wellness promotion as an important goal of supervision and the supervisory relationship, with a growing body of empirical evidence on how supervisee wellness can be improved through supervision. However, limited attention has been given to the influence of modeled behavior within the supervisory relationship on the wellness of supervisees, despite the importance outlined by research (Lenz et al., 2018; Lenz et al., 2014; Thompson et al., 2011). Therefore, an examination of the transmission of wellness between supervisor and supervisee is timely and necessary. In addition, the mixed findings about the importance of the supervisory relationship warrant attention. Thus, the purpose of this quantitative investigation was to analyze the how a supervisor’s modeled wellness explains changes in their supervisee’s personal wellness, and identify if factoring in the strength of the supervisory relationship changes this explanation. Two research questions were posed:

Research Question 1: How does a supervisee’s perception of their supervisor’s level of wellness explain their own personal wellness?

Research Question 2: How does the inclusion of the strength of the supervisory relationship as a predictor change the model?

The researchers proposed that as the supervisee's perception of their supervisor's wellness increased, so too would their own personal wellness, with the expectation that the supervisory relationship would moderate this effect.

Method

A cross-sectional quantitative study captured supervisees' perceptions of their supervisors' levels of wellness, supervisee's perceptions of their own levels of wellness, and perceptions of the strength of the supervisee relationship. Participants were counselors-in-training enrolled in practicum or internship. Each supervisee participant reflected on their experience and relationship with their site supervisor while completing the survey.

Upon receiving Institutional Review Board approval, the research team identified Counselor Education Programs utilizing purposive sampling; 26 Stakeholders in 21 separate Counselor Education Programs were emailed an invitation for participation. Programs were selected to include programs with and without CACREP accreditation, located within the North Central, Southern, and North Atlantic regions, and various institutional settings, including, research-and teaching-focused institutions. Interested stakeholders were mailed the requested number of survey packets and a preaddressed, pre-stamped return envelope. The stakeholders offered the surveys to qualifying students, and noted number of surveys they distributed for response rate purposes. Surveys included an informed consent for voluntary participation, in accordance with the principles outlined by the ACA Code of Ethics (ACA, 2014). Completed surveys were returned by mail. In total, 13 stakeholders at 11, including ten with accreditation and one without. Institutions were located across seven states, primarily in the Southern region ($n=9$), with one institution in the North Central region and one in the North Atlantic region. Of the eleven institutions five are considered doctoral with very high research activity according to Carnegie

classification, one as doctoral with high research activity, two as doctoral professional, and three as masters colleges and universities. Stakeholders at these institutions offered the survey packets to 158 counselor education students, of which 105 were completed, yielding a response rate of 66%. In the survey, participants were instructed to focus on their relationships strictly with their practicum/internship site supervisors, not university supervisors, for the duration of the study.

Sampling was completed once sufficient power was attained. Howell (2010) noted that a recorded power of approximately .8 implies a strong probability that the study correctly rejected the null hypothesis in favor of the alternate hypothesis. While an *a priori* power analysis is recommended if there are approximations of effect size for the variables being assessed, if there are limited approximations of effect size, a post hoc (or retrospective) analysis can be beneficial (Balkin & Sheperis, 2011; Howell, 2010). As the research team was unable to find any approximations of effect size for the influence of perceived supervisor wellness on supervisee personal wellness, a post hoc power analysis in G*Power 3 was used (Faul et al., 2007) was used. With an alpha level of .05, a sample of 105, and a small effect size (Cohen's $F^2=.1$), a power of 0.802 was recorded, indicating a strong probability that this study correctly rejected the null hypothesis in favor of the alternate hypothesis. This outcome indicates that while the final sample of 105 might seem small, it still provided sufficient power to support the conclusions.

Participants

A total of 105 masters' level counselor education students participated in this study, with ages ranging from 21-59 years ($M=28.69$, $SD=8.29$). Eighty-nine identified as female (84.8%), twelve as male (11.4%), two as non-binary (1.9%), and two elected not to respond (1.9%). The sample primarily consisted of White or Caucasian participants ($n=73$; 69.5%), while nine participants were African American or Black (8.6%), seven were Latino/a (6.7%), five were Native

American (4.8%), two were Asian or Pacific Islander (1.9%), one identified as Multiracial (1.0%), six identified as Other (5.7%), and two individuals elected not to respond (1.9%). A total of 44 participants were enrolled in a practicum (41.9%), 39 were enrolled in the first semester of their internship course (37.1%), 20 were enrolled in the second semester of internship course (19%), and two declined to respond (1.9%). A total of 30 participants described Clinical Mental Health internship/practicum sites (28.6%), 62 described School internship/practicum sites (59.0%), nine described College/University internship/practicum sites (8.6%), two reported they were placed in other settings (1.9%), and two elected not to respond (1.9%).

A total of 61 participants indicated they only received individual supervision from their site supervisor (58.1%), two reported they only received triadic supervision from their site supervisor (1.9%), two reported they only received group supervision from their site supervisor (1.9%), 38 reported that they received multiple forms of supervision (36.2%), and two individuals elected not to respond (1.9%). In this sample, 12 individuals reported that they received 0-20 minutes of supervision from their site supervisor on average per week (11.4%), 20 reported they received 21-40 minutes on average (19%), 31 reported they received 41-60 minutes on average (29.5%), 26 reported they received 61-80 minutes on average (24.8%), 14 reported that they received more than 80 minutes on average (13.3%), and two individuals elected to not respond. When asked if their supervisors addressed wellness directly, 20 participants reported that their site supervisors did not spend any time discussing supervisee wellness during supervision (19%), 36 reported that their supervisors spent 1-10% of the time during supervision sessions discussing supervisee wellness (34.3%), 19 reported that their supervisors spent 11-20% of the time discussing supervisee wellness (18.1%), 16 reported that their supervisors spent 21-30% of the

time focusing on wellness (15.2%), 13 reported supervisors spent more than 30% of the time discussing supervisee wellness (12.4%), and one person elected not to respond.

Instrumentation

Three instruments and a demographic questionnaire were administered to participants: Five Factor Wellness Inventory (Myers & Sweeney, 2005), the Perception of Supervisor Wellness Instrument, and Short Version of the Supervisory Relationship Questionnaire (Cliffe et al., 2014).

Five Factor Wellness Inventory

In this study, supervisee wellness was measured utilizing the Five Factor Wellness Inventory [5F-Wel] (Myers & Sweeney, 2005). The 5F-Wel was developed from the Wellness Evaluation of Lifestyle through factor analysis (Hattie et al., 2004). Based in Adlerian theory – with a focus on holism – the Indivisible Self Model of Wellness was developed by Myers and Sweeney (2004), who categorized individual wellness into five second-order factors, which are comprised of 17 third-order factors. The five second-order factors are Coping Self, Essential Self, Physical Self, Creative Self, and Social Self. The 17 third-order factors are Thinking, Emotions, Control, Work, Positive Humor, Exercise, Nutrition, Spirituality, Gender Identity, Cultural Identity, Self-Care, Friendship, Love, Leisure, Stress Management, Self-Worth, and Realistic Beliefs.

The 5F-Wel is comprised of 74 items designed to measure wellness behaviors and beliefs as reflected by the 17 third-order factors of wellness, and provides scores for five second-order scales, and one measure for Total Wellness (Myers & Sweeney, 2005). The 74 items are rated on a Likert scale from one to four by respondents, and completion takes approximately 15 minutes. Mean scores for each subscale are then modified to a 100-point scale using linear transformation to make scores easily comparable, with higher scores indicating higher wellness. Internal

consistency was calculated on surveys with complete data ($n=95$), and reliability within this sample was .92. The 5F-Wel is widely used in counselor education literature, and has well-established reliability and validity as a measure of self-perceived wellness (Roscoe, 2009).

Perception of Supervisor Wellness Instrument

As there is no current measure for the perception of supervisor wellness, an instrument was developed by the authors using the wording from published definitions for the 17 third-order factors of wellness from the 5F-Wel (Myers & Sweeney, 2005). Each of the 17 third-order factors definitions were converted to statements regarding the supervisee's perception of their site supervisor. For example, Self-Worth is defined as "Accepting who and what one is, positive qualities along with imperfections; acceptance of one's physical appearance; affirming the value of one's existence; valuing oneself as a unique individual," (Myers & Sweeney, 2005, p.10). The corresponding item on the Perception of Supervisor Wellness reads, "I perceive my site supervisor as accepting who and what [he/she] is, positive qualities along with imperfections; acceptance of [his/her] physical appearance; affirming the value of [his/her] existence; valuing [himself/herself] as a unique individual?"

Some definitions were split into multiple items on the instrument due to the length of the definition and to make them more readable for the participants. Additionally, portions of definitions that referred to illegal behavior (e.g., substance abuse) or information outside of ethical supervision boundaries (e.g., discussion of sexual behavior) were removed in an effort to increase response rates and prevent dropout. Finally, some definitions were reworded to allow for reverse scored items so participant responses could be monitored for survey fatigue.

The instructions and scoring procedures directly mirrored the 5F-Wel to provide consistency in measurement. Included in the instructions was an acknowledgement that wellness

is complex in nature, and these multifaceted items are scaling supervisee perception; therefore, supervisees only need to indicate their overall perception to the best of their ability.

The Perceptions of Supervisor Wellness instrument consists of 30 items on a Likert scale from one to four to mirror that of the Five Factor Wellness Inventory. Similarly, items mirror scoring procedures of the Five Factor Wellness Inventory, in that mean scores for the five second-order scales are computed and transformed to a 100-point scale with higher scores indicating a higher perception of wellness.

Although the Perception of Supervisor Wellness is a new instrument, steps have been taken to maximize reliability and validity. The language and format of the 5F-Wel were utilized to maximize the likelihood that participants would understand the construct of personal wellness and perceived supervisor wellness consistently. The development of the instrument utilizing verbatim wellness factor definitions provides evidence of content validity, given the well-established validity of the 5F-Wel (Myers & Sweeney, 2005). In addition, the instrument was reviewed by a psychometrician and a panel of wellness research experts, which provided additional evidence of content validity prior to use. Subsequently, the instrument was pilot tested by three ($n=3$) counselor education doctoral students. Their feedback was integrated into the final instrument to improve readability and ease of use, thus enhancing validity of the response process. Finally, the scale demonstrated strong internal consistency reliability within this sample, with a Cronbach's alpha of .92 ($n=98$) for the total score. Further, and important to note is that this instrument is not designed to measure supervisor wellness, rather it is a tool to gauge a supervisee's perspective of their supervisor's wellness. There are a variety of factors that could influence this score, including time, context, and nature of supervision as well as individual supervisor traits (i.e., level of disclosure, etc.).

Short Version of the Supervisory Relationship Questionnaire

Cliffe and colleagues (2014) developed the Short Version of the Supervisory Relationship Questionnaire (S-SRQ) in an effort to reduce the size of the original Supervisory Relationship Questionnaire (SRQ) while still maintaining strong psychometric properties. The S-SRQ identifies three components to the supervisory relationship: the Safe Base, Reflective Education, and Structure (Cliffe et al., 2014). For the purposes of this study, only total scores were examined to get a broad understanding of the influence of modeled wellness by the supervisor. The S-SRQ total score shows strong internal consistency ($\alpha=.96$) and strong test-retest reliability and evidence of convergent/divergent validity (Cliffe et al., 2014). The scale is comprised of 18 items measured on a Likert scale from one to seven, with one item reverse scored (Cliffe et al., 2014). Scores range from 18 to 126, with higher scores indicating a stronger supervisory relationship. Though the S-SRQ is a relatively new instrument to measure the strength of a supervisory relationship, it shows strong reliability and validity and has been recommended as a shorted instrument for assessing supervisee perspectives (Tangen & Borders, 2016). The S-SRQ demonstrated strong internal consistency reliability again in this sample ($\alpha=.96$, $n=102$ with incomplete data excluded).

Demographic Questionnaire

The demographic questionnaire provided a description of the sample with items about age, gender, race, developmental level of the supervisee, types of supervision provided by the supervisor, and the amount of focus in supervision that was placed on wellness.

Results

The mean score on the 5F-Wel (Myers & Sweeney, 2005) for the sample was 79.36 ($SD=6.85$) ranging from 65.20 to 93.57. While these scores were slightly higher than the norming data provided by the 5F-Wel ($M =71.63$, $SD =15.87$; Myers & Sweeney, 2005), the scores are

consistent with previous studies of counselor education students (Roach & Young, 2007). The mean score for the perception of supervisor wellness instrument were similar ($M = 82.14$, $SD = 9.59$), albeit with a greater standard deviation and range (50 to 100). The mean score for the sample on the S-SRQ (Cliffe et al., 2014) was 101.98 ($SD = 21.85$) with a range 30 to 126. The mean score for strength of the supervisory relationship within the sample was high, as the S-SRQ possible scores range from 18 to 126. This high mean score indicates that the sample largely identified strong relationships with their supervisors, but the high standard deviation reveals variability within the sample. Prior to the commencement of data analysis, the research team confirmed that the data met the necessary assumptions for a stepwise regression. The researchers analyzed skewness and kurtosis of the data, all of which fell within a range where normal distribution of data could be assumed. Further, the research team examined the Variance Inflation Factors and tolerance statistics to rule out concerns of multicollinearity and confirm that linear relationships between variables could be assumed. Surveys with less than 75% complete data were removed from the analysis ($n=4$). For surveys with more than 75% complete data, series means were imputed to provide complete data and not inflate final scores (Sterner, 2011).

Data Analysis

To answer the research questions, a stepwise regression was used (summarized in Table 1). First, the total perception of supervisor wellness score was the predictor variable and supervisee wellness as measured by the total wellness score on the 5F-Wel (Myers & Sweeney, 2005) was the dependent variable. In this model, perceived supervisor wellness explained 4.1% of the variance in supervisee wellness. The model was statistically significant ($F(1,100) = 4.275$, $p = .041$, $\beta = .202$).

After the first step regression was completed, the total score of the S-SRQ (Cliffe et al., 2014) was added to the model as a predictor variable to understand how the strength of the supervisory relationship changed the model. In this new model, 9.0% of the variance in supervisee wellness was explained by perceived supervisor wellness and the supervisory relationship ($R^2 = .090$). This model was also statistically significant ($F(2,99) = 4.878, p = .010$). The addition of the supervisory relationship as a predictor variable provided a significant increase in the predictability of the model (as evidenced by $\Delta R^2 = .049$), and increased the confidence in the accuracy of the result ($p = .041$ to $p = .010$). In the model, both perception of supervisor wellness ($\beta = .459, p = .002$) and the supervisory relationship ($\beta = -.338, p = .023$) were statistically significant predictors.

Table 1
Summary of Stepwise Regression Analysis Results for Variables predicting Supervisee Personal Wellness

Step and Variable	B	t	SE	Sig.	R	R ²	ΔR^2
Step 1				.04	.2	.04	.04
PSW	.15	2.07	.07	.04			
Step 2				.01	.30	.09	.05
PSW	.33	3.12	.11	.00			
S-SRQ	-.11	-2.30	.05	.02			

Note. PSW- Perceived Supervisor Wellness
S-SRQ- Supervisory Relationship
N = 101

Post-Hoc Analysis

One point of interest within these results is the unique interaction of the supervisory relationship as a predictor variable within the regression model. To further understand the relationship, a post-hoc correlational analysis was completed. As seen in Table 2, the strength of the supervisory relationship has a strong correlation with the initial predictor variable, perception of supervisor wellness ($r = .763, p = .00$), despite lacking correlation with the dependent variable, supervisee personal wellness ($r = .009, p = .46$) (Table 2). In other words, the supervisory

relationship does not explain changes in supervisee wellness independently, however when included in a regression equation with the perception of supervisor wellness it has a significant relationship. Due to the correlations between the variables, the supervisory relationship shows signs of a classical suppressor variable within the regression equation (Friedman & Wall, 2005; Smith et al., 1992).

Table 2
Perceived Supervisor Wellness, Supervisee Personal Wellness, and the Supervisory Relationship Correlations

Variable	1	2	3
1. Perceived Supervisor Wellness	-		
2. Supervisee Personal Wellness	.202*	-	
3. Strength of the Supervisory Relationship	.763**	.009	-

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

Suppressor variables increase the predictive validity of other predictor variables when included in an equation (McKinnon et al., 2000), and are uncommon in psychological research (Howell, 2010). Not to be confused with mediating variables, which are often assumed to reduce the strength of a relationship between a predictor and outcome variable (McKinnon et al., 2000), suppressor variables “contribute to the regression equation by removing error and hence by enhancing the ability of the first predictor to explain criterion variance” (Smith et al., 1992, p. 21). In this regression equation, the inclusion of the supervisory relationship enhances the ability of perceived supervisor wellness to predict supervisee wellness.

For a more comprehensive understanding of the suppression effect within this regression equation, a more in-depth correlational analysis was conducted. The sample was divided into three separate sections based on scores on the S-SRQ (Cliffe et al., 2014). Individuals who scored less than 90 (average answers of less than “Slightly Agree” on all items and thereby indicating weaker supervisory relationships), individuals who scored from 90-108 (average answers of “Slightly

Agree” to “Agree” and thereby indicating moderate supervisory relationships), and individuals scored above 108 (average answers of “Agree” or better and thereby indicating strong supervisory relationships) were placed in separate groups.

In the examination of the different correlations within the three groups, it is apparent that perceived supervisor wellness displays a stronger correlation with supervisee wellness when supervisory relationships are either stronger ($r(50)=.367, p=.004$) or weaker ($r(22)=.407, p=.03$) (see Table 3). Whereas for supervisees who perceive their supervisory relationship as moderate (neither strong nor weak), perception of supervisor wellness and supervisee wellness are not correlated ($r(30)=.191, p=.156$) (Table 3). This indicates a supervisee’s perception of their supervisor wellness explains more variance of the supervisee’s personal wellness in both stronger and weaker supervisory relationships, but less so in moderate supervisory relationships.

Table 3

Correlational Analysis between Perceived Supervisor Wellness and Supervisee Wellness when divided according to the Strength of the Supervisory Relationship

Strength of Relationship	r	p	n
Weaker Relationships (S-SRQ < 90)	.407	.03*	22
Moderate Relationships (90 <= S-SRQ <= 108)	.191	.156	30
Stronger Relationships (108 < S-SRQ)	.367	.004**	50

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

Discussion

Perception of Supervisor Wellness

First and foremost, the perception of supervisor wellness predicted 4.1% of the variance in supervisee wellness. This finding indicates that a supervisee’s perception of their supervisor’s level of wellness did explain some of the variance in the personal wellness of the counselor-in-training. Initially, this explanation appears small, however one should take into account the complexity and

holistic nature of wellness (Myers & Sweeney, 2005). Further, it is notable that supervisee perception of their supervisor's wellness had any significant impact on supervisee wellness when the limited amount of time in supervision is taken into account.

Even though the influence of modeled wellness by the supervisor had not previously been measured quantitatively, there are some analogous qualitative reports that support the influence of modeled wellness by the supervisor. As noted previously, participants in both Lenz et al.'s (2014) and Thompson et al.'s (2011) qualitative studies reported the wellness-promoting benefits of supervisor modeling. Thus, the findings from these two studies highlight the benefits of supervisor modeling, and the present study supports this relationship quantitatively. Consistent with the concepts outlined by Bandura (1977), our finding supports the importance of modeling self-care strategies as highlighted by the best practices in clinical supervision (Borders et al., 2014). While this is a significant empirical contribution to the literature on supervisee wellness, perhaps more interesting is how the prediction of supervisee wellness changed when the supervisory relationship was added to the regression model.

In the second step of the regression model, the strength of the supervisory relationship was entered as a second predictor variable. The inclusion of this new variable resulted in both significant changes to the model, as well as more conclusive information about how supervisee perceptions of supervisor wellness are impactful. The inclusion of the supervisory relationship more than doubled the predictive ability of the equation. These changes to the model are important for a variety of reasons. One such reason is the evidence that the supervisory relationship is a suppressor variable in the model. The supervisory relationship adds to the model by enhancing the predictive ability of the supervisee's perception of their supervisor's wellness. Perceived supervisor wellness and supervisee wellness were significantly correlated in groups where

supervisory relationships were strong and weak, but lacked significance in moderate supervisory relationships.

This finding addresses a delimitation in multiple studies discussed in this document (e.g., Lenz et al., 2012; Ohrt et al., 2015; Storlie & Smith, 2012) and corroborates qualitative findings that indicated modeled wellness is beneficial in strong supervisory relationships (e.g., Lenz et al., 2014; Thompson et al., 2011). The strong, positive correlation between perceived supervisor wellness and supervisee wellness in strong supervisory relationships indicates that perceived supervisor wellness is important to these supervisees. Similarly, Storlie and Smith (2012) studied strong supervisory relationships and found that supervisee wellness could be increased through intervention in supervision. Storlie and Smith's (2012) finding, in conjunction with the results outlined in this study, indicates that there is great potential for supervisors to directly, or indirectly, explain supervisee wellness in strong supervisory relationships.

The correlation between perceived supervisor wellness and supervisee wellness in weaker supervisory relationships also addresses a gap in the literature. While studies have shown that supervisee wellness can be improved through strong supervisory relationships (e.g. Storlie & Smith, 2012), and qualitative feedback reports that modeled wellness is beneficial to supervisee wellness (Lenz et al., 2014; Thompson et al., 2011), wellness in weak supervisory relationships has not been examined. When examining weak supervisory relationships in this sample, there was a statistically significant correlation ($r(22)=.407, p=.03$). This finding indicates that even in weak supervisory relationships, supervisees are influenced by their perception of their site supervisor's wellness.

Interestingly, the correlation between perceived supervisor wellness and supervisee wellness lacked statistical significance in moderate supervisory relationships ($r(30)=.191, p=.151$).

These three, separate correlational analyses provide some clarity about how the supervisory relationship is acting as a suppressor variable in the regression equation, as most of the error that it is suppressing lies within these moderate supervisory relationships. In summation, stepwise regression analyses, along with the post hoc correlational analyses, confirm that a supervisee's perception of their supervisor's wellness can predict their own personal wellness- particularly in strong and weak supervisory relationships.

Implications for Supervisors, Counselor Educators, and Supervisees

The implications for supervisors from this investigation are significant. Supervisee wellness is impacted by their perception of their supervisors professional wellness —for good or for bad. A supervisor with a high level of personal wellness does a disservice to their trainee by not being transparent enough to allow the supervisee to learn those same positive approaches. Conversely, supervisors with low levels of wellness may be modeling maladaptive approaches for their supervisees. Supervisors can harness the power of their own personal wellness to maximize supervisee wellness simply through social learning. Work as a counselor can be stressful and learning to be a counselor is no different; managing one's personal wellness is a key learning goal in counselor education. Further, supervisors need to recognize the role that the supervisory relationship plays in this social learning. It is important to note that whether supervisors have a strong or weak relationship with their supervisees, the way their wellness attitudes and behaviors are perceived by supervisees have a positive correlation with supervisee wellness. This means that even if supervisees feel that they lack a connection with their supervisor, they still pick up on both the positive and negative wellness attitudes and behaviors that are modeled.

These findings have important implications for counselor educators as well. Given the wellness level of the site supervisor can explain supervisee wellness, it is crucial to be intentional

in selection and assignment of site placements. If site supervisors have lower levels of wellness, counselor educators may be able to mitigate the harmful effects on supervisee wellness by assigning additional supervision with university supervisors who display positive wellness traits. If, in contrast, faculty and/or doctoral student university supervisors also have low levels of personal wellness, the supervisee may be at greater risk of learning maladaptive wellness behaviors. While it may be unrealistic to measure site supervisor wellness, it is important that supervisors have a direct dialogue with supervisees regarding their perception of wellness practices within their site placements. There are numerous influences and factors that contribute to the wellness of counselor educators (Myers et al., 2016; Wester et al., 2009). While “the impact of the wellness of counselor educators on the wellness of students is not known at this point” (Wester et al., 2009, p. 103), the findings from this study indicate that the outward displays individual wellness of counselor educators has the potential influence student wellness. With this in mind, it is important that supervisors (either site or university) recognize the signs of impairment in their colleagues and intervene/arrange support accordingly.

Finally, there are important implications for supervisees. Clinical supervision is one of the most important aspects of counselor education. As supervisees set goals during practicum, internship, and post-master’s supervision, wellness is a crucial focus area. Setting a goal related to wellness would help ensure time spent in supervision includes an exploration of supervisee development in this area. It may also allow supervisees to inquire about supervisor strategies related to wellness or process their observations of what is being modeled.

Limitations and Future Research

The results should be considered in light of two methodological limitations: sampling, and instrumentation. To gain access to the sample desired, we utilized purposive, convenience

sampling. Although care was taken to reach a variety of programs – and thus provide a sample that was indicative of the larger population of counselor education students – the lack of randomization inherently limits the generalizability of a quantitative analysis. Nonetheless, this study’s sample demographics are comparable to other CACREP-Accredited programs (Council for Accreditation of Counseling and Related Programs, 2017).

Another limitation of this study lies in the instruments. There is little evidence of reliability and validity for the newly developed Perception of Supervisor Wellness instrument. While the internal consistency of the total scale was strong, and the mirroring of the instrument with the 5F-Wel, expert review, and pilot testing lend important evidence of validity, additional development and validation is necessary. Finally, optimal personal wellness is socially desirable for counseling trainees. While care was taken in the research design to protect anonymity and limit the effects of social desirability, it is possible that participants consciously or unconsciously inflated their responses to display a stronger sense of wellness than they actually felt.

Future research is needed to identify specific supervisory interventions that promote supervisee wellness and best practices for supervisor modeling. This study explored only the supervisory relationship with the site supervisor, but counselors-in-training have multiple professional relationships with supervisors, faculty, and peers. The effects of modeled wellness in the system of professional relationships is yet unstudied. In addition, the lack of statistical significance in the predictive effect of supervisor wellness on supervisee wellness in supervisory relationships of moderate strength requires further investigation.

Conclusion

In conclusion, this study shows that supervisors model wellness attitudes and behaviors (both positive and negative) in supervision and can explain portions of their supervisees’ own

personal wellness. Supervisors with high levels of wellness should strive to model that transparently and thereby encourage the transmission of their positive wellness attitudes and behaviors to their supervisees. Supervisors with lower personal wellness behaviors should consider avenues for improvement as supervisees are negatively affected by exposure to such maladaptive approaches.

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