2021

Exploring Supervision, Efficacy Beliefs, and The Supervisory Working Alliance When Counselors-in-Training Work with Lgbtgeqiap+ Clients

Sandra Gene Gavin
Z1853593@students.niu.edu

Follow this and additional works at: https://huskiecommons.lib.niu.edu/allgraduate-thesesdissertations

Part of the Psychiatric and Mental Health Commons

Recommended Citation
https://huskiecommons.lib.niu.edu/allgraduate-thesesdissertations/7058

This Dissertation/Thesis is brought to you for free and open access by the Graduate Research & Artistry at Huskie Commons. It has been accepted for inclusion in Graduate Research Theses & Dissertations by an authorized administrator of Huskie Commons. For more information, please contact jschumacher@niu.edu.
ABSTRACT

EXPLORING SUPERVISION, EFFICACY BELIEFS, AND THE SUPERVISORY WORKING ALLIANCE WHEN COUNSELORS-IN-TRAINING WORK WITH LGBTGEQIAP+ CLIENTS

Sandra Gavin, PhD
Department of Counseling and Higher Education
Northern Illinois University, 2021
Adam W. Carter, Director

The focus of this study was to explore the perception of the supervisory working alliance (SWA) and counseling efficacy beliefs for CITs who work with LGBTGEQIAP+ client(s). There is evidence that supports the importance of a strong SWA that aids in CIT development and the importance of counseling self-efficacy in clinical supervision. However, few researchers have explored the perceptions of the SWA, counseling self-efficacy, other-efficacy beliefs on CITs counseling self-efficacy with no models that explored these concepts when CITs work with LGBTGEQIAP+ clients. This study was conducted to explore these perceptions of the SWA, counseling efficacy beliefs, and how these concepts played a role in CITs’ overall counseling self-efficacy. The following research questions helped frame and understanding of how the perceived working alliance and counseling efficacy beliefs influences CIT’s LGBTGEQIAP+ work: (1) How do CITs and supervisors separately describe their supervisory working alliance?; (2) How do CITs and supervisors separately describe their counseling self-efficacy beliefs about working with LGBTGEQIAP+ clients?; (3) How do CITs and supervisors separately perceive each other’s (other-efficacy) capabilities with counseling competencies to work with LGBTGEQIAP+ clients?; (4) How do CITs describe their perceived SWA influence on their overall counseling self-efficacy to work with LGBTGEQIAP+ clients?; and (5) How do clients describe their counseling experiences working with their CIT?
A cross-case study qualitative research methodology was utilized to explore perceptions across four cases: one supervisor, one CIT, one client per case. Data findings were examined from within cases and then across case themes. Data were obtained by an online Qualtrics eligibility screener, a demographic questionnaire, and personal interviews. The personal interview questions were influenced by the LGB-CSI-SF, and the SWAI-T/S. Findings suggest a linkage between how CITs believe they are perceived by their supervisors and how they see their own counseling self-efficacy to work with LGBTGEQIAP+ clients. Finally, implications, limitations, and recommendations for future research were presented.

Keywords: Counseling self-efficacy, other-efficacy beliefs, LGBTGEQIAP+, SWA
EXPLORING SUPERVISION, EFFICACY BELIEFS, AND THE SUPERVISORY WORKING ALLIANCE WHEN COUNSELORS-IN-TRAINING WORK WITH LGBTGEQIAP+ CLIENTS

BY

SANDRA GAVIN

©2021 Sandra Gene Gavin

A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE DOCTOR OF PHILOSOPHY

DEPARTMENT OF COUNSELING AND HIGHER EDUCATION

Doctoral Director:
Adam W. Carter
ACKNOWLEDGEMENTS

The path toward the completion of this dissertation has been challenging and incredible, to say the least. Numerous supporters and mentors have aided in my growth as a professional, and most importantly, to become a better person and grow as an individual. Foremost, I would like to express my sincere gratitude to my dissertation committee Dr. Adam Carter, Dr. Melissa Fickling, and Dr. Dana Isawi who always believed in me and my abilities. Dr. Carter, thank you for your encouragement, genuineness, and humor throughout this trying process. Dr. Fickling, thank you for guidance, patience, and kindness throughout the program. I saved your voicemail that informed me of the offer of admission to join NIU’s program, this meant the world to me because it was the first step along my PhD journey. Dr. Isawi, thank you for realism, small talks, and mentorship throughout our work together.

I would like to acknowledge many core professors since my master’s and undergraduate degrees who have all individually contributed to my tenacity along this journey. Dr. Davis-Gage, Dr. Meany-Walen, Dr. Schilder, and Dr. Wise, thank you for believing in my success. Being a first-generation college student had its own obstacles and there was no elevator to success; I had to take the stairs and I flourished because of this process. Last but not least, I want to send my deepest love to all my family, friends, and those who are no longer in my life that supported me unconditionally. You all were available to provide encouragement, a listening ear to vent, and gave me strength when I felt weak. You’re everlasting support will be cherished forever.

“Today I close the door to the past.
Open the door to the future,
Take a deep breath, step on through and
start a new chapter in my life” – unknown.
DEDICATION

“The only impossible journey is the one you never begin” – unknown.

To my loving mom, hard-working and humorous dad, and amazing twin sister Amanda, I humbly dedicate this work to you as a sign of my appreciation of all the unconditional love and support that I received along my life’s journey. This isn’t the end, but the beginning to my next adventure in life.

Love, Sandra
# TABLE OF CONTENTS

| LIST OF FIGURES | ix |
| LIST OF APPENDICES | x |

## Chapter 1. INTRODUCTION

| Definition of Terms | 2 |
| Problem Statement | 3 |
| Conceptual Framework | 5 |
| Purpose Statement and Research Questions | 9 |
| Significance | 10 |
| Summary | 10 |

## Chapter 2. LITERATURE REVIEW

| Clinical Supervision | 12 |
| Supervisory Working Alliance (SWA) | 15 |
| Supervisory Working Alliance Inventory (SWAI) | 17 |
| Efficacy Beliefs | 18 |
| Self-Efficacy | 18 |
| Counseling Self-Efficacy | 20 |
| Relational Efficacy Beliefs | 22 |
| LGBTGEQIAP+ Individuals | 25 |
Chapter 4. FINDINGS

Participants Overview

Within Case Analysis

Case #1

Factors that Influenced Working Alliance Satisfactions
Factors that Influenced Perceived Counseling Self-Efficacy
Factors that Influenced Other-Efficacy Beliefs
Perception of Experiences on LGBTGEQIAP+ Work
Case #1 Summary

Case #2

Factors that Influenced Working Alliance Satisfactions
Factors that Influenced Perceived Counseling Self-Efficacy
Factors that Influenced Other-Efficacy Beliefs
Perception of Experiences on LGBTGEQIAP+ Work
Case #2 Summary

Case #3

Factors that Influenced Working Alliance Satisfactions
Factors that Influenced Perceived Counseling Self-Efficacy
Factors that Influenced Other-Efficacy Beliefs
Perception of Experiences on LGBTGEQIAP+ Work
Case #3 Summary

Case #4

Factors that Influenced Working Alliance Satisfactions
Factors that Influenced Perceived Counseling Self-Efficacy
Factors that Influenced Other-Efficacy Beliefs
Perception of Experiences on LGBTGEQIAP+ Work
Case #4
Factors that Influenced Working Alliance Satisfactions ....................... 76
Factors that Influenced Perceived Counseling Self-Efficacy .................. 78
Factors that Influenced Other-Efficacy Beliefs .................................. 79
Perception of Experiences on LGBTGEQIAP+ Work .......................... 80
Case #4 Summary .............................................................................. 81
Cross-Case Analysis ........................................................................... 83
Theme #1: Factors that Influenced Working Alliance Satisfactions ......... 83
   CITs’ Factors ................................................................................. 84
   Supervisors’ Factors ..................................................................... 88
   Summary ....................................................................................... 92
Theme #2: Factors that Influenced Perceived Counseling Self-Efficacy ...... 93
   CITs’ Factors ................................................................................. 93
   Supervisors’ Factors ..................................................................... 97
   Summary ....................................................................................... 102
Theme #3: Factors that Influenced Other-Efficacy Beliefs ...................... 103
   CITs’ Factors ................................................................................. 103
   Supervisors’ Factors ..................................................................... 105
   Summary ....................................................................................... 108
Theme #4: Perception of Experiences on LGBTGEQIAP+ Work .............. 109
   CITs’ Factors ................................................................................. 109
   Supervisors’ Factors ..................................................................... 111
   Summary ....................................................................................... 112
Theme #5: Clients’ Therapeutic Alliance and Other-Efficacy Beliefs ......... 113
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This Study’s Adapted Model for Supervisor-Supervisee Efficacy Beliefs to Work with LGBTGEQIAP+ Clients</td>
<td>25</td>
</tr>
<tr>
<td>2. Analysis Procedure</td>
<td>53</td>
</tr>
<tr>
<td>3. Participants Demographic Overview</td>
<td>56</td>
</tr>
<tr>
<td>4. Within Case Analysis Themes and Subthemes</td>
<td>82</td>
</tr>
</tbody>
</table>
# LIST OF APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. RECRUITMENT EMAIL</td>
<td>154</td>
</tr>
<tr>
<td>B. INFORMED CONSENT</td>
<td>158</td>
</tr>
<tr>
<td>C. PARTICIPANT SCREENER SURVEY</td>
<td>163</td>
</tr>
<tr>
<td>D. STUDY INTERVIEWS WITH DEMOGRAPHIC INFORMATION</td>
<td>166</td>
</tr>
<tr>
<td>E. ADAPTED MODEL FOR LGBTGEQIAP+ WORK</td>
<td>175</td>
</tr>
</tbody>
</table>
Chapter 1
INTRODUCTION

Clinical supervision plays an integral role in training and counselor development (Bernard & Goodyear, 2019, 2005; Kozina et al., 2010; Livni et al., 2012). Counselor educators view clinical supervision as a vital component to a successful transition between coursework and clinical experiences (Bernard & Goodyear, 2019; Borders et al., 2014). The assumption is when supervisees receive quality supervision, clients gain better services provided which influences their overall satisfaction of their counseling experiences. To meet this assumption, supervisors need to ground their clinical supervision practices for better supervisee and client outcomes (Bernard & Luke, 2015). Intentional efforts in clinical supervision will aid in the development of competent professional counselors by increasing their self-efficacy and competency (Fernando & Hulse-Killacky, 2005). Self-efficacy serves as a mitigating factor to counselor’s perceived ability to provide quality competent counseling services, and with success and confidence (Lent & Lopez, 2002; Tang et al., 2004).

According to Bandura (1997), self-efficacy refers to an individual’s belief in their capability to succeed in a specific goal and or outcome. However, self-efficacy domain specific with counseling, thus scholars have created a more appropriate term, counseling self-efficacy (Lent & Lopez, 2002). Counseling self-efficacy is a measure of a counselor’s belief about their own ability to effectively complete counseling related actions (Cashwell & Dooley, 2001; Mehr et al., 2015) and counseling self-efficacy is a widely accepted factor in effective clinical practice (Kozina et al., 2010; Tang et al., 2004).
The following sections in this chapter will provide a synopsis of research related to clinical supervision, the supervisory working alliance, counselors and supervisors counseling self-efficacy, and LGBTGEQIAP+ clients. Gaps in research, conceptual framework, theoretical framework, purpose of the study, and research questions are identified. Finally, significance of the study definition of terms are discussed. In an effort to make the acronym inclusive, the most updated umbrella term is LGBTGEQIAP+ (Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBTIC], 2019).

**Definition of Terms**

*Clinical Supervision:* The interaction between supervisor and supervisee that promotes development of the supervisee’s clinical skills and assures that the skills are applied for the benefit of the client (Troomski-Klingshirn & Davis, 2007)

*Supervisory Working Alliance (SWA):* The degree to which the supervisee-supervisor agree upon the goals of supervision, how to reach those goals, and trust that the tasks will help the trainee (Enlow et al., 2019).

*Self-efficacy:* An individual’s confidence in their capability to succeed in a specific goal and or outcome.

*Counseling self-efficacy:* A measure of how a counselor’s belief about their own ability to effectively complete counseling related actions (Cashwell & Dooley, 2001; Mehr et al., 2015).

*Other-efficacy:* An individual’s belief about another person’s ability to succeed in an action or outcome (Morrison & Lent, 2018).

*LGBTGEQIAP+:* Lesbian, gay, bisexual, transgender and two-spirit, gender expansive, queer and questioning, intersex, agender, asexual, aromantic, pansexual, polygender, and the plus
stands for all other sexual and gender identities (Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBTIC], 2019).

Counselor-In-Training: Is defined as an individual pursuing their master’s in counseling who is in their practicum experience, the supervisee.

**Problem Statement**

A number of counseling scholars have emphasized that effective clinical supervision is essential and should offer a unique opportunity to promote the development of a supervisee’s self-efficacy (Bidell, 2005; Goodrich & Luke, 2011). Ellis et al. (2013) found 93% of supervisees in training programs indicated receiving ineffective supervision, meaning the supervision did not traumatize or harm the supervisee but the ineffective supervision (i.e. inconsistencies, feedback, supervisory working alliance etc.) impacted their perception of their supervision experiences negatively. Cashwell and Dooley (2001) identified consistent effective supervision enhances counselor development whereas inconsistent or ineffective supervision contributed to supervisee’s anxiety and lower levels of counseling self-efficacy. Quality clinical supervision is grounded on a supervisor-supervisee relationship with trust, a safe psychological environment, focus on counselor professional growth, and client welfare (Bernard & Goodyear, 2019; Livni et al., 2012). Essentially, the relationship between supervisor-supervisee plays a key role in counselor development and supervisee’s confidence to work with clients.

A substantial amount of research has explored the relationship between clinical supervision and the supervisor-supervisee working relationship by examining supervisor styles, attachments, and intersectionality variables that influence the supervisory process (Burkard et al., 2009; Enlow et al., 2019; Fernando & Hulse-Killacky, 2005). The emotional bond and supervisory working alliance (SWA) influences supervisee’s development (Mehr et al., 2015).
SWA is defined as the degree that supervisor-supervisee agrees on supervision goals, how to reach such goals, and trust in that these tasks will help the supervisee develop necessary confidence and counseling skills (Enlow et al., 2019). Enhanced SWA perceived by supervisees increases their overall wellbeing and satisfaction, whereas low levels influence burnout, low counseling self-efficacy, and client outcomes (Livni et al., 2012). Thus, it has become common knowledge within counseling that the SWA is a crucial component in the development and growth of counselors through supervision (Kozina et al., 2010). What this previous research does then is promote the importance of a strong SWA with a major aim of supervisors increasing supervisees’ counseling self-efficacy through support, collaboration, and encouragement.

Bernard and Luke (2015) asserted that the supervisee and the supervisor relationship has received less focus in clinical supervision research, especially with diverse populations. Evidence suggests that LGBTGEQIAP+ persons are affected by more mental health illnesses and suicide compared to their cisgender and heterosexual counterparts (Liddle, 1997; Myer, 2003). Liddle (1997) found persons who identify as LGBTGEQIAP+ tend to seek counseling services at high rates, attend counseling for longer durations, and they tend to screen counselors for affirmative practices compared to cisgender heterosexual individuals. However, counselors-in-training (CITs) have historically reported low counseling self-efficacy in knowledge and skills to work with LGBTGEQIAP+ clients resulting in feeling ill-equipped to provide quality services (Farmer et al., 2013; Graham et al., 2012). It is clear that improved counselor education practices are needed to provide quality services and advocacy for these clients. Increased attention to multiculturalism in the counseling profession (Troutman & Packer-Williams, 2014) as well as ethical standards have been established (American Counseling Association [ACA], 2014). Yet, Troutman and Packer-Williams (2014) argue that such standards are too vague, thereby resulting
in continued low or absent levels of counseling self-efficacy and competencies to work with clients who define as LGBTGEQIAP+. To deviate from continued low counseling self-efficacy, researchers have recently started exploring the influence of supervisor-supervisee efficacy beliefs about each other’s abilities, referred as other-efficacy, and how this influences supervisee’s overall counseling self-efficacy (Lent & Lopez, 2002). Results indicated efficacy beliefs about each other in the supervisory relationship affects supervisees’ general counseling self-efficacy level (Morrison & Lent, 2018).

Researchers have focused primarily on counseling self-efficacy of CITs, professional counselors, and supervisors working with counselors, and have explored CIT or supervisor individual experiences (Bernard & Luke, 2015; Farmer et al., 2013; Graham et al., 2012). There has been an emphasis on supervision styles, the SWA affecting counselor development, supervisor interactions, importance of counseling self-efficacy for supervisees, and client outcomes (Burkard et al., 2009; Enlow, 2019; Fernando & Hulse-Killacky, 2005; Mehr et al., 2015). However, few studies have focused on the supervisor-supervisee perceived working alliance, and how efficacy beliefs about each other have influenced supervisee’s counseling self-efficacy to work with clients who define as LGBTGEQIAP+. Yet, supervisors and supervisees working alliance may play a role in supervisee’s counseling self-efficacy to better serve clients who define as LGBTGEQIAP+. The following section describes the framework guiding this study to better understand how supervisory working relationships play a role on supervisee’s overall counseling self-efficacy to work with LGBTGEQIAP+ clients.

**Conceptual Framework**

Morrison and Lent (2018) used Self-Efficacy Theory (Bandura, 1997) to explore relational efficacy beliefs and their influence on counseling self-efficacy. In this study, I adapted
Morrison and Lent’s (2018) model to explore counseling efficacy beliefs of CITs who work with LGBTGEQIAP+ clients.

A positive SWA establishes a foundation of trust in clinical supervision and informs the supervisory process (Enlow et al., 2019; Livni et al., 2012). One of these components to the supervisory process is interactions between supervisee and supervisor which are shown through social cues. Social cues or social messages in supervision refers to verbal and nonverbal behaviors between supervisor and supervisee (Borders et al., 2014). This could be shown through what is discussed or not discussed as well. Additionally, supervisee’s ratings of their SWA relate to overall perceived clinical supervision effectiveness (Enlow et al., 2019). The SWA relate and affects supervisee perception of supervision experiences. Therefore, it is essential to create a supportive and positive SWA early that creates trust (Livni et al., 2012). Trust in a supervisory working relationship is a mutual bond in which there is an agreement of supervision tasks, goals, each member accepts responsibility, and confidence in each other (Riggs & Bretz, 2006). A strong SWA promotes supervisee’s self-efficacy (Mehr et al., 2014; Morrison & Lent, 2018) which seems to demonstrate that the SWA plays a role in supervisee’s counseling self-efficacy. It is reasonable to predict, then, that SWA could influence supervisee counseling self-efficacy in counseling LGBTGEQIAP+ clients.

This study was grounded in Self-Efficacy Theory (Bandura, 1977) to help explore how supervisory relationships play a role in perceived SWA and efficacy beliefs of supervisor and supervisee. Supervisory relationships refer to the dynamic relationship between supervisor and supervisee that is focused on counselor development, whereas SWA emphasizes the influences of their interactions and belief systems on their supervisory relationship (Bernard & Goodyear, 2019). Bandura (1997) theorized that self-efficacy beliefs are generally informed by performance
accomplishments, vicarious learning, social messages regarding one’s capabilities, and emotional arousal effects. Vicarious learning explicitly connects to clinical supervision through modeling and social messages from the supervisor is perceived through verbal and nonverbal cues by the supervisee (Morrison & Lent, 2018). Self-Efficacy Theory argues that individuals experience outcome expectancy, where a person’s estimate that a given behavior will lead to a particular outcome, influences how much effort people will exert (Bandura, 1997). Bandura (1997) specified self-efficacy involves self-reflection in that individuals evaluate and alter their thinking, feeling, and behaviors according to their efficacy beliefs. He meant humans are social beings that are unique where it is natural to self-reflect, and all humans reflect around their efficacy beliefs. This study was deeply rooted in exploring supervisor’s and supervisee’s perceptions about their SWA and the influence of such on supervisee counseling self-efficacy.

Self-efficacy in general is important, but does not specifically focus on an individual’s confidence surrounding counseling, thus counseling self-efficacy is more appropriate. Counseling self-efficacy is a vital factor in effective clinical practice (Kozina et al., 2010) which is impacted in clinical supervision (Cashwell & Dooley, 2001). Counseling self-efficacy researchers have not fully defined counseling self-efficacy as Bandura has. However, Lent et al. (2003) further identified interests, supervisee’s vocational goals, outcome expectations, and the CIT’s emotional experience contribute to counseling self-efficacy. Counseling self-efficacy researchers have not focused on how counseling self-efficacy functions within the counselor-client sessions (Lent et al., 2003). Counseling self-efficacy functions have not been explored on how they could connect to counseling self-efficacy distinctively or how supervisees make meaning of these factors that play a role with how they interpret their efficacy beliefs to work with clients (Morrison & Lent, 2018). This makes it difficult for counselor educators to fully
measure counseling self-efficacy and understand what specifically plays a distinct role in counselor’s development, especially in clinical supervision.

This study adapted Morrison and Lent’s (2018) model of relational efficacy beliefs for actual counseling or supervisory relationships. They supported the notion that there are linkages between self-efficacy, other-efficacy, and relation-inferrred self-efficacy (RISE). This position stemmed from the original primary sources of self-efficacy and recent research relating to the importance of perceptions within relationships (Bandura, 1977; Lent & Lopez, 2002). Morrison and Lent (2018) believed relationship-specific and cross-relationship sources may relate to counseling self-efficacy and plays a role in supervisee’s overall counseling self-efficacy to work with clients. Relationship-specific in this context is described as the supervisory relationship between supervisor and supervise as a source to counseling self-efficacy, and cross-relationship sources specifically refers to communication exposure that influences perceptions processed by supervisee (Morrison & Lent, 2018). These researchers completed a study using this guiding model to better understand efficacy beliefs and the SWA with a supervisee who is experiencing a distressing client. Findings suggest that the relational model of efficacy beliefs may offer utility in understanding how counseling self-efficacy develops in clinical supervision which was consistent with research (Lent & Lopez, 2002; Morrison & Lent, 2018). This relational model to supervision; however, is very recent, and has not been explored with specific client populations in mind. Specifically, the SWA, counseling self-efficacy, other-efficacy, and perceptions have not been explored together to inform clinical supervision when CITs work with LGBTGEQIAP+ clients.

For this study, I, adapted this model to how counseling self-efficacy develops when CITs work with LGBTGEQIAP+ clients, see Appendix F to examine Morrison & Lent’s (2018) model
to the model that will be used in this study. Counselors tend to feel unequipped to work with these populations even though there are high rates of services needed (Graham et al., 2012; Liddle, 1997). For the purposes of this study, counseling self-efficacy was understood to develop from a) counseling experiences, b) vicarious learning from others and supervisor, c) social messages from supervisor, and d) emotional arousal effects during and after supervision as a foundation to enhancing counseling self-efficacy to work with LGBTGEQIAP+ (Bandura, 1997; Morrison & Lent, 2018). Counseling self-efficacy may be influenced by other-efficacy (how each member perceives each other’s capabilities to work with LGBTGEQIAP+), which is portrayed through social messages from supervisor, the SWA, and emotional arousals (Morrison & Lent, 2018). Thus, other-efficacy seems to play a part in a supervisee’s overall self-efficacy to work with these populations which may affect client perceptions and outcome which is why this study was needed (Bernard & Goodyear, 2019; Enlow et al., 2019; Livni et al., 2012). See Appendix F for a visual representation and clarity of this guiding framework. Overall, this study was deeply rooted in Self-Efficacy Theory, perceptions around the SWA and efficacy beliefs which provides a foundation to exploring how these play a role when CITs have LGBTGEQIAP+ clients. The next section describes the statement of purpose and specific research questions for this study.

**Purpose Statement and Research Questions**

The purpose of this cross-case study analysis was to explore the perception of the SWA and counseling efficacy beliefs for CITs who work with LGBTGEQIAP+ client(s). At this stage in the research, efficacy beliefs relate to two main elements, counseling self-efficacy and other-efficacy. For the purposes for this study, CIT’s are described as counselors-in-training who are pursuing their master’s degree in counseling and in their practicum experience. The following
research questions helped frame and understanding of the perceived working alliance and counseling efficacy beliefs influences supervisee’s LGBTGEQIAP+ work.

1. How do CITs and supervisors separately describe their supervisory working alliance?

2. How do CITs and supervisors separately describe their counseling self-efficacy beliefs about working with LGBTGEQIAP+ clients?

3. How do CITs and supervisors separately perceive each other’s (other-efficacy) capabilities with counseling competencies to work with LGBTGEQIAP+ clients?

4. How do CITs describe their perceived SWA influence on their counseling self-efficacy to work with LGBTGEQIAP+ clients?

5. How do clients describe their counseling experiences working with their CIT?

**Significance**

Findings from this study would benefit counselor educators improved practices, especially in clinical supervision and considerations for clinical supervisors’ approaches within the supervisory process. This study assisted with future directions for research about counseling self-efficacy to work with LGBTGEQIAP+ clients and the influence of the SWA. I hope this study will improve clinical supervision to better serve LGBTGEQIAP+ clients. Overall, changes in clinical supervision training within counseling programs could be aided from the findings.

**Summary**

Effective clinical supervision offers a unique opportunity for counselors to grow and develop their counseling self-efficacy beliefs (Bidell, 2005; Goodrich & Luke, 2011). Inadequate preparation of counseling training programs has resulted in counselors and supervisors feeling unprepared or underprepared to meet the needs of LGBTGEQIAP+ clients (Case et al., 2009). Most research has focused on individual counselor’s or supervisor’s counseling self-efficacy;
however, little attention toward how the SWA and efficacy beliefs about each other influences supervisee’s self-efficacy to work with these populations. The intent of this study was to explore the relationship between the SWA and supervisor-supervisee efficacy beliefs.
Chapter 2

LITERATURE REVIEW

The purpose of this cross-case study analysis was to explore the perception of the SWA and counseling efficacy beliefs for CITs who work with LGBTGEQIAP+ client(s). Researchers have focused very little on the supervisor-supervisee perceived working alliance, and how counseling efficacy beliefs have together played a role in CITs overall counseling self-efficacy when CITs serve LGBTGEQIAP+ clients. Exploring these relationships may improve CITs development, clinical supervision, client outcomes, and quality of training provided within counselor education programs (Burkard et al., 2009). The absence of this knowledge hinders the counseling profession at large and does a disservice to LGBTGEQIAP+ communities. In this literature review, I discussed the current knowledge based surrounding interconnected relationships with clinical supervision, the SWA, self-efficacy, counseling self-efficacy, continued concerns with counseling clients, and how other-efficacy has played a role in the supervisory process. Overall, there is a synthesis of literature and a discussion of continued gaps within current literature which promoted the need for this study. The next segment outlines the importance of clinical supervision and how this influences CITs development.

Clinical Supervision

Clinical supervision is a cornerstone of counselor training and is usually defined as the interaction between supervisor-supervisee that promotes development of the supervisee’s clinical skills, while supervision ensures welfare of clients and the counseling profession at large (Bernard & Goodyear, 2019; Troomski-Klingshirn & Davis, 2007). The supervisory relationship is unique in nature as this relationship is evaluative, gives opportunities for supervisees to
practice and reflect on their work with clients, and assist with supervisee’s development (Borders et al., 2014; Mehr et al., 2015). Because of its unique nature, supervision is described as a collaborative process where both supervisor and supervisee share responsibilities that establishes trust, support, and interactive feedback necessary for professional growth (Bernard & Goodyear, 2019; Borders et al., 2014; Cashwell & Dooley, 2001). Supervisors should use a signature pedagogy to ground their practices for better supervisee and client outcomes which aids in the ability to establish a collaboration between supervisor and supervisee (Bernard & Luke, 2015).

A number of counseling scholars have emphasized that effective clinical supervision is essential and should offer a unique opportunity to promote the development of a supervisee’s counseling self-efficacy (Bidell, 2005; Cashwell & Dooley, 2001; Goodrich & Luke, 2011). A systematic review of clinical supervision showed there is consistency in positive effects on CITs’ confidence and counseling competencies when supervision is consistent and effective (Wheeler & Richards, 2007). Essentially, the relationship between supervisor-supervisee plays a key role in CITs’ self-efficacy and supervision satisfaction (Fernando & Hulse-Killacky, 2005).

Even though there are numerous studies that express the benefits to effective supervision (Cashwell & Dooley, 2001; Fernando & Hulse-Killacky; Wheeler & Richards, 2007) a significant number of researchers have indicated counselors continue to receive ineffective or harmful supervision (Ellis et al., 2013; Messinger, 2007). For example, Ellis et al. (2013) identified that 93% of supervisees reported receiving ineffective supervision, meaning their supervision experience was affected due to negative perceptions of the supervisor, inattention by supervisor, poor feedback from supervisor, inconsistent work toward reaching development goals, and or supervisor being unopen to the supervisee’s opinions or feedback. Also, 35% of supervisees reported they are currently receiving harmful supervision where supervisory
practices that resulted in psychological, emotional, and or physical harm to the supervisee (Ellis et., 2013). Over 50% reported they experienced harmful supervision at one time (Ellis et al., 2013). Cashwell and Dooley (2001) identified consistent and effective supervision enhances counselor development; whereas, inconsistent or ineffective supervision contributed to supervisee’s anxiety and lower levels of counseling self-efficacy. Messinger (2007) supports that poor trust and limited constructive collaboration in the supervisory relationship resulted in tension with many disagreements between supervisor and supervisee. These scholars have demonstrated that quality supervision is essential for counselor development.

Overall, clinical supervision plays a vital role in training and counselor development (Bernard & Goodyear, 2019, 2005; Kozina et al., 2010; Livni et al., 2012). Clinical supervision continues to grow, and is valuable for CITs, clients, and the profession (Borders et al., 2014; Livni et al., 2012; Morrison & Lent, 2018; Wheeler & Richards, 2007). Counseling associations, divisions, and organizations benefit specifically from quality supervision because supervision promotes counseling best practice standards (Borders et al., 2014). The assumption is when CITs receive quality supervision, clients gain better services provided which influences their overall satisfaction of counseling experiences. Again, the key aim of clinical supervision is to develop competent professional counselors by increasing their self-efficacy and competency through training (Fernando & Hulse-Killacky, 2005). This is a major reason why this study explored clinical supervisory relationships due to the importance of quality training provided to those who work with LGBTGEQIAP+ clients. The supervisory working alliance (SWA) is one interest variable this study explored.
Supervisory Working Alliance (SWA)

The SWA is generally defined as the degree to which supervisor and supervisees agree to supervision goals, how to reach those goals, and trust that these tasks will help supervisee training (Enlow et al., 2019). Several studies have been designed to examine the SWA between supervisor-supervisee and its effects on counselor development. This section explores supervision styles, and SWA, and their connections to counselor growth.

A substantial number of researchers have explored the relationship of supervisor-supervisee’s working alliance through an examination of supervisor styles. Many counseling scholars believe understanding individual differences between CIT can help supervisors adopt to meet CITs’ needs (Fernando & Hulse-Killacky, 2005; Bernard & Goodyear, 2019). Fernando and Hulse-Killacky (2005) explored which supervisor styles are related to CIT satisfaction and self-efficacy. These styles consisted of interpersonally sensitive, task-oriented, or attractive style. Findings support the interpersonally sensitive style as a significant influence on supervisee’s satisfaction, and task-oriented style as another important component to self-efficacy but the interpersonally sensitive style as more valuable influencer. Interpersonally sensitive style is defined as the interactional process between supervisor and supervisee that is sensitive to the supervisee’s needs (Fernando & Hulse-Killacky, 2005). It is suggested that supervisors would benefit to adopt varied styles and explore attachments within clinical supervision (Fernando & Hulse-Killacky, 2005). Basically, supervisors need to be aware of the supervisory process and how diverse supervisor styles affects CIT satisfaction and self-efficacy development. As supervisors and supervisees establish their working alliance, emotional attachment naturally takes form.
The attachment process with supervisory alliances play a crucial role in determining effectiveness of the supervisory relationship (Marmarosh et al., 2013; Mehr et al., 2015; Riggs & Bretz, 2006). The emotional bond and SWA together affects supervisee’s counseling self-efficacy development throughout their clinical experiences (Mehr et al., 2015). The emotional connection and a strong SWA helps supervisee’s with believing in their abilities, lessens anxiety around counseling, and influences supervisee’s willingness to be open and disclose concerns with supervisors which affects their overall professional development (Mehr et al., 2015).

Likewise, Fernando and Hulse-Killacky (2005) argue that individual differences and attachments amongst supervisor-supervisee influences the supervision process and outcome. Riggs and Bretz (2006) identified supervisor’s attachments styles in general affect the supervisory relationship more than the supervisees attachment styles. For example, researchers have demonstrated that secure and confident supervisors are key influences in strengthening the SWA (Marmarosh et al., 2013; Riggs & Bretz, 2006). It has become common today to recognize that supervisor’s attachment styles and interactions are a major contributor to the SWA. The interpersonal interactions between supervisor and supervisee seem to play a role in supervisee’s perceptions of supervisors.

Positive interpersonal interactions have shown to enhance the SWA, increase CITs overall well-being, self-efficacy, and supervision satisfaction (Livni et al., 2012). Mehr et al. (2015) found that a strong SWA develops when supervisor-supervisee’s agreed upon goals and tasks are emphasized in supervision and strengthened even more with a strong emotional bond together. If training needs are met and a strong SWA is formed, CITs’ chances of a successful transition to competent professional counselors are more likely (Borders et al., 2014). In contrast, a weak SWA influences supervisee burnout, hinders their professional development, affects low
counseling self-efficacy, and increases the likelihood of poor client outcomes (Enlow et al., 2019; Livni et al., 2012). Some researchers have also suggested one’s intersectional identities influence the supervisory process. Non-affirming supervision negatively affects the SWA and supervisees’ growth and experiences (Burkard et al., 2009). For example, Messinger (2007) identified that CITs who experienced homophobia and heterosexism in clinical supervision had poor supervisory relationships and did not discuss these concerns with their supervisors.

**Supervisory Working Alliance Inventory (SWAI)**

The SWAI was developed to measure the quality of supervisor-supervisee relationships in counselor education by both the supervisor and supervisee perspective (Efstation et al., 1990). The SWAI trainee (SWAI-T) and the SWAI supervisor (SWAI-S) forms are among the most frequently used instruments for the past three decades (Efstation et al., 1990; Sabella et al., 2019). The SWAI-T form has 19 items and the SWAI-S form has 23 items, all use Likert responses ranging from almost never to almost always. The SWAI have consistently shown utility and has brief versions (Sabella et al., 2019). The SWAI-T brief form has 5 items and also shows value which provides practical advantages toward its usage in research (Livni et al., 2012; Sabella et al., 2019). Friedlander and Snyder (1983) further concludes that the SWAI-T/S seems to influence CITs perceived counseling self-efficacy. This study was influenced by major sub-scale themes from the SWAI-T/S because of the utility, connection to counseling self-efficacy, and the emphasis on both supervisor-supervisee perspectives, see instrumentation section in methodology for more details.

In conclusion, it has become common knowledge within counseling that the SWA is a crucial component in the development and growth of counselors (Enlow et al., 2019; Kozina et al., 2010; Livni et al., 2012). Several researchers have explored the relationship between clinical
supervision and the supervisor-supervisee working relationship by examining supervisor styles, attachments, and intersectionality variables that influence the supervisory process (Burkard et al., 2009; Enlow et al., 2019; Fernando & Hulse-Kilacky, 2005). What this research does was promote the importance of a strong SWA, with a major aim for supervisors to meet the needs of supervisees through support, collaboration, and encouragement. This study was guided by the premise that the SWA and interpersonal interactions affects supervisee’s growth and perceptions of their clinical experiences, however, it was yet to be explored how these findings apply to cases where supervisees serve LGBTGEQIAP+ clients.

**Efficacy Beliefs**

SWA plays a role in counselor’s development of self-efficacy (Morrison & Lent, 2018; Tang et al., 2004). Self-efficacy serves as a major factor to counselor’s perceived ability to provide quality competent counseling services, and with success and confidence (Lent & Lopez, 2002; Tang et al., 2004). This segment will discuss Bandura’s Self-Efficacy Theory since this study was rooted in exploring counseling self-efficacy and influences on CITs’ work with LGBTGEQIAP+ persons. Bandura’s Self-Efficacy Theory is an obvious choice because of the importance of intrapersonal and interpersonal interactions affecting an individual’s perceived abilities.

**Self-Efficacy Theory**

Bandura (1997) theorized that human behavior is developmental in nature and that cognitive processes influence behavior. He believed that self-efficacy, which he defined as an individual’s belief in their capability to succeed in a specific goal and or outcome, impacts coping behavior, effort given, and how long a person will continue to put forth effort when there are challenges. His research proposed that social networks and social environments play a role in
a person’s thoughts, motivations, and behaviors (Bandura, 1977). This study sought to understand perceptions of the SWA and efficacy beliefs, which may in turn influence CITs work with LGBTGEQIAP+ clients.

Self-efficacy has been found to be an accurate predictor of an individual’s motivation and performance (Bandura, 1977; Bandura & Locke, 2003). Strong self-efficacy expectations are created with repeated success, and if a stressful situation arises, individuals tend to feel there are enough skills to overcome that concern (Bandura, 1997). In other words, high self-efficacy increases one’s confidence to perform a task and decreases anxiety levels. People with strong self-efficacy increased their freedom of action and decreased their avoidant behavior towards a task (Ozer & Bandura, 1990). Individuals who experience low self-efficacy may share disconfirming experiences resulting in feeling as if the task or outcome is not achievable (Bandura, 1997). Self-efficacy perceptions affect whether individuals think in a growth or fixed mindset (Bandura, 1997). Thus, CITs are no exception to this understanding that their motivation and performance expectations influence their perceived confidence to perform counseling related work.

Bandura (1997) posited that self-efficacy beliefs are generally informed by performance accomplishments, vicarious learning, social messages regarding one’s capabilities, and emotional arousals. Observational or vicarious modeling can influence self-efficacy where the higher the induced level of self-efficacy, the more likely that individual will perform better on the task or outcome (Bandura & Locke, 2003; Ozer & Bandura, 1990). Bandura (1977) indicated that self-efficacy involves self-reflection where individuals evaluate and alter their thinking, feeling, and behaviors according to their efficacy beliefs. He argued that efficacy expectations will depend on how that individual is appraised by others (Bandura, 1977). Similarly, Lent and Lopez (2002)
reported interactions with an individual’s important social networks will aid in developing a sense of mastery of capabilities for a desired task. However, self-efficacy does not specifically relate with counseling, thus scholars have created a more appropriate term, counseling self-efficacy (Lent & Lopez, 2002).

**Counseling Self-Efficacy**

The attitudes and beliefs held by helping professionals is known as counseling self-efficacy in current literature (Kozina et al., 2010). Counseling self-efficacy is a measure of a counselor’s belief about their own ability to effectively complete counseling related actions (Cashwell & Dooley, 2001; Mehr et al., 2015) and is a widely accepted factor in effective clinical practice (Kozina et al., 2010; Tang et al., 2004). Implications and benefits of understanding the relationship between counseling self-efficacy and client outcomes has been a major contributing factor toward reasons behind why researchers started to explore this phenomenon (Lent & Lopez 2002; Orlinsky et al., 1994).

Counselor’s training, clinical experience, and supervision experiences are connected to their counseling self-efficacy (Cashwell & Dooley, 2001; Hill et al., 2008). Kozina et al. (2010) argue counseling self-efficacy can lead to more competent counselors especially in the early stages of their training when there is an emphasis on increasing counseling self-efficacy beliefs. Studies have shown higher levels of counseling self-efficacy increases a counselor’s performance levels and decreases anxiety levels (Cashwell & Dooley, 2001; Kozina et al., 2010). Counseling self-efficacy is vital to counselor training because it affects emotional arousals, cognitions, and behavioral responses while counselors are interacting with clients (Lent & Brown, 2006). Further, counseling self-efficacy can affect a counselor’s ability to achieve tasks (Kozina et al., 2010) and is related to a person’s perceived belief or ability to successfully achieve desirable outcomes.
(Bandura, 1977). Levels of success and counseling self-efficacy of counselors-in-training (CITs) have shown to be important measures of counseling skills (Sharpley & Ridgway, 1993).

As mentioned earlier, Cashwell and Dooley (2001) reported effects of receiving regular supervision were highly correlated with high counseling self-efficacy and irregular supervision contributed to anxiety and low counseling self-efficacy. Graham et al. (2012) identified education, clinical experience, and aligned supervisory goals as necessary to enhance counseling self-efficacy to work with diverse clientele. Largely, supervision seems to be a direct influence on counseling self-efficacy. Supervision that focuses on self-efficacy training will increase counseling self-efficacy within a brief period of time (Kozina et al., 2010) and these increased confidence levels could last up to three years (Gulbrandsen et al., 2013). Hence the importance of starting to increase counseling self-efficacy beliefs as early as possible in supervision to lay a strong foundation for CITs. There has been an emphasis on the importance of feedback, emotional arousal effects from supervision, and measures that increase counseling self-efficacy like, counseling experience, education, and training (Lent et al., 2003; Melchert et al., 1996, Reese et al., 2009). Researchers has primarily focused on counseling self-efficacy of CITs, professional counselors, supervisors who work with supervisees, and has explored supervisors or CITs’ experiences at individual levels (Bernard & Luke, 2015; Farmer et al., 2013; Graham et al., 2012).

Even though there is plenty of counseling self-efficacy research, there is mixed findings. Counseling self-efficacy researchers have defined counseling self-efficacy in multiple ways, but it is not as clear like Bandura has. However, it is agreed that feedback integration effects are vital in counselor development (Borders et al., 2014; Morrison & Lent, 2018). Instruments have been developed to examine counselor’s self-efficacy and their counseling skills like the popular Counseling Self-Estimate Inventory, which was specifically designed to apply Bandura’s Self-
Efficacy Theory to counseling processes (Larson et al., 1992). As stated earlier, counseling self-efficacy is concentrated on individuals instead of interactions of counselors (Lent & Lopez, 2002). The aim of supervision is to develop competent counselors by increasing their counseling self-efficacy and overall competencies (Bernard & Goodyear, 2019; Fernando & Hulse-Killacky, 2005). Supervision styles that are supportive and encouraging promotes counseling self-efficacy (Enlow et al., 2019). Supervision, the SWA, and counseling self-efficacy are some major influences that may enhance the development of CITs. The following section examines supervisor-supervisee interactions, and relational efficacy beliefs like other-efficacy which was used within this study’s guiding framework.

**Relational Efficacy Beliefs**

Numerous people who have received awards, like those who have completed doctorate degrees, tend to point out social supports who had a major influence on their development. Interactions within these important social systems increased their self-efficacy to succeed. This is no different than CITs experiences with clinical supervision. In the following paragraphs, I examine supervisor interactions and other-efficacy beliefs influencing CITs’ counseling self-efficacy.

The supervisee is in a vulnerable relationship because of the hierarchical power the supervisor has in clinical supervision which may influence the SWA and, counseling self-efficacy which is influenced by interactions (Bernard & Goodyear, 2019; Lent & Lopez, 2002). The supervisory bond and relationship over time play a role in supervisee’s perceptions (Livni et al., 2012). Supervisors appear to self-report higher supervisory bonds earlier into the supervisory relationship compared to CITs, the CITs bonds fluctuate and improve overtime (Livni et al., 2012). Researchers have emphasized supervision styles, the SWA effects on counselor
development, supervisor interactions, importance of counseling self-efficacy for supervisees, and client outcomes (Burkard et al., 2009; Enlow, 2019; Fernando & Hulse-Killacky, 2005; Mehr et al., 2015). However, they have recently started to explore the effects of supervisor-supervisee efficacy beliefs about each other, or other-efficacy, and how this influences supervisee’s overall counseling self-efficacy (Lent & Lopez, 2002).

Lent and Lopez (2002) identified other-efficacy as each partner’s view of the other’s ability to perform a task. They created a model called the Relational Efficacy Model which has a tripartite view: self-efficacy, other-efficacy, and relation-inferred self-efficacy (RISE). Lent and Lopez (2002) argued that within close relationships these three dynamic interactions play a role to promote and predict self-efficacy of one partner. Some other self-efficacy scholars support the idea that social interactions influence a person’s self-efficacy and an individual’s belief or confidence in themselves is shown through motivation to perform an action (Bandura, 1997; Bandura & Locke, 2003; Enlow et al., 2019). Lent and Lopez (2002) contend that a better understanding of how self-efficacy develops and is maintained would serve practical value for those who are social agents and work in areas like teachers, parents, or counselors. Specifically, the Relational Efficacy Model views in a relationship-specific context, a person’s beliefs about the other (other-efficacy), can be perceived through social responses, feelings, and activities within the working relationship. This results in other-efficacy as a influencer to the amount of motivation and effort exerted (Lent & Lopez, 2002). Other-efficacy appraisals have the potential for “self-fulfilling prophecies.” This is because other-efficacy appraisals influence a person’s decision making, conscious or unconscious, and belief systems about themselves (Lent & Lopez, 2002). RISE beliefs are defined as each partner’s beliefs about how their efficacy is viewed by the other (Lent & Lopez, 2002). These scholars overall posited that other-efficacy and RISE
beliefs may interrelate with self-efficacy (Lent & Lopez, 2002). This study’s conceptual framework did not specifically use this model to explore counseling self-efficacy, but adapted Morrison & Lent’s (2018) model which emphasized efficacy beliefs with supervisory relationships that originated from Lent and Lopez.

Morrison and Lent (2018) adapted the Relational Efficacy Model to the context of clinical supervision and studied the possible linkages between counseling self-efficacy, other-efficacy between supervisor-supervisee, and RISE beliefs when the supervisee is working with a challenging client. Morrison and Lent (2018) found the model was an appropriate fit in understanding these three dynamic interactions and the SWA influence a CITs counseling self-efficacy. Morrison and Lent (2018) argued RISE beliefs may strengthen a CITs counseling self-efficacy and, this model may be beneficial in exploring how to develop counseling self-efficacy of CITs. Future research exploring how this model is extended to diverse multicultural populations would be valuable (Morrison & Lent, 2018).

This study was rooted in the Morrison and Lent’s (2018) adapted Relational Efficacy Model because this model offers intentionality for supervisors providing clinical supervision, especially for CITs’ perceived difficult or challenging clients. For this study, I adapted this model to explore how counseling self-efficacy develops when CITs work with LGBTGEQIAP+ clients. Counselors tend to feel unequipped to work with these populations even though there are high rates of services needed (Graham et al., 2012; Liddle, 1997). For the purposes of this study, counseling self-efficacy was understood to develop from a) counseling experiences, b) vicarious learning from others and supervisor, c) social messages from supervisor, and d) emotional arousal effects during and after supervision as a foundation to enhancing counseling self-efficacy to work with LGBTGEQIAP+ clients (Bandura, 1997; Morrison & Lent, 2018). Counseling self-
efficacy may be influenced by other-efficacy (how each member perceives each other’s capabilities to work with LGBTGEQIAP+), which is portrayed through social messages from supervisor, the SWA, and emotional arousals (Morrison & Lent, 2018). Thus, other-efficacy seems to play a part in a supervisee’s overall self-efficacy to work with these populations which might ultimately affect client perceptions and outcome which is why this study was needed (Bernard & Goodyear, 2019; Enlow et al., 2019; Livni et al., 2012). See Figure 1 for a visual representation and clarity of this guiding framework.

Figure 1: This Study’s Adapted Model for Supervisor-Supervisee Efficacy Beliefs to Work with LGBTGEQIAP+ Clients.

Overall, this study was rooted in Self-Efficacy Theory, the SWA, and counseling efficacy beliefs which provides a foundation to explore how these played a role when CITs have LGBTGEQIAP+ clients. The next section explores the LGBTGEQIAP+ populations and connections to the helping profession.

LGBTGEQIAP+ Individuals

The most updated umbrella term to describe gender, affection, and sexual minorities is LGBTGEQIAP+ which includes lesbian, gay, bisexual, transgender and two-spirit, gender
expansive, queer and questioning, intersex, agender, asexual, aromantic, pansexual, polygender, and the plus stands for all other sexual and gender identities (ALGBTIC, 2019).

LGBTGEQIAP+ communities have been underserved within the helping profession and discriminated against around the world, the western society being no exception (Ginicola et al., 2017; Liddle, 1997; Meyer 2003). In this section, I examine the historical context of LGBTGEQIAP+ communities within western society, and historical context within the helping profession. Specifically, there is an examination of past and current trends of counselor development to work with these populations.

**Western Society Historical Context**

Generally, the larger culture of the United States stigmatized LGBTGEQIAP+ persons in the past and continue to do so. Historical sources exploring gender and sexuality are sparse due to the cultural taboos resulting in silence, invisibility, and isolation (Ferentinos, 2015; Stein, 2005). It is important to note LGBTGEQIAP+ concepts and terms were primarily used as negative connotations most of history, and concepts have or had different meanings depending on timeframe and culture (Drescher, 2015; Ferentinos, 2015). For example, the term homosexuality had a lot to do with gender nonconformity rather than attraction to those of the same sex and homosexual was used at one time to stigmatize gay people by reducing their lives to solely sexual terms. Many terms today are unused due to the well-known stigma, even though scholars and the LGBTGEQIAP+ communities work hard to de-stigmatize certain concepts. For example, the term gay was a former slur that is being reclaimed in addition to the term queer. Both terms are used varying between LGBTGEQIAP+ individuals depending on comfort levels.

Specific social moments, organizations, and events ever-changed US society’s perceptions of the LGBTGEQIAP+ populations. The first sustained LGBTGEQIAP+
organization for gay rights, the Mattachine Society, was founded by Harry Hay in 1950 with several organizations that started soon after. The purpose of the Mattachine Society was to eliminate discrimination and prejudice, and to help these populations assimilate into society ("Milestones in the American," n.d.). During this time, a “lavender scare” impacted employment. The senate passed a bill that indicated homosexuality is a security risk due to this being a mental illness resulting in thousands LGBTGEQIAP+ persons discharged from the military and hundreds from government jobs. LGBTGEQIAP+ activism after WWII influenced several supreme court cases in the 1950s-1960s which started to ban discrimination; however, continued society discrimination impacted LGTGEQIAP+ individuals to function and feel accepted in society (Ferentinos, 2015; Stein, 2005). A “sit-in” was staged in New York due to the New York Liquor Authority prohibited service to gay individuals in bars because of their identity ("Milestones in the American," n.d.). This resulted in the city commission on human rights in New York to declare gay individuals the right to be served.

A major influential moment that led to social change for fair treatment of LGBTGEQIAP individuals was the 1969 Stonewall riots at Greenwich Village in New York. It was very common in this era for police officers to raid establishments that were primarily for LGBTGEQIAP+ communities to “clean up the neighborhood” ("Milestones in the American," n.d.). Police officers raided a gay bar called the Stonewall Inn and the patrons at this bar resisted arrest (Ferentinos, 2015). Furious people in the neighborhood formed to help the patrons resulting in a three-day riot with thousands of protestors (Stein, 2019). The Stonewall uprising was recognized as the modern LGBTGEQIAP+ rights movement (Drescher, 2015; "Milestones in the American," n.d.). However, this social rights movement is actually from the strong
activism from the 1950s and 1960s. Since then pride parades have spread annually each year throughout the world and continues today (Stein, 2019).

Between the 1980s-1990s, the HIV pandemic was blamed entirely on gay men which resulted in continued social stigma from society (Russell & Fish, 2016). In 1996 LGBTGEQIAP+ communities were still denied protection against discrimination by the supreme court, and continued struggle with hate crimes with little justice system intervention. Wisconsin became the first state to outlaw discrimination on the basis of sexual orientation in 1982 (“Milestones in the American,” n.d.). Even though Wisconsin was proactive and there are gay rights, society and systems continue to be prejudice and discriminate. For example, the U.S. military enacted the “don’t ask, don’t tell” policy where applicants did not reveal their sexual orientation or the Defense of Marriage Act where states are not required to recognize same-sex marriages (“Milestones in the American,” n.d.). Further, Matthew Shepard was a gay man who was killed due to his sexual orientation in a rural area, which resulted in expansion of the U.S. Federal Hate Crime Law to include LGBGEQIAP+ in 2009. Repeal of the “don’t ask, don’t tell” policy gave LGBTGEQIAP+ persons the right to openly enlist in the U.S. military. Acceptance of same-sex marriages started to flourish in the 2000s with the Netherlands being the first country to recognize same-sex couples (Russell & Fish, 2016).

Vermont became the first state to legalize civil unions of same-sex couples in 2000 and Massachusetts became the first state to legalize gay marriage in 2004 (“Milestones in the American,” n.d.). Also, New York passed the Marriage Equity Act to legalize marriage and in 2015 Obergefell v. Hodges U.S. Supreme Court case legalized same-sex marriage in all 50 states (“Milestones in the American,” n.d.). Russell and Fish (2016) identify this social acceptance trend in the United States that support a positive change of pace to LGBTGEQIAP+ acceptance
as shown by only 43% of U.S. adults in 1977 believed in same-sex relations should be legal and this grew to 66% in 2013. This change is dramatic and continued same-sex marriage acceptance rates have increased to 22 countries believing in same-sex marriages (Russell & Fish, 2016). Because of this social change, LGBTGEQIAP+ individuals have started to “come out” sooner which may be due to growing societal acceptance, growth of LGBTGEQIAP+ visibility, and ability to explore and understand themselves (Russell & Fish, 2016).

LGTBGEQIAP+ rights are relatively new social movements that continues to grow and develop. Current social and cultural context continue to affect LGBTGEQIAP+ inequality, prejudice, and discrimination through individual and societal systems on a regular basis (Ginicola et al., 2017. It is the mission of LGBTGEQIAP+ social rights activists to create a society that these populations are respected, included, and celebrated (ALBGTIC, 2019). Given the social and historical context, mental health is a continued important concern for LGBTGEQIAP+ persons. The following segment discusses the helping profession’s history with LGBTGEQIAP+ communities.

**Helping Profession Historical Context**

As identified in the last section, the helping profession has marginalized and medicalized LGBTGEQIAP+ persons which has contributed to mental health conditions. A substantial amount of research has explored LGBTGEQIAP+ mental health and contributing factors (Liddle, 1997, Meyers, 2003; Russell & Fish, 2016). Common mental health disorders individuals who are LGBTGEQIAP+ suffer from are depressive, anxiety, affective, eating, and substance use disorders (Meyers, 2003; Russell & Fish, 2016). Many individuals with mental health concerns have co-morbid diagnoses and may struggle with suicidal ideation (Meyers, 2003). Minority stress is stress individuals from a particular group that are exposed as a result to their minority or
social position (Meyers, 2003). Minority stress seems to have an indirect effect on mental health and LGBTGEQIAP+ individuals are no exception. Social and societal prejudice, discrimination, and perceived negative events create hostile and stressful circumstances that may influence mental health problems (Meyers, 2003; Russell & Fish, 2016). Other specific contributing factors are perceived social rejection, internalized homophobia, and hiding or concealing their LGBTGEQIAP+ identity (Meyers, 2003). It is common knowledge that these populations have several social stressors that may affect their functioning and overall well-being. As mentioned in the previous section, systematic oppression and discrimination awareness was relatively recent in the past two decades in U.S. history. The helping profession as well as federal government beliefs or policies have influenced perceptions of LGBTGEQIAP+ persons.

The mental health profession listed homosexuality as a “sociopathic personality disorder” in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I) before the 1970s (Russell & Fish, 2016). Society and professionals prior to the 1970s seemed to view homosexuality as a defect, that is was wrong, and evil (Drescher, 2015). As activism continued, specifically impacts from the Stonewall riots, changes in perceptions and attitudes toward LGBTGEQIAP+ people influenced the American Psychiatric Association (APA) to de-stigmatize homosexuality. Depathologizing, removing, and reconceptualizing homosexuality as a mental disorder in the DSM occurred in 1973 (Drescher, 2015). Even though this was removed, the DSM-II from 1952 contained a new diagnosis of “sexual orientation disturbance,” then that was replaced in DSM-III from 1980 with “ego dystonic homosexuality.” The DSM-III-R revised this in 1987 and, for the first time, APA implicitly accepted homosexuality as normal and sexuality is on a continuum under “sexual disorder not otherwise specified” or “persistent and marked distress about one’s sexual orientation” (Drescher, 2015). DSM-IV contained the “gender identity disorder” and the
most recent DSM-5 revised this to “gender dysphoria” (Drescher, 2015). Although, sexual orientation was removed from the DSM, gender non-conformity was still pathologized. Gender dysphoria involves a conflict between a person’s physical gender and the gender to which that individual identifies (American Psychiatric Association [APA], 2020). It seems as if one reason gender dysphoria has stayed is due to the emphasis is on distress over identity (APA, 2020).

Because of long standing stigmatized mental illness of LGBTGEQIAP+ individuals, conversion therapy was performed and continues to be an option in current mental health practices. Conversion therapy was practiced due to the legitimized mental illnesses placed on LGBTGEQIAP+ clients. Throughout recent history conversion therapy practices have shown to be ineffective, harmful, and resulted in self-hatred among those treated with this intervention (Drescher, 2015). Conversion therapy has been discredited; however, polices in most states in place that mental health professions and provide this treatment if the client desires.

Largely, LGBTGEQIAP+ communities were stigmatized within the mental health profession for the majority of the professions existence which indicated something was wrong with the person not society. Rare effective treatment and discussions to improve mental health services really did not start until 1987 and beyond. There is little LGBTGEQIAP+ emphasis within the profession’s history with longer history of harm than competent treatment which resulted in these populations being hesitant to seek counseling services (Liddle, 1997). The next section examines the development of professions, legislation, ethical codes, and CACREP requirements in regard to LGBTGEQIAP+ clients.

### Helping Profession Organizations and Counselor Development

The Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) was created during the LGBTGEQIAP+ rights movement and activism in the
1970s, right after homosexuality was removed from the DSM. ALGBTIC began in 1975 who fought 20 years for their existence and American Counseling Association (ACA) recognition (ALGBTIC, 2019). ALGBTIC’s mission first focused on peer education and increasing LGBTGEQIAP+ mental health visibility. Now the mission of ALGBTIC is to advocate, give a voice to, and enhance equity to LGBTGEQIAP+ individuals within the counseling profession through counselor’s development, and other related professional pursuits (ALGBTIC, 2019). This organization has worked hard to increase counselor competencies to work with these populations, bring acceptance, and a sense of belonging to LGBTGEQIAP+ persons. ALGBTIC became a division of ACA in 1996 and has at least 18 recognized state chapters under state ACA division (ALGBTIC, 2019).

In addition to ALGBTIC, other organizations have been established to create competencies that meet the unique needs of LGBTGEQIAP+ clients. The World Health Organization (WHO) believe health outcomes are not equal for people within and across countries, especially due to concerns from social determinants (n.d.). WHO’s mission is to a) increase awareness of diverse needs of gender, equity, and human rights, b) enhance basic understandings of core concepts related, and c) recommend minimum actions and expectations within interventions and approaches to work with these populations (n.d.). Similarly, the World Professional Association for Transgender Health (WPATH) endorses the highest standards of care for LGBTGEQIAP+ persons, especially Transgender individuals, through Standards of Care which is based on professional agreement and best existing science (n.d.). The counseling profession’s accrediting bodies have more broadly touched on LGBTGEQIAP+ uniqueness and needs within their ethics and standards.
The ACA Code of Ethics mission is to enhance the quality of life through the development of proficient counselors and to promote respect for human dignity and diversity (ACA, 2014). ACA (2014) identified one of their core values is to “honor diversity and embrace a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts” (p. 3). Furthermore, counselors are to practice only with their scope of competence and multicultural counseling competency is required across specialties to work with diverse client populations (ACA, 2014, p. 8). Counselors also should refrain from referring prospective and current clients based solely on different belief systems. ACA (2014) mentions counselors need to respect diversity of clients and seek training in areas they are not as competent in instead of referring out immediately. However, at risk of imposing values onto clients, conscience clause legislation has been passed in some states where counselors can identify inconsistent values that do not match the client’s goals resulting in counselors being able to deny services.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) mission is to promote the competence of counseling through the a) development of preparation and standards, b) the encouragement of excellence in program development, and c) the accreditation of professional preparation programs (n.d.). CACREP has helped create legitimacy and standards of academic and professional practice within the counseling profession. This organization was established in 1981 with the vision of standards and procedure that reflect the needs of the profession, diverse clientele, and society at large (CACREP, n.d.).

The ACA Code of Ethics and CACREP have created standards of practice; however, with the rise of multiculturalism has on the counseling profession, these organizations lack specificity to the needs of LGBTGEQIAP+ persons (Troutman & Packer-Williams, 2014). It is argued that
both are too vague which may influence the poor perceived training of CITs to work with these populations. Troutman and Packer-Williams (2014) identified without specific standards for CITs to work competently with these populations, low levels of self-efficacy and counseling competencies will continue to work with LGBTGEQIAP+ clients.

**LGBTGEQIAP+ Counseling Outcomes**

Several researchers have explored counseling outcomes of LGBTGEQIAP+ identified individuals. The overall conclusion is these populations continues to receive client perceived poor-quality counseling services regardless of past or current trends (Liddle, 1997; Farmer et al., 2013; Graham et al., 2012; Owen-Pugh & Baines, 2014). Liddle (1997) discovered persons who identify as LGBTGEQIAP+ tend to seek counseling services at higher rates, attend counseling for longer durations, and they tend to screen counselors for affirmative practices compared to cisgender heterosexual clients. LGBTGEQIAP+ clients have reported counseling services to be more harmful than help (Finnerty et al., 2017; Liddle, 1997). Some harmful elements include but are not limited to gay-disaffirming attitudes, clients feeling like they have to teach their counselors, microaggressions, bias, or prejudice (Bryan, 2018; Gess & Doughty Horn, 2018; Owen-Pugh & Baines, 2014). Microaggressions are verbal, nonverbal, slights or insults, that may intentionally or unintentionally communicate messages to individuals based upon their identity, specifically LGBTGEQIAP+ identity (Bryan, 2018; Gess & Doughty Horn, 2018) Even though it is well known within the counseling field that LGBTGEQIAP+ clients have been underserved for years, counseling outcomes have remained inadequate over time (Ginicola et al., 2017).

While improvements are needed, clients who reported having positive experiences tended to share common reasons. LGBTGEQIAP+ clients reported positive experiences in counseling when there was basic counseling skills and strong therapeutic relationships between counselor
and client, which seems to have affected client perceived quality counseling experiences (Israel et al., 2008). Other factors including stage of client identity development, social supports, and confidentiality assurances fostered more positive experiences (Israel et al., 2008). Applegarth and Nuttall (2016) also found LGBTGEQIAP+ clients who had helpful experiences mentioned the importance of the therapeutic relationship and their relationship focuses on clients as an individual first before their LGBTGEQIAP+ identity. Clients in this study identified a strong therapeutic relationship created a sense of hope and self-acceptance (Applegarth & Nuttall, 2016). These helpful experiences discussed by LGBTGEQIAP+ clients are connected to affirmative counseling practices. LGBTGEQIAP+ affirmative counseling practices is concerned with a counseling approach that is affirming and strength-based in which counselors provide an understanding, acceptance of, affirmation, and healing within their LGBTGEQIAP+ work (Ginicola et al., 2017). Affirmative counseling practices goal is to provide quality services that validates and supports the unique needs of clients.

LGBTGEQIAP+ clients are underserved, and their negative experiences have shown a clear need to improve counselor education and practices. These populations has high rates of poor mental health, seeks counseling at increased rates, and screen counselors due to disaffirming experiences (Liddle, 1997; Meyers, 2003; Russell & Fish, 2016). This seems to show the necessity of supervisors and CITs to be multiculturally competent since they will most likely work with LGBTGEQIAP+ persons. Quality counselor training is necessary to provide adequate and meaningful services. Unclear and vague standards from CACREP and the ACA Code of Ethics may have contributed to low CIT counseling self-efficacy.
Counseling Self-Efficacy with LGBTGEQIAP+ Clients

Clinical supervision offers a unique opportunity for counselors to grow and develop their multicultural competencies of attitudes, knowledge, skills, and actions (Bidell, 2005; Goodrich & Luke, 2011). Multicultural and social justice movements have enabled the development of counselor competencies in a way that more effectively meets the needs of individuals in recent decades compared to ever before (Smith & Shin, 2008). However, inadequate preparation of counselor educators and vague standards have contributed to counselors and supervisors feeling underprepared to meet LGBTGEQIAP+ needs (Case et al, 2009). Bryan (2018) acknowledged that professional counselors are reluctant to work with these populations.

Novice counselors have historically reported low counseling self-efficacy in working with LGBTGEQIAP+ clients resulting in feeling ill-equipped to provide quality services (Farmer et al., 2013; Goodrich & Luke, 2011; Graham et al., 2012; Green et al., 2009). Specifically, Green et al. (2009) explored comfort levels of professional counselors who already work with these populations, with many participants with high comfort levels but low counseling self-efficacy. Counselors in this study identified having minimal training in their graduate programs and (46%) lacked addressing LGBTGEQIAP+ issues in clinical supervision. Messinger (2007) suggested concerns with homophobia and heterosexism in clinical supervision were supervisors are less comfortable discussing LGBTGEQIAP+ related issues with supervisees. A more recent study, Farmer et al. (2013) found counselors have affirming attitudes toward the LGBTGEQIAP+ populations, but they feel unequipped in session. Graham et al. (2012) surveyed 234 CITs who reported overall low counseling self-efficacy but specifically with high levels of awareness, moderate levels of knowledge, and low perceived skills to work with LGBTGEQIAP+ clients.
Further, Tang et al. (2004) facilitated a study that explored CIT’s counseling self-efficacy and characteristics that generally predicted higher confidence levels. They found CITs with more internship hours, further in their coursework, and prior exposure or work experience influenced higher counseling self-efficacy to work with these populations (Tang et al., 2004). Participants who reported high counseling self-efficacy also experienced less anxiety to facilitate counseling related actions. The ability of counselors to identify their lack of high counseling self-efficacy seems to directly affect the perceived quality of services provided (Tang et al., 2004).

Overall, it seems that accidental harm may occur since counselors are working with LGBTGEQIAP+ clients with limited training and inclusive experiences (Goodrich & Luke, 2011). Scholars in the field recommend improved educational, more LGTBGEQIAP+ inclusive experiences within counselor education programs, and increased attention of LGBTGEQIAP+ unique needs in clinical supervision to better prepare students (Farmer et al., 2013; Graham et al., 2012; Troutman & Packer-Williams, 2014). To that end, both counselors and LGBTGEQIAP+ clients report continued concerns with dissatisfactions and lack of confidence or competencies. Clinical supervision of new counselors is crucial because of the increased need for LGBTGEQIAP+ counseling, counselor’s low counselor self-efficacy may affect their confidence to provide quality counseling services.

*Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory (LGB-CSI)*

The LGB-CSI was one of the first scales designed to assess counselor self-efficacy to perform LGB affirmative counseling (Dillion & Worthington, 2003). The LGB-CSI is a 32-item self-report measure that focuses on application of knowledge, advocacy skills, self-awareness, relationship, and assessment skills of counselors (Dillion & Worthington, 2003). The LGB-CSI and it’s short form, LGB-CSI-SF, are frequently used instruments for the past two decades.
The LGB-CSI-SF was developed to facilitate LGB affirmative counseling training with a 15-item version (Dillion et al., 2015). In addition to the SWAI, this study was influenced by major sub-scale themes of the LGB-CSI-SF because of its utility to explore counseling self-efficacy, see instrumentation section in methodology for more details.

**Gaps in Research**

Researchers have primarily focused on counseling self-efficacy of CITs, professional counselors, and supervisors who work with supervisees, and has explored supervisors and supervisees experiences at an individual level (Bernard & Luke, 2015; Farmer et al., 2013; Graham et al., 2012). There has been an emphasis on supervision styles, the SWA affecting counselor development, supervisor interactions, importance of counseling self-efficacy for supervisees, and client outcomes (Burkard et al., 2009; Enlow et al., 2019; Fernando & Hulse-Killacky, 2005; Mehr et al., 2015). However, very little research has focused on the supervisor-supervisee perceived working alliance, and how efficacy beliefs about each other have affected supervisee’s counseling self-efficacy to work with LGBTGEQIAP+ clients. Further, Bernard and Luke (2015) asserted the supervisor-supervisee relationship has received less focus in clinical supervision research, especially with diverse populations. It seemed important and valuable to explore how the relationship between supervisors and supervisees working alliance further plays a role in supervisee’s counseling self-efficacy to better serve LGBTGEQIAP+ clients.

**Summary**

This literature review provided a comprehensive understanding of specific interest areas about clinical supervision, the importance of the SWA, counseling self-efficacy, other-efficacy beliefs, LGBTGEQIAP+ populations contexts within the profession, and a rationale for this
The literature review was divided into three main categories: clinical supervision, efficacy beliefs, and LGBTGEQIAP+ populations which helped provide a framework.

Clinical supervision is a well-known essential component in CIT’s training and development (Bernard & Goodyear, 2019, 2005; Kozina et al., 2010; Livni et al., 2012). Supervision that is effective offers a unique opportunity to promote the development of a supervisee’s counseling self-efficacy (Bidell, 2005; Cashwell & Dooley, 2001; Goodrich & Luke, 2011). Evidence suggest LGBTGEQIAP+ persons are affected by more mental health illnesses and suicide compared to cisgender heterosexual peers (Liddle, 1997; Myer, 2003). Liddle (1997) found LGBTGEQIAP+ identified persons seek counseling services, attend counseling for longer durations, and screen counselors for affirmative practices. However, counselors-in-training (CITs) have historically reported low counseling self-efficacy to work with LGBTGEQIAP+ clients resulting in feeling unequipped to provide quality services (Farmer et al., 2013; Graham et al., 2012; Messinger, 2007). It is clear that improved counselor education practices are needed to provide quality services for clients. Researchers have recently started exploring the influence of supervisor-supervisee efficacy beliefs about each other’s abilities, other-efficacy, and how this influences supervisee’s overall counseling self-efficacy (Morrison & Lent, 2018). The emphasis of how the supervisor-supervisee SWA and efficacy beliefs might play a role with CITs who with LGBTGEQIAP+ clients was not explored. The next chapter explains methodology used.
Chapter 3

METHODOLOGY

The purpose of this cross-case study analysis was to explore the perception of the SWA and counseling efficacy beliefs for CITs who work with LGBTGEQIAP+ client(s). The following research questions helped frame an understanding of the perceived working alliance and counseling efficacy beliefs played a role in supervisee’s LGBTGEQIAP+ work.

1. How do CITs and supervisors separately describe their supervisory working alliance?
2. How do CITs and supervisors separately describe their counseling self-efficacy beliefs about working with LGBTGEQIAP+ clients?
3. How do CITs and supervisors separately perceive each other’s (other-efficacy) capabilities with counseling competencies to work with LGBTGEQIAP+ clients?
4. How do CITs describe their perceived SWA influence on their counseling self-efficacy to work with LGBTGEQIAP+ clients?
5. How do clients describe their counseling experiences working with their CIT?

Because the goal of this study was to explore perceptions across three levels of participants (i.e. supervisor, supervisee, client), a cross-case study qualitative research methodology was utilized. The qualitative nature of this study allowed all participants to provide open-ended responses to interview questions. Researchers have supported that cross-case format provides rich, in-depth descriptions of each case, and may be used for exploratory research (Stake, 2015; Yin, 2018). An advantage of a cross-case study is the ability to present themes within a case and between cases called cross-case analysis (Yin, 2018). Case studies that use both within and across case analysis have been found to be more effective at generating frameworks and
propositions (Barratt et al., 2011). A disadvantage to a survey or interview design is information obtained via self-report without capturing actual competence, may show desirability bias, and can be influenced by current mood (Farmer et al., 2013). The following section highlight methods of data collection.

**Methods of Data Collection**

This segment discusses recruitment procedures, data collection, sampling methods, and materials for this study.

**Recruitment**

Internet-based recruitment of client participants included an email solicitation using a convenience sample was utilized at a counseling training clinic at a mid-sized public university in the Midwest to broadcast an inclusion criteria survey for all current clients interested in completing a personal interview about their counseling experiences. The director of the specific counseling center was contacted, and their staff broadcasted this study’s invitation letter. Inclusion criteria target anyone who defined as LGBTGEQIAP+, at least 18 years of age, received at least one counseling session at the counseling center between Fall 2019 and Fall 2020, and those services by a master’s level CIT. A copy of the client participant recruitment email can be found in Appendix B. The e-mail communication included a recruitment script with inclusion criteria, a brief description of the survey, rationale for the study, and a link to the survey. A second email was sent to potential client participants three weeks after the first. Participants were informed that their personal information would remain anonymous, only the researcher has access to their information, no identifiable information will be used within publications, and they were free to exit the criteria screener at any time.
Data Collection

If selected, client participants were contacted via phone or email depending on participant’s choice. When chosen, client participants were informed to see if they were still interested, to complete the informed consent, and to schedule a personal interview. A copy of the informed consent can be found in Appendix C. The 30-minute personal interview was either in person, by phone, or video platform depending on participant preference. A $15 gift card was offered to client participants, and the gift card was sent via mail.

Client participants were asked if they were willing to allow the researcher to determine who their CIT was at the counseling center between Fall 2019 and Fall 2020. If granted, after the 30-minute personal interview, the CIT and the CIT’s supervisor were identified without the CITs or supervisor’s knowledge of who the client participant was in order to collect information from them about their SWA and supervisor-supervisor efficacy beliefs via semi-structured interviews. Likewise, CITs and supervisors received an email outlining a brief description of the survey, rationale for the study, inclusion criteria, and importance of their participation to the counseling profession. This inclusion criteria included participants who were a master’s CIT or a supervisor to a CIT and that CIT recently worked with LGBTGEQIAP+ client(s) between Fall 2019 through Fall 2020 at the counseling center.

Sampling Methods. Convenience sampling for recruitment and participant selection was used for this study to recruit LGBTGEQIAP+ clients from the specific Midwest counseling center. Due to the nature of exploring connected relationships between supervisor-supervisee and LGBTGEQIAP+ clients, this study used a sampling procedure in which I sampled from a specific population. The target group or population was CITs who received clinical supervision while they worked with an LGBTGEQIAP+ client. It is typical in qualitative research to study a
few individuals or a few cases depending on need of details and complexity of cases. Creswell and Guetterman (2019) support the ideas that too many cases may result in superficial perspectives and can take considerable time. Yin (2018) and Stake (2015) noted that due to the nature of cross-case study analysis, the sample size is irrelevant and there are no typical criteria. Maximal variation sampling is a strategy where the researcher samples cases that differ on some characteristic or trait (Creswell & Guetterman, 2019). This procedure requires an identification of the characteristic or trait then convenience sampling for accessibility purposes. Because of accessibility purposes, the cases were explored and selected from the Midwest counseling center. This study’s identified differences are the diverse supervisor-supervisee pairs and the differences within their relationships that may influence CITs work with LGBTGEQIAP+ clients. Researchers have used three to six cases for cross-case study analysis within their studies (Morales et al., 2011; Wang et al., 2016). I hoped to recruit enough clients that multiple supervisor-supervisee pairs can be recruited from, and distinct “cases” can be analyzed. I wanted all cases to be unique and unconnected, thus any supervisor or CIT can only participate in one case. Each case included one client, CIT, and that CIT’s supervisor. Thus, this study used four cases totaling 12 participants due to the complexity of interviewing all within a singular case in which all of these individuals are connected: a client, a CIT, and a supervisor.

**Instrumentation**

Two strategies were used to gain information, a Qualtrics screener and personal interviews. Client participants used a Qualtrics online screener survey with the link found in the initial email, a copy of this is in Appendix D. Supervisor and CIT participants received an email as well which asked about participation in the study and to partake in a face-to-face or Zoom interview, a copy of this is in Appendix E. This segment examines instruments that was utilized
with client participants, CITs, and that CIT’s supervisor. Instruments used depended on which type of participant they were.

**Client Participant Instruments**

The following instruments included for client participants: a) client inclusion criteria screener and b) a personal interview of counseling services received at the Midwest counseling center.

**Client Inclusion Criteria Screener.** These participants first took an inclusion criteria screener via Qualtrics that takes roughly three minutes to complete. Questions included: if they are at least 18, what their gender and pronouns are, if the participant identifies in the LGBTGEQIAP+ community, if they received counseling services at the counseling center between Fall 2019 through Fall 2020, roughly how many sessions completed that semester, and if the primary investigator would be allowed access to determine who the participant’s counselor was. The screener had the general research informed consent statement, see Appendix C.

**Personal Experiences Interview and Demographics Questionnaire.** Client participants completed their semi-structured personal interview via phone, in person, or via a video platform for 30-minutes. The interview consisted of eight main questions and several sub-questions related to their experiences, relationship to their counselor, and perceptions of counseling services received about their counselor’s ability to process their LGBTGEQIAP+ identity. Lastly, client participants were asked their age, race or ethnicity, gender, and LGBTGEQIAP+ identity. The demographic questions included were at the end of the interview due to vulnerability concerns. Please see a copy of the client participant interview questions and demographic questionnaire in Appendix E.
**CIT Participant Instruments**

The following instruments included for CIT participants: a) CIT demographic questionnaire and b) a semi-structured interview that involved questions about the SWA, counseling self-efficacy, and other-efficacy beliefs about the supervisor. The SWAI-T/S and the LGB-CSI-SF subscales influenced this study. I decided the semi-structured interviews provided enough depth of the subscales in which participants did not need to complete the scales before their interview. This resulted in greater participation rather than less. Combining into one interview assisted with flow, participant reflections, and exploration of how counseling self-efficacy to work with LGBTGEQIAP+ clients and clinical supervision work together to influence CIT’s counseling self-efficacy to work these populations.

**CIT Demographic Questionnaire.** CIT participants were asked their age, race or ethnicity, gender, affectional and/or sexual orientation, and when did they complete their practicum training experience. This questionnaire required roughly ten minutes to complete.

**CIT Interview.** CIT participants completed their semi-structured personal interview in person or via a video platform lasting about 60-minutes. The interview consisted of seven main questions and several sub-questions related to their experiences in clinical supervision, their supervisory working relationship with their supervisor, other-efficacy beliefs, and their overall perception of their counseling self-efficacy to work with LGBTGEQIAP+ clients. Please see a copy of the CIT participant interview questions in Appendix E. The SWAI-T form and the LGB-CSI-SF informed the interview protocols for CIT participants through all of their sub-scales. The SWAI-T sub-scales utilized were rapport, trust and safety, supervisor investment in CIT’s goal development, and client focus during supervision (Efstation et al., 1990). The following are highlighted example questions influenced by the SWAI-T:
1. How comfortable were you working with this supervisor? On a scale of (strongly comfortable, somewhat comfortable, somewhat uncomfortable, or strongly uncomfortable) and describe your relationship with your supervisor.

2. Help me understand how you felt about trusting your supervisor with vulnerable topics or concerns.

3. Please describe your supervisor’s ability to give you space to talk freely within supervision.

4. Please describe your supervisor’s attentiveness to stay in tune with you doing supervision.

5. Please describe your supervisor’s style when commenting about your performance.
   
   1. How free to did you feel to mention to your supervisor any troublesome feelings you might have about him/her/them?

6. In what ways did supervision meet your specific developmental goals or not?

The sub-scales from the LGB-CSI-SF focused on: CITs perceived relationship with their LGBTGEQIAP+ client(s), knowledge, skills, awareness, and ability assess to meet LGBTGEQIAP+ needs (Dillion et al., 2015). The following are example questions that influenced by the LGB-CSI-SF:

1. How confident are you in your ability to work with diverse sexual identities?

2. How confident are you in your ability to work with gender expansive individuals? For example, working with gender nonconforming or transgender individuals.
3. How confident are you in your ability to establish an atmosphere of trust and affirmation when working with LGBTGEQIAP+ clients (strongly not confident, somewhat not confident, somewhat confident, strongly confident) and how do you build that atmosphere in sessions?

4. Please describe your attitude toward LGBTGEQIAP+ individuals?

   1. How does LGBTGEQIAP+ issues impact your clients?

   2. Help me understand how counselors can advocate on behalf of LGBTGEQIAP+ clients.

   3. Please explain your exposure outside of practicum to these populations.

   5. Please describe your feelings around being able to assess unique issues and or problems of LGBTGEQIAP+ clients.

**Supervisor Participant Instruments**

The following instruments will be included for supervisor participants: a) supervisor demographic questionnaire and b) a semi-structured interview that involves questions about the SWA, counseling self-efficacy, and other-efficacy beliefs about the supervisor.

**Supervisor Demographic Questionnaire.** Supervisor participants were asked their age, race or ethnicity, gender, affectional and/or sexual orientation, and if they were a faculty supervisor or doctoral level supervisor. This questionnaire lasted roughly ten minutes to complete.

**Supervisor Personal Interview.** Supervisor participants completed their semi-structured personal interview in person or via a video platform lasting about 60-minutes. The interview consisted of seven main questions and several sub-questions related to their experiences in
clinical supervision with their supervisee, their supervisory working relationship with their supervisee, other-efficacy beliefs about the supervisee, and the supervisor’s overall perception of their counseling self-efficacy to work with LGBTGEIAP+ clients. Please see a copy of the supervisor participant interview questions in Appendix E. The SWAI-S and the LGB-CSI-SF also informed the interview questions for supervisor participants. Major sub-scale implied themes from the SWAI-S utilized were rapport, trust and safety, supervisor investment in CIT’s goal development, and client focus during supervision (Efstation et al., 1990). The following are highlighted example questions influenced by the SWAI-S:

1. How comfortable were you working with this supervisee? On a scale (strongly comfortable, somewhat comfortable, somewhat uncomfortable, or strongly uncomfortable) and describe your relationship with your supervisee.

1. How comfortable did your supervisee appear to work with you?

1. Please describe your able to give space to the supervisee to talk freely within supervision.

2. Please describe how your supervisee stays in tune with you during supervision.

3. During supervision, how does your supervisee seem able and or willing to stand back and reflection what you are saying to him/her/them?

4. During supervision, how did you encourage your supervisee to talk about their work in ways that are comfortable for him/her/them.

5. Explain if your supervisee works with you on specific developmental goals during your supervisory sessions.

1. How did you help your supervisee stay on track with their goals?
Sub-scales for the LGB-CSI-SF were centered around: CITs perceived relationship with their LGBTGEQIAP+ client(s), knowledge, skills, awareness, and ability assess to meet LGBTGEQIAP+ needs (Dillion et al., 2015). The following are highlighted questions modified for more general exploration which was influenced by the LGB-CSI-SF:

1. How confident are you in your ability to work with diverse sexual identities?

2. How confident are you in your ability to work with gender expansive individuals? For example, working with gender nonconforming or transgender individuals.

3. How confident are you in your ability to establish an atmosphere of trust and affirmation when working with LGBTGEQIAP+ clients (strongly not confident, somewhat not confident, somewhat confident, strongly confident) and how do you build that atmosphere in sessions?

4. Please describe your attitude toward LGBTGEQIAP+ individuals?

   1. How does LGBTGEQIAP+ issues impact your clients?

   2. Help me understand how counselors can advocate on behalf of LGBTGEQIAP+ clients.

   3. Please explain your exposure outside of practicum to these populations.

5. Please describe your feelings around being able to assess unique issues and or problems of LGBTGEQIAP+ clients.
Materials

See Appendix C for consents to participate, Appendix B for recruitment emails, and Appendix E for personal interview instruments used in this study. The following sections discusses procedure and data analysis.

Procedure

Permission to conduct data collection from NIU’s Institutional Review Board was first secured then the next step was to contact the director of the specific Midwest counseling center to request for this study’s invitation letter to be sent out to all clients from Fall 2019 through Fall 2020. The faculty and staff who work at the counseling center sent out an email to all potential participants twice (see Appendix B). The invitation letter had a link to Qualtrics where participants consented to completing the screener before moving forward and understood this survey did not guarantee selection to partake in this study. Potential study participants were then contacted via their preference, where the personal interview (i.e., in person, by phone, or video platform) was scheduled, informed consent was sent and signed, and any questions participants may have were answered. Before starting the personal interview or demographic information, client participants were reminded of audio recording for quality assurance and participants could stop at any time with continued compensation. After this discussion, continued verbal informed consent was requested. Client participant personal interviews lasted roughly 30-minutes with seven main questions and several sub-questions. Participants agreed to giving the primary investigator access to their CCTC client record, only to determine who their counselor was in order to interview that CIT and the CIT’s supervisor. The client participant was assured their information and, even other participants in that singular case, would not have access to what the client participant would share.
A selective sample was used for this study where the sampling technique involved mindful selection of participants (Creswell & Gutierrez, 2019), who satisfy the inclusion criteria to meet three points of entry: an LGBTGEQIAP+ client, their CIT, and the CIT’s supervisor all equaling one case. After the client participant granted access to their client record, the counseling center faculty and staff determined who the CIT was, and the CIT’s supervisor. The CIT and CIT’s supervisor received an email solicitation with an invitation letter to participate in this study and why their participation mattered. Both the CIT and CIT’s supervisor participants then was scheduled individual 60-minute face-to-face or Zoom interviews, the informed consents was sent, and signed by participants. Prior to the start of the personal interview or demographic information, these participants reminded of their interview being audio recorded for quality assurance, participants could stop at any time, and the primary investigator would not share information about the CIT or CIT’s supervisor to the other during each member’s interview. Then, continued verbal informed consent was requested. All interviews were conducted, and participants would be acknowledged for their participation and time.

All data was confidential and identifiable information was secured and separated with a key only the primary investigator would have access to. Records were stored in a password protective folder on NIU’s OneDrive. Records, besides the consent forms, would be kept until the completion of the study and analysis, roughly two years. All information, besides the consent forms, will be shredded after completion of manuscript and publication.

**Data Analysis**

Descriptive statistical analysis conducted to characterize the demographics of all the participants. I compiled qualitative data and analyzed according to cross-case analysis protocols once a complete case of participants was interviewed (Yin, 2018). Yin (2009) argued a study’s
theory or framework can be further strengthened by cross-case comparisons. A cross-case analysis should have a guided study framework that assists with coding; however, it is important to be open to revising the framework with actual findings (Yin, 2018). Each case study was analyzed and codes created inductively and deductively that explored similarities and differences within and across cases, see Figure 4 for detail. A constant comparative method (CCM), which was created for theoretical studies (Boeije, 2002), was used to explore and compare within and across cases. The main goal of qualitative research is to identify similarities, differences, patterns, or wholes (Cashwell & Guetterman, 2019). Yin (2018) states that the most important strategy is to follow a study’s guiding framework while exploring themes, thus this study analyzed data with the lens of the SWA, counseling self-efficacy, and other-efficacy beliefs that may play a role in CITs overall counseling self-efficacy to work with LGBTGEQIAP+ clients.

Again, a codebook, see Figure 4, was utilized for guidance and to help capture data after initial case analysis through data-driven codes. The codebook was used to identify major themes and differences explored throughout all cases. The specific steps to inductively and deductively create themes for this codebook were: reduce raw information to themes from the first case, confirm and compare themes from subsamples, create themes, and determine utility of themes across all cases (DeCuir-Gunby et al., 2010; Yin, 2018). Another common technique used by Yin is explanation building which supports a guiding framework. Explanation building is a pattern matching technique that aims to analyze the case study or studies by adding an explanation for findings (Yin, 2009), thus I developed explanations to findings through the lens of the guiding framework based off the data using rigorous methods. First, a singular case was analyzed for major themes and then a creation of an explanation to what happened was formed. Then the second case was analyzed using a case-comparison method where the explanation from the
previous case was built upon while exploring differences. I continued to build on each case until all four cases were complete. I had to revisit previously coded cases and re-code as I learned more from subsequent cases. Lastly, an examination of the cross-themes was analyzed for wholes, see Figure 2 for a visual representation and clarity for the analysis.

Figure 2: Analysis Procedure.

**Researcher Positionality**

Interest in this study derived from my experiences growing up in a small community where, if a person “fit” in, they were extended support and those who did not were ostracized. Some of these individuals being friends who had an extremely difficult time due their affectional orientation and diverse identities. During my master’s training, I noticed there were little to no LGBTGEQIAP+ trainings or classes, only brief conversations in some classes. My belief is that most counseling programs provide insufficient training to CITs working with these populations resulting in counselors continuing to feel unequipped. I am a European-American cisgender heterosexual female. Participants had an orientation or gender identity that is different than my own. I am not apart of the LGBTGEQIAP+ communities hence, I do not share lived experiences.
I am a doctoral student at Northern Illinois University (NIU) and I have served as a doctoral supervisor at the specific Midwestern counseling center where participants were recruited for this study. Potential exposure to participants I directly worked with was possible. This study would not use direct supervisees I supervised to prevent potential biases. I attempted to create an open dialog with my chair and committee members about my beliefs and reactions to participant responses to illuminate my biases as necessary during the analysis stage. My hope is findings would be beneficial for counselor education programs. One of these hopes was to improve counselor development of counseling self-efficacy to work with these populations by enhancing clinical supervision practices.

**Summary**

The participant demographics, recruitment and data collection, instrumentation, a materials were defined and described. This study utilized an online Qualtrics screener survey for client participants. Client participants completed a personal interview lasting 30-minutes which will include a demographic questionnaire, perceptions, and experiences of services received at the Midwest counseling center from Fall 2019 through Fall 2020. CITs and CIT’s supervisors received a face-to-face or Zoom 60-minute interview that included a demographic questionnaire and questions that was influenced by the LGB-CSI-SF, and the SWAI-T/S. Data analysis procedures was explored using a cross-case study analysis that examined within and between case themes.
Chapter 4

FINDINGS

This chapter is divided into three sections that includes participants overview, within case analysis, and cross-case analysis. The first part of this chapter provides a demographic overview of participants. Each case is then presented with themes and relevant findings that have emerged from within case analysis. Participant names have been removed to protect their identity. The third part of this chapter presents findings from the cross-case analysis that identifies patterns, themes, and other distinctive features across cases.

**Participants Overview**

Each case consisted of one counselor-in training (CIT), one supervisor, and one client. With four cases, there were 12 participants in total (four CITs, four supervisors, and four clients). Participant demographics revealed the following: four women, five males, two nonbinary, and one participant who defined as gender fluid. Participant’s ages ranged between 20 to 56 years old, with the majority of participants in their 20s and 30s. Most participants (seven) described their race or ethnicity as White, with three who stated Hispanic or Latino, one as Black, and one participant identified as Asian. Seven participants identified as straight or heterosexual, one pansexual, one bisexual, one open, and two identified as queer. All CITs were in their master’s practicum, one supervisor was a doctoral supervisor intern, and three were faculty supervisors. All practicum experiences fell between Fall 2019 and Fall 2020.
<table>
<thead>
<tr>
<th>Case Affiliation Type</th>
<th>Participant Type</th>
<th>Gender</th>
<th>Age</th>
<th>Race or Ethnicity</th>
<th>Affectional and/or Sexual Orientation</th>
<th>Experience Semester</th>
<th>Participant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case #1</td>
<td>Supervisor</td>
<td>Male</td>
<td>56</td>
<td>White</td>
<td>Straight</td>
<td>Spring 2020</td>
<td>Faculty Supervisor</td>
</tr>
<tr>
<td>Case #1</td>
<td>CIT</td>
<td>Female</td>
<td>24</td>
<td>White</td>
<td>Heterosexual</td>
<td>Spring 2020</td>
<td>Practicum Level CIT</td>
</tr>
<tr>
<td>Case #1</td>
<td>Client</td>
<td>Gender Fluid and Trans Feminine</td>
<td>36</td>
<td>White</td>
<td>Pansexual</td>
<td>Spring 2020</td>
<td>Client</td>
</tr>
<tr>
<td>Case #2</td>
<td>Supervisor</td>
<td>Female</td>
<td>37</td>
<td>Black</td>
<td>Open</td>
<td>Fall 2020</td>
<td>Faculty Supervisor</td>
</tr>
<tr>
<td>Case #2</td>
<td>CIT</td>
<td>Female</td>
<td>25</td>
<td>Asian</td>
<td>Heterosexual</td>
<td>Fall 2020</td>
<td>Practicum Level CIT</td>
</tr>
<tr>
<td>Case #2</td>
<td>Client</td>
<td>Male</td>
<td>20</td>
<td>White</td>
<td>Bisexual</td>
<td>Fall 2020</td>
<td>Client</td>
</tr>
<tr>
<td>Case #3</td>
<td>Supervisor</td>
<td>Male</td>
<td>38</td>
<td>Hispanic</td>
<td>Heterosexual</td>
<td>Fall 2019</td>
<td>Faculty Supervisor</td>
</tr>
<tr>
<td>Case #3</td>
<td>CIT</td>
<td>Male</td>
<td>25</td>
<td>White</td>
<td>Heterosexual</td>
<td>Fall 2019</td>
<td>Practicum Level CIT</td>
</tr>
<tr>
<td>Case #3</td>
<td>Client</td>
<td>Trans Nonbinary</td>
<td>21</td>
<td>White</td>
<td>Queer</td>
<td>Fall 2019</td>
<td>Client</td>
</tr>
<tr>
<td>Case #4</td>
<td>Supervisor</td>
<td>Male</td>
<td>38</td>
<td>Latino</td>
<td>Straight</td>
<td>Fall 2020</td>
<td>Doctoral Supervisor Intern</td>
</tr>
<tr>
<td>Case #4</td>
<td>CIT</td>
<td>Female</td>
<td>26</td>
<td>Latino</td>
<td>Heterosexual</td>
<td>Fall 2020</td>
<td>Practicum Level CIT</td>
</tr>
<tr>
<td>Case #4</td>
<td>Client</td>
<td>Nonbinary</td>
<td>20</td>
<td>White</td>
<td>Queer</td>
<td>Fall 2020</td>
<td>Client</td>
</tr>
</tbody>
</table>

Figure 3: Participants Demographic Overview.

**Within Case Analysis**

As stated previously, each case is presented below with relevant themes that emerged from a within case analysis with the lens of the guided framework that explores how perceptions of the SWA, and counseling efficacy beliefs played a role for CITs who work with LGBTGEQIAP+ client(s). Client participants shared their experiences that influenced the therapeutic alliance and other-efficacy beliefs about the CIT’s ability to work with these populations. Please see Figure 4 at the end of the within case analysis for descriptions of the
major themes identified. Throughout the cases, usage of the term “both” means both supervisory participants.

Case #1

The following participants completed their discussed experiences Spring 2020. Demographics of case one participants includes: a male faculty supervisor who was 56 years old at the time of participation, White, and self-identified as straight. The CIT was female, 24 years of age at the time of participation, White, and self-identified as heterosexual. The client participant defined as gender fluid and trans feminine, 36, White, and self-identified as pansexual. The purpose of the first case was to explore and set a foundation to the analytic framework. Common patterns were found that influenced the CIT and supervisor’s working alliance satisfactions, some factors that influenced their counseling self-efficacy and other-efficacy beliefs, and how their overall working relationship played a role in the CIT’s LGBTGEQIAP+ client work according to each other.

Factors that Influenced Working Alliance Satisfactions

Both CIT and supervisor discussed strengths in their working relationship whereas the CIT was the only one who identified a major barrier to their supervisory working alliance. Thus, the subthemes strengths in bond and barriers in bond emerged.

**Strengths in Bond.** Participants identified strengths in the bond were influenced by perceived positive attributes about the other member, emotional vulnerability, their previous relationship prior to practicum, trust and connection to the other, and the supervisor’s strength-based approach that validated the CIT. Shared perceived positive attributes about each other aided in both their comfort levels to work together. The supervisor described the CIT as “open to experience, trustworthy, having a nonjudgmental presence with body language and nonverbal
communication, does outside research, and positive.” The CIT’s willingness to be vulnerable to express client concerns and intrapersonal stressors were highlighted. The supervisor strongly identified their connection and trust as a pillar in their working relationship. Similar to the supervisor’s beliefs, the CIT stated, “my supervisor is very validating and emotionally supportive, he helped me through a difficult time a year ago when I was struggling.” Their previous instructor-student relationship built a solid, comfortable, and vulnerable working alliance prior to practicum; however, this started to change.

**Barriers in Bond.** After practicum began, the CIT’s comfort levels started to change due to the perceived supervision inadequacies that did not meet the CIT’s unique needs of guidance to work with clients which had resulted in the CIT lacking self-confident to provide quality services. “I wasn’t comfortable sharing with my supervisor how I felt about him. I didn’t want to hurt his feelings, though I could share about clients or myself. Supervision didn’t go well since I didn’t get the guidance I needed.” The CIT described this barrier as problematic which resulted in the CIT eventually terminating supervision and postponing practicum until a later date. Further, both CIT and supervisor discussed individual internal factors of mental health as a potential barrier. CIT identified not wanting to hurt the supervisor’s feelings whereas the supervisor mentioned struggling with high amounts of anxiety and adjustment concerns that may have influenced supervision due to COVID-19 that semester, which ultimately affected the CIT’s experience.

**Summary.** The CIT rated the SWA lower than their supervisor due to unmet needs to help increase their counselor development and meet their goals in practicum. Both identified strong positive personal and professional attributes that contributed to trust and connection in their working relationship and this trust changed for the CIT only. Additionally, the client
participant also shared a positive therapeutic alliance like the supervisor, where the CIT was welcoming, affirming, understanding, nonjudgmental with nonverbals, and met the client where they were.

Factors that Influenced Perceived Counseling Self-Efficacy Beliefs

Strengths and barriers to both their individual comfort levels to work with LGBTGEQIAP+ clients were identified. Consequently, the subthemes strengths of comfortability and barriers to comfortability were developed. CIT and supervisor participants shared their own perceived multicultural competencies in attitude and awareness, knowledge, and skills.

Strengths of Comfortability. Knowledge in advocacy efforts needed for these populations and confidence in their own abilities to provide affirmative person-centered atmospheres to work with LGBTGEQIAP+ clients was identified as strengths by both participants. High attitudes of allyship and acceptance further strengthened both their individual comfortabilities as well. Limited strengths of each of their comfortabilities were shared.

Barriers to Comfortability. Both supervisory participants seemed to strongly share their own perceived lack of knowledge, education, and experience as a barrier to their individual comfort. The CIT stated “I was uncomfortable working with LGBTGEQIAP+ clients during practicum because I was uniformed and didn’t understand how to connect genuinely. I was not confident and afraid I would do something wrong.” The supervisor also acknowledged “I have no experience or formal training to work with these populations, comparing to my peers I feel underequipped.” Informal conversations within the CIT’s courses and having taken a course to work with LGBTGEQIAP+ clients helped and was still not enough to build the CIT’s counseling self-efficacy. The importance that both had gained training and are eager to continue to seek out
their own professional development to work with these populations were highlighted by both as a need. The CIT highlighted nonverbal social messages and reactions by the supervisor influenced the CIT’s confidence to work with clients negatively. Facial expressions by the supervisor that were inquisitive resulted in the CIT feeling somewhat judged or as if they had done something wrong.

**Summary.** Both supervisory participants rated themselves with overall lower confidence, knowledge, and skills to work with these populations. They did express high levels of acceptance and awareness toward these populations.

**Factors that Influenced Perceived Other-Efficacy Beliefs**

Each member of the supervisory dyad shared their perceptions on the other member’s ability (other-efficacy) to provide quality counseling services to LGBTGEQIAP+ clients. Subthemes were: other-efficacy beliefs that supported ability and other-efficacy beliefs that hindered confidence in ability.

**Other-Efficacy Beliefs that Supported Ability.** Each supervisory member shared positive personal and professional attributes and strong affirming core skills that supported their other-efficacy beliefs. According to the CIT, “my supervisor is very validating and can hone in on client’s feelings.” Likewise, the supervisor identified several characteristics that supported the CIT’s ability to work with these populations. “My CIT embraces these communities, is trustworthy, and open to experience.” The supervisor further discussed the CIT’s multicultural competences of being viewed as knowledgeable and educated, with strong positive values about these populations, and confidence in the CIT’s ability to affirmative counseling utilizing core skills.
Other-Efficacy Beliefs that Hindered Confidence in Ability. In contrast, limited exposure to these communities, potentially being unable to meet LGBTGEQIAP+ client’s unique needs, and perceived limited knowledge and skills to work with these populations were addressed by the CIT as factors that hindered confidence in the supervisor’s ability to work with these populations.

Summary. Both supervisory participants supported each other’s ability to provide affirmative core skills to work with these populations and the CIT felt more competent to provide these services comparing themself to their supervisor. Multiple other-efficacy strengths were highlighted by the supervisor, whereas the CIT discussed more reasons for the lack of confidence in the supervisor’s ability. To aid to the supervisor’s perceptive about the CIT, the client participant described the CIT as knowledgeable, skillful, and was able to effectively explore a satisfactory amount of identity concerns in sessions.

Perception of Experiences on LGBTGEQIAP+ Work

Perceptions of the SWA and counseling efficacy beliefs seemed to play a role in CIT’s confidence and ability to work with these populations. Both supervisory participants identified their SWA and perceived supervision effectiveness as key contributors. The CIT identified the lack of guidance and feedback to meet unique needs as unsatisfactory which influenced their lack of confidence and feeling overall incompetent during practicum. The supervisor’s supportive style that offered encouragement as if he was the CIT’s “cheerleader,” according to the supervisor, aided in the CIT’s growth and confidence to continue to focus on the CIT’s interest area to work with LGBTGEQIAP+ clients. Whether the perception of their relationship was helpful or unhelpful, both believed the working relationship directly influenced the CIT’s overall development to work with these populations.
Case #1 Guided Framework Summary

The CIT perceived themselves with lower counseling self-efficacy to work with LGBTGEQIAP+ clients. CIT described high attitudes and awareness, medium knowledge, and low skills to provide quality services. This was indirectly influenced by the supervisor’s other-efficacy beliefs about the CIT. The supervisor strongly supported and trusted the CIT’s abilities which was shown through verbal and nonverbal messages. The supervisor’s style and trust in the CIT was shown through the usage of a strength-based and open dialogue approach. The SWA was perceived as strongly comfortable by the supervisor as shown by the CIT emotional vulnerability about clients and or intrapersonal concerns. Yet, the social messages, SWA, and emotional arousals during and after supervision influenced the supervisor’s confidence and ability to work with LGBTGEQIAP+ clients and the supervisor’s ability to provide supervision in a way that would meet the CIT’s unique needs. This left the CIT with decreased confidence and feeling unequipped to provide competent services. However, the CIT continued to portray affirmative skills (positive nonjudgmental presence like in supervision) which resulted in the client perceptions of the CIT as confident, competent, and having a positive therapeutic alliance.

Case #2

The following participants completed their discussed experiences Fall 2020.

Demographics of case two participants includes: a female faculty supervisor who was 37 years old at the time of participation, Black, and self-identified as open. The CIT was female, 25 years of age at the time of participation, Asian, and self-identified as heterosexual. The client participant defined as male, 20, White, and self-identified as bisexual. The findings of the first case set the stage for the second case to continue to explore factors that relate to their perceived
SWA and counseling efficacy beliefs that influence the CIT’s overall counseling self-efficacy to work with LGBTGEQIAP+ clients.

Factors that Influenced Working Alliance Satisfactions

Subthemes strengths in bond and barriers in bond continued to surface in this case.

Strengths in Bond. A strong bond was appreciated by both supervisory participants as shown by their desires to share several positive personal and professional attributes about each other. CIT stated, “my supervisor gave me a sense of comfort to share anything, was always smiling, was nonjudgmental, gave me space to express any concerns I had, believed in my ability”. The supervisor shared “my supervisee was always eager to learn, humble, and curious. She was comfortable acknowledging client issues or concerns in supervision.” Perceived overall supervision effectiveness stood out to both participants in case two as well as the first case. A strength in their bond, identified by the supervisor, is the supervisor’s ability to focus on the unique processing needs of the CIT and understanding there are internal factors of self-consciousness that could be influencing the CIT’s development. Adapting supervision in a way that slows down the conversation to give the CIT time to reflect and articulate helped the CIT grow, according to the supervisor. “I consistently monitored our supervision goals and the CIT’s needs then readjusted with the CIT as necessary.” Because of this collaboration, the CIT perceived their supervision experiences as high quality and reinforced this with the belief that the supervisor did their best to create an individualized experience to meet the CIT’s needs. For instance, the CIT reported an innate trust in the supervisor to help grow and develop their own counselor identity and self-confidence. A strong SWA and comfortability to work together were identified by both participants as a major strength in their bond.
**Barriers in Bond.** One small barrier the supervisor acknowledged was the inability to read the CIT’s nonverbals at times which affected the supervisor’s ability to understand what the CIT was processing and articulating during supervision. The use of intentional prompts by the supervisor was used to explore this barrier. The supervisor shared some concerns about the CIT’s mental health and self-uncertainty; however, reported this did not affected the relationship and the supervisor said they were able to adapt supervision in a way that was beneficial to support the CIT’s continued growth.

**Summary.** Both supervisory participants rated their SWA as strong with several positive personal and professional characteristics that aided in their effective collaboration. Perceived supervision effectiveness was highlighted by both supervisory participants due to the adaption of the supervisory style to meet unique needs. Trust, connection and an open dialogue for emotional vulnerability during supervision strongly enhanced their SWA. Despite small barriers perceived by the supervisor, those elements did not affect the working relationship negatively, more of an understanding on how to work with the CIT. Notwithstanding, the client participant shared a more negative therapeutic alliance due to little interactions, feedback, and being unable to read the CIT’s nonverbals at times which was a small concern identified with supervision as well. The client participant did also support the theme that the CIT could be trusted.

**Factors that Influenced Perceived Counseling Self-Efficacy Beliefs**

Like case one, the subthemes strengths of comfortability and barriers to comfortability continued to be reinforced.

**Strengths of Comfortability.** Both supervisory participants believed in their own ability to set affirmative person-centered atmospheres by using the core conditions of nonjudgement, genuineness, and unconditional positive regard for clients. Very high values and positive
affirmative attitudes toward these populations were shown by them sharing that “people are people” and “I think every person deserves to be who they are without fear of judgement.” Strengths in comfortability were also highlighted within descriptions of their awareness, advocacy efforts, and perceived quality of education or training. Both discussed strong abilities to create a welcoming and safe space for all clients which included LGBTGEQIAP+.

Understanding clients are the experts of their own lives, the importance of taking a humanistic approach to meet them where they are, and the incredible role of counselors to speak for those who feel voiceless were expressed by the CIT. Strong abilities to be genuine with clients, discuss limitations on intake forms, and the ability to discuss current legislative concerns that could impact these concerns all while validating clients was highlighted by the supervisor as major strengths.

**Barriers to Comfortability.** Both supervisory participants shared somewhat limited formal education during their training programs; yet the CIT was able to appreciate the small conversations and learnings throughout classes. The supervisor identified being very intentional to attend workshops and trainings to strengthen their LGBTGEQIAP+ work at all professional conferences. Barriers to comfortability seemed to center around perceived limited exposure and limited experiences by both individuals. The supervisor mentioned their own awareness and understanding that the ever-growing fast-paced changes within these populations, and the different nuances, has created a sense of hesitation to be strongly comfortable to work with these populations. Low self-confidence in general was mentioned by CIT and the CIT said this could play a role in counselor development.

**Summary.** Both supervisory participants rated many strengths to support their counseling self-efficacy to work with these populations. The CIT rated themselves as very
confidence due to their attitude and skills to provide a person-centered atmosphere knowing experiences and knowledge with LGTBGEQIAP+ populations could grow. That being said, the CIT would rate barriers to comfortability as well. The supervisor rated confidence in knowledge, skills, and awareness; yet would not rate this as highly confident due to an awareness that there is always more to learn. A major barrier to comfortability for both was limited exposure and direct experiences, and the lack of formal education within their training programs. The supervisor highlighted to alleviative some of these barriers, the importance to seek training through professional conferences.

**Factors that Influenced Perceived Other-Efficacy Beliefs**

Subthemes other-efficacy beliefs that supported ability and other-efficacy beliefs that hindered confidence in ability to work with LGTBGEQIAP+ clients continued.

**Other-Efficacy Beliefs that Supported Ability.** Both supervisory participants supported each other’s ability to set an affirmative atmosphere with several internal positive personal and professional characteristics discussed. CIT shared an openness regardless of background and the supervisor’s welcoming presence as strong characteristics to work with LGBTGEQIAP+ clients. The supervisor expressed eagerness, curiosity with a willingness to learn, and trust in her positive attitude as major contributors in support of the CIT’s ability. CIT identified the supervisor as a “wealth of knowledge” and can work with anyone. Great use of skills was highlighted by the supervisor when the CIT was confident in their abilities.

**Other-Efficacy Beliefs that Hindered Confidence in Ability.** Other-efficacy beliefs that hindered confidence was discussed by the supervisor only. The supervisor expressed concerns about the CIT’s mental health during COVID-19, balancing life, and the CIT’s struggle with self-uncertainty. A lack of self-awareness to explore vulnerable topics or concerns during
supervision and inconsistency with validating client’s feelings has influenced the supervisor’s perception of the CIT’s ability to work with these populations. Overall, the supervisor identified the CIT as willing and able to explore these concerns; however, lacked the self-awareness to be able to start to explore these limitations without prompts. Continued supportive supervision in the future will increase the CIT’s multicultural competences, especially with gained LGBTGEQIAP+ experiences, according to the supervisor.

**Summary.** Both supervisory participants shared perceived positive characteristics in support of their abilities to work with LGBTGEQIAP+ clients. The CIT strongly believed in the supervisor’s attitude, awareness, knowledge, and skills to work with diverse backgrounds. The supervisor mentioned confidence in CIT’s ability because of their positive attitude, willingness, and skills when the CIT does feel confident. The lack of confidence, self-awareness, and limited knowledge was the biggest perceived barrier as seen by the supervisor. A metaphor was used by the supervisor to explain the need for self-confidence and for the CIT to start to take risks with clients, “it’s like thinking about when someone is skydiving and they say jump, the person is still standing there nervous. Risk was needed to continue to engage clients and meet their needs.” Even though the supervisor expressed continued areas of growth, this never impacted their working relationship. The client participant also identified the CIT as probably knowledgeable but lacked self-confidence. The little feedback and interaction together hindered strong perceptions of the CIT’s ability to work with LGBTGEQIAP+ clients.

**Perception of Experiences on LGBTGEQIAP+ Work**

Similar to case one, the perception of the SWA and counseling efficacy beliefs was perceived influential in the CIT’s overall LGBTGEQIAP+ work. The CIT discussed the quality of supervision influenced their self-confidence and identity growth positively.
My supervisor always let me know that I am doing the best I can, here are some areas of growth. A lot of the time I felt the importance of being true to myself, and my role as a counselor, and how this looks different for everyone. (CIT two)

The CIT strongly valued the uniqueness of supervision the supervisor provided to meet their goals. The supervisor identified their relationship played a role through conversations, encouragements, and prompts to reflect and learn more about these populations. This was just a starting point and the CIT can continue to increase their competencies with increase experience with the practice of affirmative language in the future. “Using words or terms will help the CIT develop comfortability, familiarity, and fluidity”.

Case #2 Guided Framework Summary

The CIT perceived themselves with higher counseling self-efficacy to work with LGBTGEQIAP+ clients, despite struggling with self-consciousness in general. CIT expressed very high attitudes, high skills, with medium knowledge to provide quality services. This was indirectly influenced by the supervisor’s approach and other-efficacy beliefs. The supervisor supported the CIT’s positive attitude, curiosity, and skills to work with these populations. The supervisor’s approach to adapt supervision in a way that meets specific developmental goals to aid in needed growth in CIT awareness, confidence to take risks, and knowledge. Supervisor’s recognition of unique needs of each supervisee helped create a strong SWA since the supervisor was consistently positive, welcoming, and nonjudgmental. Due to these experiences in supervision, the perception the CIT received was that the supervisor supports their ability unconditionally and believes in their counseling self-efficacy which resulted in the CIT feeling overwhelmingly supported and felt accepted. The supervisor’s style and support helped the CIT increase their overall counseling self-efficacy to work with these populations. Despite high perceived counseling self-efficacy, the CIT’s client identified a barrier in their therapeutic
relationship due to limited interactions and feedback from the CIT which the supervisor did mention being unable to read nonverbals or recognize what the CIT was processing without prompts. The client participant stated they could trust the CIT with vulnerable topics about their identity and getting the space to express helped.

Case #3

The following participants completed their discussed experiences Fall 2019. Demographics of case one participants includes: a male faculty supervisor who was 38 years old at the time of participation, Hispanic, and self-identified as heterosexual. The CIT was male, 25 years of age at the time of participation, White, and self-identified as heterosexual. The client participant self-identified as trans nonbinary, 21, White, and self-identified as queer. The findings from cases one and two continued to be strengthened throughout this case with participants experiencing their own unique lived experiences that influenced the SWA, counseling efficacy beliefs, and the overall CIT counseling self-efficacy to work with LGBTGEQIAP+ clients.

Factors that Influenced Working Alliance Satisfactions

Strengths in bond and barriers in bond continued to be highlighted by these participants. Both shared comfortability with their perceived SWA. The CIT identified reasons for being moderately comfortable whereas the supervisor being strongly comfortable with their SWA.

Strengths in Bond. Perceived positive personal and professional characteristics of trust in each other’s abilities created a sense of mutual respect expressed by both participants. CIT stated, “my supervisor trusted me as a counselor, never acted like I couldn’t do something and trusted that I would make the right choice.” Similarly, the supervisor described the CIT as open, approachable, prepared for supervision, flexible, and trusted the CIT’s awareness to explore
vulnerable topics or concerns in supervision. The supervisory style of open and honest dialogue allowing for vulnerability and reflective processing that met the CIT needs were further highlighted by both. This SWA seemed to change and grow overtime in the form of mutual appreciation, conversely, both encountered barriers at the start of supervision.

**Barriers in Bond.** The CIT expressed concerns about the supervisor’s reactionary nonverbal and verbal communication that didn’t give clarity on how the CIT could improve. These influencers made the CIT question how to make intervention changes without a clear strategy. The supervisor’s role as the CIT’s instructor for practicum was a second barrier to their working alliance when the CIT didn’t get clear instruction or timely feedback on necessary treatment plans. The final barrier discussed by the CIT was concerns with inconsistent supervision towards the end of the semester. Overall, the CIT reported he was affected by these elements at first, had to adapt, then was able to form a positive working relationship after getting to know the supervisor’s personality and how the supervisor functions. Similarly, a barrier the supervisor identified was the CIT’s behaviors at the beginning of practicum class where the CIT would appear withdrawn from the group and uninterested. The more the relationship formed the increased recognition and appreciation of different personalities was highlighted by both. A potential internal barrier of self-doubt, questioning if supervision was meeting standards, and discomforts of evaluating the CIT was discussed by the supervisor. The supervisor lastly identified wishes that he would have been more intentional to have learned about the CIT’s intersecting identities which could have strengthened their connection, according to the supervisor.

**Summary.** Both supervisory participants viewed the SWA as positive with the supervisor feeling strongly comfortable. Both shared perceived personal and professional characteristics
that influenced their mutual respect and trust in each other. Barriers in their bond did not ultimately affect the working alliance overtime although it was an obstacle at first. The CIT and their client participant also had a positive working alliance. The client participant shared barriers of anxiety and uncomfortableness at first then was able to open up and experienced trust, validation, and acknowledgment which morphed the client’s positive perception on their working alliance. The client participant shared appreciations for the CIT meeting them where they are as well.

Factors that Influenced Perceived Counseling Self-Efficacy Beliefs

Strengths of comfortability to work with LGBTGEOIQAP+ and barriers to comfortability were shared.

Strengths of Comfortability. High affirmative values and advocacy efforts created a strong foundation of comfort by both participants. One unique value by both supervisory participants was the willingness to be open to learning and both had a perspective that all counselors should be intentional to create space outside of their training programs to increase knowledge and skills to work with these populations. The CIT acknowledged a counselor does not need to understand everything to work with these populations and should take ownership of their own learnings. Intentionality seemed to be a key personal and professional attribute of the CIT and supervisor. High attitudes of affirmative values were shown through discussions of microaggressions, discrimination, and current issues these populations face and how this impacts LGBTGEOIQAP+ which has resulted in both having experienced deep empathy for these populations. Intersecting identities and it’s influences on counseling and the counseling space with LGBTGEOIQAP+ clients were identified by both. The CIT stated, “I cannot make assumptions I would work well with everyone. Everyone has different needs. Since I am male, I
work harder to create rapport” and the supervisor said, “I am very aware of my hetero-privilege as a cisgender male and I pay attention to how I deliver communication.” Both shared having foundational knowledge with an understanding these communities are ever-growing. They also expressed having acquired core skills to be present and validate their clients as much as possible.

**Barriers to Comfortability.** Barriers to comfortability were addressed by both supervisory participants with limitations of inadequate education and unintendedly making errors of misgendering others. The CIT mentioned the implementation of using affirmative language in large group settings as a barrier which decreased their counseling self-efficacy. The CIT processed appreciations of informal conversations throughout classes and identified they were insufficient. Further, an avoidance of LGBTGEQIAP+ talk in the supervisor’s master’s program with limited informal conversations in their doctoral program as a barrier to their comfortability to work with these populations. Despite that the CIT identified strengths in experiences and exposure, the CIT also had mixed feelings of needing more experiences to grow their competencies.

**Summary.** Both supervisory participants felt fairly confident in their counseling self-efficacy to work with these populations. Both rated their attitude, awareness, and advocacy efforts as high. Both shared a comfortability to provide an affirmative reflective space understanding their own influences on LGBTGEQIAP+ clients. Intentionality to advocate, take ownership of their own learning to increase knowledge, and increase affirmative language without errors were important to both participants.

**Factors that Influenced Perceived Other-Efficacy Beliefs**

The mutual respect for one other and trust in each other influenced their other-efficacy beliefs.
Other-Efficacy Beliefs that Supported Ability. Both shared perceived positive personal and professional characteristics that influenced other-efficacy beliefs that supported ability to work with these populations. Perceived positive attributes of compassion, understanding, curiosity to learning, and openness contributed to the CIT’s support of the supervisor’s ability. Embracement of anyone’s concerns and ability to provide quality reflective exploration in supervision also influenced other-efficacy support. The supervisor mentioned the positive attributes of the CIT having an inviting demeanor that is calm and comfortable to be around which was shown through verbal and the CIT’s body language. The CIT’s body language displayed openness, welcoming, and a nonjudgmental presence according to the supervisor. Being an avid learner with knowledge about multiculturalism and diversity, and skillful reflections, continued to enhance the CIT’s perception of their supervisor. Willingness to explore multiculturalism within supervision about the clients or about themselves increased the supervisor’s perception on the CIT’s skills.

Other-Efficacy Beliefs that Hindered Confidence in Ability. Other-efficacy beliefs that hindered confidence in their ability to work with these populations were discussed by the supervisor only. Knowledge was perceived as limited to the master’s program with a need for more experience and continued increase in self-awareness about working with diverse clients. “Encouragement was needed to increase his self-awareness to explore intersecting identities.” The supervisor believed the CIT was fully capable to provide quality skillful services with continued supportive supervision in the future.

Summary. Both supervisory participants highly believed in each other’s ability to provide affirmative quality services to LGBTGEQIAP+ clients. Several perceived positive attributes were identified in support of other-efficacy beliefs with the supervisor only sharing
some hesitations. That being said, the supervisor felt strongly confident in the CIT’s overall abilities as long as there is supportive future supervision with will help the CIT gain self-awareness to work with diverse clients. Similar to the SWA, the therapeutic alliance was described as positive by the client. The client participant appreciated the CIT’s ability to meet them where they were without pressuring them to explore more than what their wanted to. Knowledge and positive attitudes to work with these populations were perceived by the client as highly supportive to work with these populations with some skills. If it was clear the CIT had more experiences with trans people, the client said they would have explored more of their concerns about their LGBTGEQIAP+ identity.

**Perception of Experiences on LGBTGEQIAP+ Work**

The supervisor identified their working relationship was influential in the CIT’s overall counseling self-efficacy to work with LGBTGEQIAP+ clients.

I think our working relationship helped increase his confidence to work with diverse populations, specifically LBGTGEQIAP+. He took new learnings about multiculturism and diversity from supervision then utilized these learnings in his sessions. I think my supervisee has the capacity to work well with these populations. (supervisor three)

The supervisor’s encouragement, perceived belief in the CIT and support, was perceived as factors that influenced the CIT’s LGBTGEQIAP+ work. The CIT stated “my supervisor never showed he didn’t believe in me. I believe he was confident in my abilities to work with clients.” The CIT was unsure how to answer this question at first and if their relationship was influential. But the quality teaching about multiculturalism and diversity in supervision helped the CIT grow by not making assumptions of others and helped the CIT realize how important it is to view circumstances from client’s worldviews.
Case #3 Guided Framework Summary

The CIT perceived themselves as confident in their counseling self-efficacy to work with LGBTGEQIAP+ clients. CIT described high attitudes and awareness, medium knowledge and skills to provide quality services. This was indirectly influenced by the supervisor’s other-efficacy beliefs that the CIT was fully capable to provide quality competent services with effective supervision. This respect and trust were shown through verbal and nonverbal messages during supervision of open and honest communication with reflective practices to explore reasons behind CIT actions without judgement or micromanaging. The social messages, SWA, and emotional arousals during and after supervision left the CIT feeling overall positive about their supervision, but with limitations due to inconsistencies with feedback and supervision attendance. Despite some obstacles, the perception of their overall experiences with mutual respect, appreciation of each other, and their abilities has resulted in the CIT having an increased counseling self-efficacy to work with LGBTGEQIAP+ clients. The CIT continued to have a calm and reflective space with their client which resulted in the client’s perceptions of the CIT as knowledgeable, having had exposure with some skills, and a positive trusting therapeutic alliance where the CIT meets the client where they are and process what is most important to the client.

Case #4

The following participants completed their discussed experiences Fall 2020.

Demographics of case one participants includes: a male doctoral supervisor intern who was 38 years old at the time of participation, Latino, and self-identified as straight. The CIT was female, 26 years of age at the time of participation, Latino, and self-identified as heterosexual. The client participant self-identified as nonbinary, 20, White, and self-identified as queer. Case four is the
final case presented in this within case analysis section with its own set of similarities and differences within.

**Factors that Influenced Working Alliance Satisfactions**

Strengths in bond and barriers in bond were highlighted with discussions on perceived supervision effectiveness. Emotional vulnerability, self-critical behaviors, and perceived connection also influenced their SWA.

**Strengths in Bond.** Receptivity to feedback by the CIT, engagement, and flexibility to meet the CIT’s needs aided in the CIT’s perception of their SWA. Both supervisory participants strongly identified that the mental health of the CIT was a barrier in their bond due to the CIT’s self-criticism and inability to accept feedback for a good portion of supervision, please see barriers in bond section for more details. That being said, the CIT appreciated the supervisor’s ability to validate the CIT’s strengths while challenging the CIT more. The CIT expressed comfort in the usage of assertive communication address quality of supervision concerns and the CIT felt she could be authentic around her supervisor. Likewise, the supervisor shared their bond was strengthened when he was intentional with his flexibility to adapt supervision to meet the CIT’s needs for growth. Trust and openness to feedback improved by the end of supervision according to the supervisor.

A perceived connection by the supervisor that both of them identify as LatinX supported their bond. “I felt like I could relate to my CIT, especially I felt like I connected due to being LatinX.” Perceived personal and professional attributes of trust in the CIT to bring up vulnerable concerns and topics were highlighted as a strength in their bond due to the CIT’s willingness to explore needs within supervision. CIT attentiveness during supervision, eagerness to learn, and attention to detail enhanced the supervisor’s perceived SWA.
**Barriers in Bond.** Despite the fact that the supervisor identified as strongly comfortable and the CIT feeling somewhat comfortable with their SWAs, there were several barriers in their perceived bond. Both reported their working relationship started off rocky because of their first supervision. The CIT felt like she did everything wrong and left supervision the first time feeling like “trash,” as stated by the CIT. Soon after the CIT requested needed changes in supervision; however, the supervisor mentioned he questioned what the CIT needed at that time compared to what she was asking for. The supervisor expressed concerns with a strong sense of uncomfortability by the CIT and resistance to constructive feedback which influenced barriers in their bond. Because of this, the supervisor experienced self-doubt of their own abilities and if they were being overly critical. Another perceived concern by the CIT was that she was unwilling to process or correct her supervisor when he was misgendering the CIT’s client. Both identified clinical supervision met some of the needed developmental goals due to the increase of feedback acceptance and increased CIT self-compassion. The supervisor was hesitant to identify goals met due to the CIT’s inadequate skill development.

**Summary.** Several barriers with little strengths in their perceived bond were highlighted by both supervisory participants as concerning. Supervision was adapted to meet the unique needs through a lens of sensitivity. The growth of the SWA was perceived as gradual with the CIT feeling somewhat comfortable and strongly comfortable with their working relationship by the end. Interestingly, the supervisor reported always experiencing a strong sense of comfortable; however, identified many internal and external factors that was a barrier throughout their work together. The barriers in their bond started from the very beginning which influenced their rocky foundation, but slowly grew to trust and connected with each other over time. Even though there were barriers in the SWA, the therapeutic alliance was perceived as positive by the client. The
client participant identified never feeling judged, the CIT met the client’s needs by addressing only what the client wanted to, and the client trusted their CIT.

**Factors that Influenced Perceived Counseling Self-Efficacy Beliefs**

Internal factors and perceived competencies influenced both of their individual counseling self-efficacy beliefs to work with LGBTGEQIAP+ clients. Both felt mostly confident to work with these populations.

**Strengths in Comfortability.** Strengths consisted of personal values, some exposure, advocacy awareness, knowledge with understandings of current events that influences client’s mental health, and core skills to create an affirmative space were shared by both supervisory participants. The CIT identified characteristics of openness, curiosity, empathy, and acceptance as strong values and motivators from personal experiences in order to work with LGBTGEQIAP+ clients. “I have a motivation to accept LGBTGEQIAP+ for who they are and that we all come from different backgrounds. I would hate if someone judged me because of my background”. The CIT felt knowledgeable and confident in their skills to provide foundational affirmative practices that explored intersecting identities only when it’s relevant to their client’s presenting concerns. Internal values of being open, caring, and welcoming to work with these populations was shared by the supervisor. Awareness of self and other’s identities and how this could influence the counseling space was processed by the supervisor as strengths in their counseling self-efficacy to work with these populations. The use of person-centered, unconditional positive regard, flexibility of counseling to meet the client’s needs, and being present with clients were also identified as key skills by the supervisor.

**Barriers to Comfortability.** Barriers to comfortability consisted of limited education and being worried about making mistakes were shared by both participants. According to the
supervisor, “I am not as aware, sensitive, or intentional as I would like to be to using and asking for correct pronouns”. Limited education and training barriers were shared more strongly by the CIT, but the supervisor discussed having received small amounts of LGBTGEQIAP+ conversations within their training program courses. The CIT highlighted internal barriers of anxiety and feeling worried about offending LGBTGEQIAP+ clients. In contrast, the CIT was not confident in their counseling self-efficacy to work with these populations until there was a perceived connection and foundational trust with clients.

**Summary.** Both perceived themselves as mostly confident to work with these populations due to strong open and accepting attitudes, awareness of historical or current issues that affects LGBTGEQIAP+ clients, and foundational skills to provide unconditional positive regard within a person-centered approach. Barriers in comfortability to work with these populations focused heavily on internal concerns of being intentional with appropriate pronouns without making mistakes and limited education by both, but was more emphasized from the CIT.

**Factors that Influenced Perceived Other-Efficacy Beliefs**

Case four CIT and supervisor shared other-efficacy beliefs that supported and hindered each other’s abilities to work with LGBTGEQIAP+ clients.

**Other-Efficacy Beliefs that Support Ability.** Other-efficacy beliefs that supported their confidence in each other’s ability to work with LGBTGEQIAP+ clients centered around perceived personal and professional attributes. Openness and willingness to process anything in supervision was highlighted by the CIT in support of the supervisor’s ability to work with these populations. The supervisor shared the CIT’s demeanor of warmth, kindness, welcoming, and receptivity to LGBTGEQIAP+ needs as valuable. Further, the growth over the practicum semester supported the supervisor’s confidence in continued CIT development in the future. The
supervisor mentioned that the CIT is aware of who they are as a person and the skills sets, they bring. That consistency with skills and awareness will continue to grow with more experience.

**Other-Efficacy Beliefs that Hindered Confidence in Ability.** Other-efficacy beliefs that hindered confidence were stressed more strongly compared to supports to other-efficacy beliefs by both participants. The CIT identified a major concern with a lack of awareness on the supervisor’s side to be intentional with using correct pronouns during supervision which influenced the CIT’s distrust in his abilities. The lack of skills to work with these populations were portrayed as limited which prevented the CIT from feeling like she was learning from the supervisor on how to work effectively with these populations. The CIT overall felt like the supervisor’s LGBTGEQIAP+ multicultural competencies of knowledge, awareness, and skills were low which influenced her in wanting to work with someone who is more knowledgeable in the future. A perceived lack of connection with LGBTGEQIAP+ clients and skills to validate these clients created supervisor hesitations about the CIT’s ability. The supervisor discussed that the CIT is unable to see the needs of clients in the here-and-now moments.

**Summary.** Both supervisory participants experienced little other-efficacy support with increased reservations in each other’s abilities to work with LGBTGEQIAP+ clients. Both indicated a lack of awareness and skills as key issues. Despite hesitations between the two, the client participant described the CIT’s abilities as having high positive attitudes toward them, was knowledgeable, and was skillful to work with LGBTGEQIAP+ clients.

**Perception of Experiences on LGBTGEQIAP+ Work**

The supervisor shared that their SWA and counseling efficacy beliefs influenced the CIT’s overall LGBTGEQIAP+ work to some degree due to their growth in self-compassion and feedback. Even though the supervisor was unsure how to answer this question, the supervisor
mentioned the lack of intentional techniques during supervision to explore multiculturalism may have influenced the CIT. The CIT believed their experiences together were overall uninfluential to their development. Personal experiences and skills were supported by the CIT as influential factors, not their SWA.

Case #4 Guided Framework Summary

The CIT perceived themselves as somewhat confident in their counseling self-efficacy to work with LGBTGEQIAP+ clients. CIT expressed high values and attitudes due to experiences growing up, with medium knowledge, and some skills to provide quality services. This was indirectly influenced by the supervisor’s approach and other-efficacy beliefs. The supervisor supported the CIT’s positive demeanor to work with these populations; however, lack trust in the CIT’s awareness and skills. Hesitations portrayed through verbal and nonverbal communication influenced a somewhat comfortable SWA perceived by the CIT. The supervisor shared the need for the client to create stronger connections with clients, accept feedback, and improve core counseling skills. The supervisor shared these concerns through constructive criticism and tried to share concerns with non-directive approaches. Due to these experiences in supervision, the perception the CIT received was that the supervisor tried to adapt to the CIT’s supervision needs of changing to a more strength-based approach and was receptive to the CIT’s wants. Also, because of misgendering of the CIT client, the CIT perceived the supervisor as having a lack of awareness to work with these populations. The supervisor’s style and negative perceptions by the CIT decreased their overall counseling self-efficacy to work with these populations somewhat. The CIT’s perception that their skills were higher than their supervisor’s abilities seemed to play a role in their confidence. Since the CIT still experiences confidence in their counseling self-efficacy to work with these populations, the client had a positive experience where they could
trust the CIT and was competent.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors that Influenced Working Alliance Satisfactions</td>
<td>Strengths in Bond or Barriers in Bond</td>
<td>Includes each member’s perceptions of their working alliance together. This could be strengths in their bond or barriers in their bond. This entails perceived positive personal or professional characteristics about each other, internal or external factors that influenced their relationship, and perceived supervision effectiveness.</td>
</tr>
<tr>
<td>Factors that Influenced Perceived Counseling Self-Efficacy Beliefs</td>
<td>Strengths of Comfortability or Barriers to Comfortability</td>
<td>Describes each member’s perceptions of their own comfort levels, ability, and confidence to provide counseling services to LGBTGEQIAP+ clients. This includes individual perceptions of their own exposure to, attitude, awareness, knowledge, and skills that influenced their counseling self-efficacy.</td>
</tr>
<tr>
<td>Factors that Influenced Perceived Other-Efficacy Beliefs</td>
<td>Other-Efficacy Beliefs that Supported Ability or Other-Efficacy Beliefs that Hindered Confidence in Ability</td>
<td>Describes each member’s perceptions of the other member’s comfort, ability, and confidence to provide counseling services to LGBTGEQIAP+ clients. This includes perceptions of the other member’s exposure to, attitude, awareness, knowledge, and skills that could influence their perceived other-efficacy beliefs.</td>
</tr>
<tr>
<td>Perception of Experiences on LGBTQGEQIAP+ Work</td>
<td>Influential Factors or Noninfluential Factors</td>
<td>Includes each member’s belief how their working relationship might have influenced the CITs overall work with LGBTGEQIAP+ client(s).</td>
</tr>
</tbody>
</table>

Figure 4: Within Case Analysis Themes and Subthemes.
Cross-Case Analysis

The four cases presented above served as a catalyst for the cross-case study analysis. The purpose of this cross-case study analysis was to explore the perception of the SWA and counseling efficacy beliefs for CITs who work with LGBTGEQIAP+ client(s). The following research questions helped frame an understanding of the perceived working alliance and counseling efficacy beliefs played a role in supervisee’s LGBTGEQIAP+ work.

2. How do CITs and supervisors separately describe their supervisory working alliance?

3. How do CITs and supervisors separately describe their counseling self-efficacy beliefs about working with LGBTGEQIAP+ clients?

4. How do CITs and supervisors separately perceive each other’s (other-efficacy) capabilities with counseling competencies to work with LGBTGEQIAP+ clients?

5. How do CITs describe their perceived SWA influence on their counseling self-efficacy to work with LGBTGEQIAP+ clients?

6. How do clients describe their counseling experiences working with their CIT?

Identification of higher order themes that emerged from the individual cases are presented. These higher order themes built a more general and holistic picture to how the SWA and counseling efficacy beliefs played a role in the CITs’ LGBTGEQIAP+ work. The results from each of these individual cases were considered in order to determine commonalities and differences between the cases. Each of the five major themes, with their adjacent subthemes, are individually explored below then linked to the guided framework to understand these phenomena.

Theme #1: Factors that Influenced Working Alliance Satisfactions

All supervisory participants in this study reported strengths and barriers in their bonds that influenced their work together, thus subthemes strengths and barriers in bonds were
explored. Strengths and barriers in bonds influence counseling self-efficacy for CITs to work with LGBTGEQIAP+ clients. Individual perceptions of supervisor-supervisee bonds ranged from feeling uncomfortable to strongly comfortable. CITs and supervisors separately described their SWAs which exposed perception commonalities and differences between CITs and supervisors’ bonds.

**CITs’ Factors that Influenced Working Alliance Satisfactions**

Three of four CITs reported lower-level perceptions to their SWA bonds compared to their supervisors’ perceptions. Three CITs identified feeling somewhat comfortable and one as strongly comfortable. All shared strengths and barriers to their perceived bonds. Subthemes perceived positive personal and professional characteristics, trust in emotional vulnerability, previous professional relationships, supervision effectiveness emerged under strengths. Supervision inadequacies surfaced in barriers in bonds.

**Strengths in Bond.** CIT participants described perceived positive personal and professional characteristics about their supervisors, trust in their supervisor that enhanced CIT emotional vulnerability, previous professional relationships with their supervisors, and perceived supervision effectiveness as major subthemes that influenced strengths in their bonds.

*Perceived Personal and Professional Characteristics.* Strengths in bonds were reinforced with perceived positive personal and professional supervisor characteristics of nonjudgement, validation, and the CIT’s perceived belief of their supervisor’s confidence in their abilities as strengths in their bonds. CIT two said, “She made me feel super comfortable approaching her with anything.” CIT one stated, “I felt like I could share how I was feeling without feeling judged, even if it was more negative about my clients.” CIT four said, “he was
receptive when I shared my concerns.” CIT three mentioned, “My supervisor never showed he didn’t think I could do this (counseling).”

**Trust in Emotional Vulnerability.** All CIT participants also discussed the importance of trust within their supervisors to be emotionally vulnerable. CIT two said, “My supervisor was incredible about making sure we felt comfortable discussing anything and everything, it was a safe space.” CIT one indicated, “I felt like I could share personal things like my mental health, and he was very helpful and understanding.” CIT three expressed, “He gave me space to reflect on my experiences and created an open and honest dialogue where I could share concerns.” CIT four mentioned, “I feel comfortable saying what I want and being myself around him.” In total, a stronger trust or connection in their bond provided a safe space for emotional exploration and vulnerability with their supervisors.

**Previous Professional Relationships.** Previous working relationships and other instructor roles played a role in three of four CIT’s positive perceptions about their SWAs, with one CIT who did not have a previous relationship prior. CIT three said, “He was pretty good at giving feedback in class and validated my peer’s experiences which showed me he truly was intentional with making needed changes to support me.” CIT one indicated, “I had past experiences with him before where I was able to talk about things that were more vulnerable to myself. It felt like we already had actually built a relationship.” CIT two stated, “With her different roles as the clinical director, I have always felt like I could go to her about the program, counseling, just everything in general and she would have an answer.” All believed their external relationships with their supervisor’s played a direct role within their current bonds.

**Perceived Supervision Effectiveness.** Supervision effectiveness was the last major highlighted strength factor in bonds reported. Attentiveness, supervision style, uniqueness of
supervision to meet individual CIT needs, and goals met that aided in the CIT’s identity growth were shared as common contributors to their bonds. All CITs identified their supervisors were attentive and engaged during supervision. CIT four said, “I think he generally does a decent job (staying in tune with me). He was pretty engaged during supervision.” CIT three stated, “In supervision sessions, he was very attentive, we would an hour or so after every block of clients discussing what we saw and what he noted.” CIT two indicated, “She was super attentive to like whatever our conversation was. She maintained the conversation and helped us focus on what we had.” CIT one identified, “I think he was really good with being engaged. I would always notice he was attentively listening.”

All but one CIT reported their supervision experience felt unique to them with the other found the lack of uniqueness as a barrier. CIT two mentioned, “A lot of the time my supervisor helped me be true to myself, my role as a counselor, and identity as a counselor. She was always reassuring, smiling, and positive overall.” Supervision style that had a balance between strength-based approach and constructive areas of growth as seen as most helpful by all participants. CIT four said, “He was able to provide supervision that shared positive things I did and challenged me as well.” CIT three identified, “The feedback I received on multiculturalism that he gave really helped me improve my abilities as a counselor. There was never a right or wrong answer or approach, more of an open dialogue that explored reasons for what I chose to do with clients.” CIT one said, “I am not confident in my skills, and the strength-based style helped me feel more confident during supervision.” Strengths were commonly identified through supervisor’s characteristics, trust in supervisor in order to be emotionally vulnerable, previous relationships with their supervisor, and supervision effectiveness that supported growth reinforced their
connection or bonds. Nonetheless, all but one CIT participant shared factors that were barriers in their bonds.

**Barriers in Bond.** CIT participants primarily described supervision inadequacies and a lack of trust as barriers in their bonds.

**Perceived Supervision Inadequacies.** Supervision styles that provided a lack of needed guidance were reported by three of four CIT participants as problematic. CIT three stated, “He would tell me not to hand the tissue box to my client but give me no reasons for not.”

My supervisor would use strength-based feedback, but he would never provide areas for growth and interventions to help me learn how to work with clients. I didn’t feel like supervision was fit to each person, I felt like it was a blanket supervision. I was uncomfortable talking with him about how he was as a supervisor. (CIT one)

Another said:

We didn’t start supervision on a good foot at all. I’m really self-critical and I need a positive regard to help combat the critiques I get. I remember the first supervision we had, I felt like garbage because he highlighted only one good thing with several critiques. (CIT four)

Lack of goal attainment were highlighted by two of four CITs. CIT one stated, “supervision did not meet any of my goals which resulted in me postponing practicum until the summer.” Further, CIT four identified supervision met some of her goals to increase self-compassion; however, no other improvements were met. CIT four said, “I think supervision met some of my goals, but only with learning to reframe my criticism.” Two CITs shared barriers with their supervisor’s nonverbals during supervision. CIT one mentioned, “I think sometimes when I said something, he didn’t understand he kind of made a face and I would think, am I stupid, what did I say.” CIT three stated, “Sometimes my supervisor would just react to what was happening instead of react to help guide you. There wasn’t any instruction at first, it was just reactionary behaviors.”
Lack of Trust. Lack of trust and comfort to share supervision concerns influenced two CITs. CIT four believed she needed to advocate for themselves to improve supervision experiences because she didn’t trust her supervisor would make the needed changes without needed awareness. Likewise, CIT one mentioned feeling uncomfortable to share concerns about the supervisor’s style. CIT one said, “I wasn’t comfortable sharing with him how I felt about him as a supervisor because I don’t think he would take those feelings into consideration while supervising.” Overall, two CITs experienced major barriers within their bonds and a third CIT experienced barriers but perceived these as minor.

Supervisors’ Factors that Influenced Working Alliance Satisfactions

Three of four supervisor participants reported higher perceived positive SWAs compared to their CITs perceptions. All supervisors identified feeling strongly comfortable with their bonds. Common strengths and barriers in their bonds are explored with subthemes of perceived positive personal and professional characteristics, trust in emotional vulnerability, CITs’ supervision efforts, and supervision goals met are highlighted as perceived strengths. Subthemes of intrapersonal and interpersonal communication barriers, supervision style wishes, internalized supervisor barriers, and perceived CIT mental health were common addressed concerns by supervisors.

Strengths in Bond. For all supervisor participants, perceived personal and professional characteristics about their CITs, trust in the CITs’ emotional vulnerability, CITs’ supervision efforts, and supervision goals met influenced strengths in their perceived bonds.

Perceived Personal and Professional Characteristics. All supervisors expressed appreciation for their CIT’s curiosity, embracement of the practicum experience, and enthusiasm as common strength factors. Supervisor one said, “It was helpful in setting a relationship with me
because of her openness to experience and she was trustworthy. She had a nonjudgmental presence and did her own research outside of supervision.” Supervisor two stated, “My supervisee was always eager to learn, humble, and curious.” Supervisor three mentioned, “He was open and approachable, and always prepared for supervision. He was also flexible to make changes.” Supervisor four mentioned, “positivity and does research outside of supervision.” Overall CITs’ attitudes played a large part in supervisors’ perceived bonds.

**Trust in Emotional Vulnerability.** All shared appreciations for their CITs’ emotional vulnerability. Trust in the CITs’ emotional vulnerability contributed to all supervisor perceptions of their positive SWAs. Supervisor three said, “I could trust his awareness to explore vulnerable topics or concerns in supervision.” Supervisor one stated, “I felt strongly comfortable with her than I typically do with supervisees. One important part of her is her willingness to be vulnerable with me and talk about issues in her life which helped set a foundation.” Supervisor two indicated, “Her willingness to talk about vulnerable topics or concerns I would say was pretty strong.” Supervisor three identified, “We had a dialogue that was open, trusting, and honest. I could trust him to talk about any concerns he had.” Supervisor four said, “Our relationship grew overtime. I could trust her every time she had an issue or concern, she would bring it to supervision. We developed a good trusting relationship and if she ever had a doubt she would share.”

**CITs’ Supervision Efforts.** Perceived CIT efforts in supervision aided in all supervisors’ perceptions. Common characteristics of eagerness to learn, attentiveness, preparedness, and willingness to engage in outside research to improve supervisee development supported their SWAs. Supervisor two identified “She was very eager to learn and curious which contributed to me feeling more strongly comfortable to work with her.” Supervisor three stated, “He was
always prepared and ready in terms of what he wants to do with client, and he was flexible
during supervision.” Supervisor one mentioned, “I was also impressed with how much we
explored topics in supervision and how she did more research after supervision. I was able to see
those same strategies come to play with her clients as I observed her.” Supervisor four indicated,
“I noted her attentiveness and attention to detail during supervision, she was always coming with
a notepad and ready. Her willingness and want to grow helped our relationship.”

**Supervision Goals Met.** All supervisors identified accomplishments toward supervision
goals factored into their perceptions, whether the goals met were counselor identity development
or intrapersonal growth. Supervisor three mentioned appreciation for his CIT’s willingness and
intentionality to explore his theoretical orientation throughout the semester. Supervisor three
said, “He was very strong with his work. He wanted to learn more about his approach and apply
it. He stayed on target very well.” Intrapersonal growths that impacted CIT development in the
beginning was valued by three supervisor participants. Supervisor four said, “She couldn’t and
didn’t hear what others [peers] said and was self-critical. As our relationship continued, she was
able to accept feedback. The biggest barriers she has overcome is acknowledgement of feedback
and incorporating the concerns.” Supervisor one identified, “I focused on helping her increase
her confidence and she was able to take more risks.” Supervisor two said, “We did a lot of
weekly supervision goal check ins and defining goals. She struggled with taking risks and slowly
started to do so toward the end of supervision.”

**Barriers in Bond.** Compared to CITs, supervisors tended to share less prominent barriers
in their bonds due to three of four expressing the importance of meeting CIT unique
developmental needs. Two supervisors reported no perceived barriers in their bonds; however,
two identified concerns that influenced the supervision space. Aspects that contributed to barriers
in their bonds were commonly centered around: communication and CIT processing concerns in supervision, wishes for supervisors to use different supervision styles to connect, internal supervisor factors resulting in self-doubt and worries about upsetting their CITs, and the final common factor shared was CIT mental health during practicum.

**Intrapersonal and Interpersonal Communication Barriers.** Difficulties in communication, perceived lack of CIT self-awareness, and CIT processing challenges during supervision were barriers for two supervisor participants. Supervisor two said, “She frequently presented as neutral with nonverbal communication. I found myself frequently checking in to see if things are making sense. Usually, counselors nonverbals are overt with being able to see they are thinking or taking something away.” Supervisor three stated, “My supervisee was open to exploring vulnerable topics and needed more self-awareness to be able to bring up concerns in supervision.”

**Supervision Style Wishes.** To increase connection, three of four supervisors wished they would have explored their CITs intersecting identities, especially regarding gender, sexual, and or affectional orientations. Supervisor three said, “I wished I would have asked more about their identities; I feel like I didn’t get to know him as personally as I would have liked.” Supervisor one stated, “I made assumptions her fiancé was male, I wished I talked more about sexual identity and how this influenced my CIT.” Supervisor four mentioned, “It was interesting to work with her and I never pointed out any obvious things in regard to her identity and the potential connection with her client. I wish I had.”

**Internalized Supervisor Barriers.** Internal factors of supervisor self-doubt and feeling worried about upsetting their CITs were addressed by three. Supervisor three said, “I think I always feel uncomfortable because I am evaluating someone. I don’t want someone to feel like
they’re not learning or they’re doing poorly. There’s always going to be a little bit of self-doubt on my side.” Supervisor one indicated, “I want to say sometimes feedback, it’s a low-level risk, but it’s a risk because I don’t know how the specific supervisee could react or personally construct what I say.” Supervisor four mentioned, “I thought and questioned if I was being too critical.”

**Perceived CIT Mental Health.** The final common factor was CIT mental health concerns which was highlighted by two supervisors. Supervisor two stated, “some of her own subconsciousness and self-uncertainty, along with the newness of counseling experiences impacted her CIT development and lower self-confidence.” Supervisor four said, “It took time for her to gain trust to work with me. I noticed at the beginning a sense of comfortability and resistance to listening to constructive feedback. She was self-critical.”

**Summary.** Three CITs reported lower perceptions of their SWAs compared to their supervisors, with all supervisors identified experiencing high comfortabilities in their bonds. As the interpersonal bonds evolved, it appeared trust and appreciations of each other deepened for six of eight CITs and supervisors. Several commonalities emerged between CITs and supervisors with both identifying trust, ability for CITs to be emotionally vulnerable, perceived supervision efforts, and supervision effectiveness were strengths in their bonds. CITs predominately highlighted barriers as more problematic in their SWAs compared to supervisors. Common concerns with a lack of goal attainments, nonverbal communication issues, and distrust were discussed by CITs and supervisors. CITs and three supervisors emphasized the uniqueness of supervision adapted to meet CITs needs were strengths; however, CITs only recognized the lack of supervision uniqueness as a potential barrier. Supervisors expressed more concerns with their CITs’ mental health with an understanding of the effects of the 2020 pandemic.
Theme #2: Factors that Influenced Perceived Counseling Self-Efficacy Beliefs

All supervisory participants in this study reported supportive factors and barriers to their individual comfortabilities to work with LGBTGEQIAP+ clients. These perceptions ranged from strongly unconfident to confident with six of eight feeling somewhat confident to confident. All participants shared their perceived multicultural competencies in attitude and awareness, knowledge, and skills. Findings exposed that two of four CIT participants reported lower counseling self-efficacy to work with LGBTGEQIAP+ clients compared to their supervisor’s self-perceptions of their own individual counseling self-efficacy beliefs; however, no participant identified feeling strongly comfortable. CITs and supervisors separately described their comfortabilities which showed several commonalities and differences between CITs and supervisors.

CITs’ Factors that Influenced Perceived Counseling Self-Efficacy Beliefs

All CITs identified feeling somewhat unconfident to confident. Specifically, one participant shared feeling somewhat unconfident, two somewhat confident, and one as confident. Strengths and barriers to their comfortabilities are studied. Under strengths of comfortability, subthemes accepting attitudes and values, affirmative counseling foundations, awareness of advocacy needs, and an open mindset arose. Limited knowledge and formal education, fear of mistakes, limited exposure or clinical experience, internal factors were common barriers in CITs’ counseling self-efficacy beliefs.

Strengths of Comfortability. Accepting positive attitudes toward these populations and values of allyship, confidence in counseling self-efficacy to set a foundation of affirmative person-centered counseling, and awareness of advocacy efforts needed to better serve these populations were identified as common strength factors to CITs’ perceived comfortabilities.
Accepting Attitudes and Values. High attitudes or values of acceptance were displayed by all. CIT two said, “I think every person deserves to be able to live how they want without being judged.” CIT three mentioned, “Due to my experiences in the military, I have a deep feeling of empathy for these communities because society is not intentional to support in the ways these populations truly need.” CIT one expressed, “I try my best to make sure these communities know I am a resource for them. LGTBQI+ really struggle with the political system at times resulting in feelings of fear. It’s unfair.”

My mom instilled openness and acceptance of anyone. I see all the hate in the world, and question what’s the point of hating someone because of how they identify? I would hate if someone did that to me, dislike me because of my background. (CIT four)

All CITs indicated a strong sense of acceptance and a nonjudgmental attitude toward LGTBGEQIAP+ communities.

Affirmative Counseling Foundations. Utilizing Carl Rodger’s core conditions of genuineness, empathy, and unconditional positive regard to set a person-centered atmosphere was depicted as key contributors to their counseling self-efficacy for all CITs.

I feel fairly confident because my humanistic approach to counseling by providing authentic and unconditional positive regard for my clients encourages them to be themselves. I have an understanding that the client knows themselves best and letting them be themselves with letting them decide what they want and where they want to focus on. Being fully present and remembering they’re the expert of their own lives. (CIT two)

Further, CIT one stated “I think my person-centered approach is pretty strong. I feel like I was able to connect with my client to show them I was listening and trying to understand.” CIT three said, “I recognize everyone’s needs are different and you’re doing more harm than good if you’re trying to force anything. Allowing the client, the space to share how they truly feel instead of
assuming their thoughts.” CIT four discussed, “I am very open and curious with my LGBTQI+ clients. I value creating a solid relationship to make sure they are comfortable with me.”

**Awareness of Advocacy Needs.** Knowledge and awareness of needed advocacy efforts to better serve LGBTGEQIAP+ clients and communities were highlighted by all. CIT two mentioned, “I honestly think counselors have such an incredible role to advocate on behalf of all people. We can speak on behalf of underrepresented communities and go and be a voice for them, which includes LGBTQI+.” CIT three identified, “Working in the military seeing discrimination, the push for quality is very difficult so pushing for equity is what we want to focus on.” CIT four said, “Becoming an ally and educating on different communities, making sure to use proper pronouns and identifiers, and providing resources to connect with others in these communities are important.” CIT one expressed, “Becoming an ally in educating on different identities, making sure to use proper pronouns and other identifiers, attending LGBTQI+ community events, and recognizing political issues that impacts clients.”

**Open Mindset.** All four CITs mentioned a willingness to be curious, openness to learning, and an understanding these communities are ever-growing also increased their confidence. CIT three stated, “A counselor does not need to understand everything to work with these populations and we should take ownership of our own learnings.” CIT two said, “I think working with diverse individuals I was pretty confident, I didn’t know everything, and I needed to learn more but that is okay.” CIT four indicated, “Identity hasn’t really come up a whole lot in my sessions. But that is okay because I am still learning.” CIT one identified, “I think working with diverse individuals I was pretty confident, and I recognize I don’t know everything, and I need to learn more.”
**Barriers to Comfortability.** Lack of knowledge or formal education, fear of making mistakes when working with these populations, limited exposure or clinical experience, and self-consciousness were common factors that prevented higher CITs’ comfortabilities.

**Limited Knowledge or Formal Education.** Despite two participants who identified their programs teaching them to foundational skills, all four still discussed a lack of knowledge to work as effectively with LGBGTGEQIAP+ clients. CIT two said, “I learned from different classes about these communities and I think working with these communities’ overtime has taught me a lot, but I feel like I lacked knowledge and skills to work with these populations during practicum.” CIT three indicated, “I definitely think there’s room for more training and have more information to better help these communities. A three-year program is pretty long, but sometimes it just seems like there’s not enough time to cover these important topics.” CIT four said, “I have a pretty limited knowledge due to pretty limited training. I didn’t have a lot of training prior to practicum.” CIT one indicated, “I think I got into my head a lot and I think it made me feel I was incompetent with these communities.”

**Fear of Mistakes.** Three of four CITs identified feeling worried about making affirmative language mistakes, and or a worry that their LGBGTGEQIAP+ client would not feel heard. CIT three said, “I sometimes mess up and still say statements like, you guys which frustrates me.” CIT one stated, “I remember some days I was so anxious I would make myself sick. I was just so afraid of saying or doing something wrong especially because I was working with vulnerable populations.” CIT four indicated, “sometimes I felt like I was walking on eggshells, worrying if I was going to say the wrong thing. I constantly worried about our relationship.”

**Limited Exposure or Clinical Experience.** Limited exposure or clinical experience negatively influenced all CITs’ perceptions of their counseling self-efficacy beliefs. CIT one
mentioned, “I had no clinical experience and I think that was why I was uncomfortable during practicum. I have friends a part of these communicates but no deep friendships.” CIT two said, “I think I have barely any clinical experience working with LGBTGEQIAP+ clients and I have not had a lot of exposure either.” CIT three stated, “I had exposure, but I don’t think I have a lot of exposure to feel more confident.” CIT four mentioned, “I would somewhat confident because I have only worked with one LGTBGEQIAP+ client and their identity hasn’t come up a whole lot so I am still learning.”

**Internal Factors.** Lastly, two CITs identified feelings of self-consciousness influenced their counseling self-efficacy to work with these populations. CIT four stated, “I put a lot of pressure on myself and thinking like, oh my goodness, I don’t know if I’m doing this right.” To add, CIT one said, “I was good at faking it and trying to push through it [sessions]. I don’t know why I just felt like I wasn’t comfortable, I didn’t know how to understand.”

**Supervisors’ Factors that Influenced Perceived Counseling Self-Efficacy Beliefs**

As discussed earlier, findings showed two of four supervisor participants reported higher counseling self-efficacy to work with LGBTGEQIAP+ clients compared to their CIT perceptions of their own individual counseling self-efficacy beliefs. Again, no supervisor identified feeling strongly comfortable. All supervisors identified feeling somewhat unconfident to confident with one participant as somewhat unconfident, another as somewhat confident, and two as confident to work with these populations. Common supervisor strengths of comfortability centered around accepting attitudes and values, affirmative counseling foundations, awareness of advocacy needs, and exposure and clinical experience. Barriers to comfortabilities emphasized limited knowledge or formal education, fear of mistakes, limited clinical experience, and self-awareness to needed growth.
**Strengths of Comfortability.** Similar to CITs, supervisors commonly reported high attitudes and values of allyship, confidence in their counseling self-efficacy to set a foundation of affirmative person-centered atmospheres, and awareness of advocacy efforts needed to better serve these populations were shared as strength factors to supervisors’ comfortabilities.

**Accepting Attitudes and Values.** High attitudes and values of allyship promoted a sense of acceptance identified by all supervisors. Supervisor two said, “I would say very well to work with these populations in the sense that people are people. I honor the way people show up and who they are as an individual.” Supervisor four expressed acceptance with, “I am welcoming, open, and caring. I cannot fathom being ashamed or having conflicts because of my sexuality, and this being broadcasted in the public format as well.” Supervisor one mentioned, “I am equally accepting, advocate, and embrace all students and clients of diverse backgrounds.” Supervisor three stated, “Because of personal experiences where my friends who are LGBTQI+ were judged for who they love, I am protective of others and their identities. My anger fuels my advocacy.” All supervisors shared deep experiences that affected their high values and attitudes toward supporting these populations.

**Affirmative Counseling Foundations.** Foundational knowledge to create affirmative person-centered atmospheres were key contributors to all supervisors counseling self-efficacy to work with these populations. Supervisor four expressed, “I am very person-centered counselor with unconditional positive regard.” Supervisor one said, “I try to balance power within my relationships with clients and using appropriate gender pronouns.” Supervisor two mentioned, “I try to be as inclusive as I can be. I create a space for self-identification if they want to. I give them opportunities to choose what is significant or meaningful to them. Validation is my biggest skill.”
I am fairly confident to work with any client that works in my door without worries of conflict or bias. I am aware of my privileges that could influence the space. I really try to be present with clients, understand from their perspective, and show that this is a safe space with me. (supervisor three)

**Awareness of Advocacy Needs.** All supervisors shared knowledge and awareness of needed advocacy efforts to better serve these communities. The importance of needed legislative energies, school organization changes, and as supervisors being intentional to increase CITs counseling self-efficacy beliefs were highly important. Supervisor two stated, “Largely increasing one’s own self-awareness, vocabulary, increasing knowledge is one piece of advocacy. Basic allyship training for affirmative practices in offices and form usages are vital.” “Providing sliding scales, increasing knowledge base, willingness to do more research, and advocating for basic rights are a must,” according to supervisor four. Supervisor one said, “Working with CITs to empower these populations is important. We [counselor educators] need to model this acceptance, advocacy, and way of being for our CITs.” Supervisor three mentioned, “I immerse myself into the culture by attending a variety of pride events and drag shows. I recognize the political biases and how this is oppressive. Also, attending many workshops to enhance myself as a clinician helps with advocacy.”

**Exposure and Clinical Experience.** In contrast to CITs, supervisors identified more exposure and clinical experience which heightened their general knowledge and skills to work with these populations somewhat. All supervisors focused on the ability to be present in the moment with LGBTGEQIAP+ clients, intentional acknowledgement of system barriers impacting them, and or their ability to recognize how intersecting identities between clients and counselors could influence the therapeutic alliance. Supervisor four said, “Be present in the moment, whatever they bring to the table in that moment is what I address with them. Being
nondirective in one’s approach with understanding what my clients want to focus on is important.” Supervisor two stated, “I would say in general validation is by biggest skill, I am naming gender pronouns and using a language that is connecting to the client. I also acknowledge barriers to intake forms with clients and process this.” Supervisor one mentioned, “I use a lot of affirmative here-and-now, talking about what’s going on in the present moment. I understand enough to recognize the uniqueness of these populations and the uniqueness should be honored.”

I am reflective with clients or else they won’t feel connected with us. I pay attention to how I deliver things, and I pick up on how the client reacts. I am also very comfortable asking questions about sex life and gender identity. The more I know the better I can assist and create a relationship. (supervisor three)

**Barriers to Comfortability.** Lack of education, fear of making mistakes with these populations, limited clinical experience about specific LGBTGEQIAP+ issues and concerns, and self-awareness of needed growth were common factors that prevented stronger supervisor comfortabilities.

**Limited Knowledge or Formal Education.** Lack of formal education was identified by all. Two supervisors highlighted LGBTGEQIAP+ discussions were completely avoided during their master’s training programs. Supervisor one said, “My training was in the 90s before this was on the forefront. I only learned about these populations through informal means when working with colleagues and personal experiences as an educator.” Similarly, supervisor three stated, “My master’s really avoided these communities, they really only talked about race and gender. I think in my doctoral work, my close friend was a peer and would randomly incorporate conversations throughout some classes.” The final two shared appreciations of some small conversations throughout their master’s and doctoral programs; however, they did not take a
class or have specific LGBTGEQIAP+ planned topics during their programs to help increase their knowledge base. Supervisor four said, “A particular professor was very open about her sexuality and she would highlight aspects of these populations throughout class but that was it.” Supervisor two mentioned, “I think during my master’s program there was a LGBTQI+ course that was offered towards the end, but it didn’t fit into my schedule.”

All shared intentionality to seek more training through workshops, other counselor educators, and or professional conferences. Supervisor two said, “I frequently go to LGBTQI+ trainings and workshops during conferences. I cannot think of a conference I went to that I haven’t attended at least one workshop regarding LGBTQI+.“ Supervisor three said, “I think in my doctoral work, I started to learn from my close friends who defines in these communities, listening to their presentations and articles geared toward LGBTQI+.“ Supervisor four stated, “I have taken LGBTQI+ trainings through [their state counseling association], I have learned the different historical issues and added some techniques to work with them.” Supervisor one identified, “my training came from attending workshops at [numerous counseling associations], and dialogues with colleagues.”

**Fear of Mistakes.** Similar to CITs, all supervisors identified a fear of making mistakes and offending LGBTGEQIAP+ clients. Supervisor two stated, “I do my best effort to be open and accepting, but I could say a trigger word that reminds them of that that could impact them.” Supervisor four said, “I feel somewhat confident because I still may feel I could slip, I don’t want to make my clients feel oppressed. I am getting better about not getting in my head about it but there’s still a way to go.” Supervisor one said, “For the first time a student opened up about their trans identity and wanted to complete a paper about this. They didn’t which makes me
which I now question my reaction to them was not the best one.” To add, supervisor three mentioned “I sometimes get confused of some of the diverse genders.”

**Limited Clinical Experience.** Two supervisors discussed limited clinical experience working with these populations. Supervisor two shared, “I’ve worked with LGBTGEQIAP+ clients and I am not strongly confident because their gender identity was never the focus.” Supervisor one stated, “my exposure really comes from informal conversations and experiences in classroom settings.”

**Self-Awareness to Needed Growth.** In contrast to CITs, supervisors tended to compare their LGBTGEQIAP+ competencies to other counselor educators and emphasized that there will always be more to learn about these communities which negatively factored into supervisors feeling confident instead of strongly confident. All supervisors shared a strong awareness and willingness to increase their knowledge and skills. Supervisor two mentioned, “I value and appreciate these communities, but I still have more to learn. I’m aware of what I don’t know, and I want to embrace new knowledge.” Likewise, supervisor three said, “I am always open to learning more. The letter seems to expand and the flags change. I have to keep up with the times. I am intentional with trying to attend more trainings.” Supervisor four said, “I am curious, and I investigate by learning more.” Supervisor one stated, “I would say I am lower on my ability. There’s more to learn and there are things that I don’t know what I don’t know.” The importance of continued training and a willingness to seek out their own professional development were addressed by all supervisors.

**Summary.** Counseling self-efficacy to work with LGBTGEQIAP+ clients ranged from somewhat unconfident to confident by all CITs and supervisors. Supervisors felt slightly more confident to work with these populations; however, not by much. All shared accepting attitudes
or values, confidence in their person-centered skills, and awareness of needed advocacy efforts. Specifically, CITs commonly reported accepting attitudes, awareness, medium knowledge, with limited skills that focused on using Carl Rodger’s core conditions. Supervisors commonly reported accepting attitudes, higher awareness compared to CITs, medium knowledge, and higher-level skills to work with these populations. Common comfortability barriers to all centered around a lack knowledge or formal education, fears of offending or making mistakes, and limited exposure or clinical experiences. CITs emphasized a fear of being unable to build a relationship and a lack of experience as more problematic compared to the supervisors. Even though some CITs highlighted an open mindset and willingness to continue their LGBTGEQIAP+ learnings, the supervisors discussed the ever-growing changes in these communities as a barrier to their comfortabilities.

**Theme #3: Factors that Influenced Perceived Other-Efficacy Beliefs**

All supervisory participants described factors that either supported or hindered confidence in each other’s ability to work with LGBTGEQIAP+ clients. These perceptions ranged from unconfident to strongly confident in the other member. All participants shared other-efficacy beliefs about each other’s counseling competency capabilities to work with these populations. Commonalities and differences between CITs and supervisors are described.

**CITs’ Factors that Influenced Perceived Other-Efficacy Beliefs**

CITs seemed to be mixed with how they felt about their supervisor’s abilities. Two CITs identified strong other-efficacy beliefs in support of their supervisors’ abilities whereas the other two discussed several hesitations. Common subtheme factors that supported supervisor’s abilities were perceived accepting attitudes and values, and LGBTGEQIAP+ knowledge and skills.
Subthemes of lack of supervisor awareness and limited knowledge and skills hindered CITs’ support in supervisor abilities.

**Other-Efficacy Beliefs that Supported Ability.** Subthemes that supported supervisor’s abilities centered around perceived supervisor attitudes and values, and LGBTGEQIAP+ knowledge, and skills.

**Accepting Attitudes and Values.** Perceived accepting attitudes and values of supervisors were highlighted as supportive factors by three. CIT two stated, “my supervisor was super open and welcoming to anyone regardless of background. CIT four said, “He is very open, accepting, and willing to process any concerns his LGBTQI+ clients would have.” CIT three mentioned, “I think he would work well with these populations. There’s so much compassion for understanding and has a positive demeanor.”

**LGBTGEQIAP+ Knowledge and Skills.** High knowledge and skills were identified strongly by two CITs with the other two CITs gave support solely to some foundational skills. CIT two shared, “She is super knowledgeable about LGBTQI+ communities with so much experience. She is a wealth of knowledge.” CIT three expressed, “He is very intentional with learning more about these populations to do more research and incorporate this into sessions. Because of this, I believe he is very knowledgeable.” Specific skills to work with these populations were highlighted. CIT one said, “I see him as someone who has core foundations to meet client’s where they are.” CIT four stated, “I think he would be able to validate their feelings.” CIT three said, “my supervisor would be very genuine and would view concerns through the client’s perspective, all while exploring in the moment concerns.”

**Other-Efficacy Beliefs that Hindered Confidence in Ability.** Two CITs did not identify any factors that hindered supported of their supervisors. The two that felt strongly about
their concerns, discussed common factors of a lack of supervisor awareness, knowledge, and perceived lack of higher-level skills.

**Lack of Supervisor Awareness.** Lack of supervisor awareness was centered around concerns with not potentially being able to meet unique client needs and misgendering of the CITs LGBTGEQIAP+ client. CIT one shared, “My supervisor didn’t recognize my needs in supervision despite me asking for help, thus I am unsure if he would be able to meet their needs and continue to be vague with these populations.” CIT four said, “I think he could work with these populations, but I think there needs to be an increased awareness in order to. For example, my client’s pronouns are they/them and my supervisor would always misgender using he/him pronouns during supervision.”

**Limited Knowledge and Skills.** Both CITs perceived themselves as more knowledgeable to work with these populations compared to their supervisors. CIT four said, “I probably wouldn’t work with him again because I want someone I can learn from. It would be more beneficial in my training and navigating certain LGBTQI+ client issues. I need someone I can learn from.” CIT one mentioned, “I don’t think he has a lot of knowledge to work with these populations. From the lack of direction he gave, I would guess he isn’t knowledgeable. I felt like I knew more.”

**Supervisors’ Factors that Influenced Perceived Other-Efficacy Beliefs**

Supervisors were more supportive with other-efficacy beliefs about their CITs ability to work with LGBTGEQIAP+ clients. All supervisors identified feeling confident to strongly confident in their CIT’s ability, with supervisors expressing CIT needed continuation of areas of growth to work with these populations. Common subtheme factors in support of CITs focused on perceived personal and professional characteristics, accepting attitudes and values, perceived
knowledge, perceived affirmative counseling foundations. Subthemes of limited CIT clinical experience, perceived knowledge, and lack of self-awareness hindered support of supervisor’s other-efficacy beliefs.

**Other-Efficacy Beliefs that Supported Ability.** Perceived positive personal and professional characteristics, high attitudes and values toward these populations, perceived knowledge, and some affirmative counseling foundational skills were commonly shared subthemes.

**Perceived Personal and Professional Characteristics.** All supervisors identified strong perceived CIT characteristics that supported their other-efficacy beliefs. Supervisor one described their CIT as “flexibility, openness to experience, and her embracing these communities and culture gives me confidence in her abilities.” Supervisor participant four said, “I appreciated her taking notes and willingness to learn vocabulary about these populations by researching what she was not aware of.” Supervisor three identified, “he was open and very comfortable. I don’t think he would have struggled working with these populations. He was very inviting, and his body language was very open.” Supervisor two mentioned, “she is very warm, kind, welcoming, and receptive to these populations. She was meticulous and wanted to improve [her skills].” Openness to experience and willingness to learn was highlighted by all supervisors as key supportive factors.

**Accepting Attitudes and Values.** Accepting CIT attitudes and values were discussed by all supervisors. Supervisor two said, “She was very open and accepting which gives me confidence in her ability to connect with clients. She is an approachable and a validating clinician for LGBTQI+ work.” Supervisor one expressed, “I think these populations are her passion area, wanting to work with LGBTQI+ youth.” Supervisor three stated, “He was open and
very comfortable. I think he already has some work experiences prior to practicum that influenced his strong acceptance of these communities.” Supervisor four identified, “She seemed to be very accepting, using proper pronouns, and is involved in the campus LGBTQI+ center.”

**Perceived Knowledge.** CIT’s knowledge was highlighted by two supervisors. Supervisor one said, “She took an LGBTQI+ class in counseling. Also, she was involved in LGBTQI+ workshops and sought out information about these populations during practicum.” Supervisor four mentioned, “she was able to acknowledge different type of attachments in sessions. She was involved in our campus LGBTQI+ support center. I believe she has a lot of knowledge.”

**Perceived Affirmative Counseling Foundations.** Two supervisors highlighted their CITs had higher level skills. Additionally, all supervisors supported their CIT’s ability to provide affirmative counseling skills to work with these populations. Supervisor three said, “When we talked about issues of race, ethnicity, or culture, he would never shy away to address these components in session. This makes me have confidence in him processing unique cultural elements with LGBTQI+ clients.” Supervisor two indicated, “Her strongest skill was the ability to retain and link information her client’s shared from previous sessions.” Supervisor one highlighted, “It’s a combination of the inherent skills she has developed, in addition to the information she has sought and knowledge about working with these particular communities.” Supervisor four said, “She creates a welcoming a safe space.”

**Other-Efficacy Beliefs that Hindered Confidence in Ability.** Limited CIT experience, knowledge, and self-awareness were common subthemes addressed by supervisors that prevented higher confidence in their CITs’ abilities.

**Limited CIT Clinical Experience.** Limited experience was discussed by two of four supervisors, and the other supervisors identified more experience would be helpful but did not
impact their confidence in their CITs. Supervisor three said, “Our supervision was almost a year ago, so I cannot even recall with certainty if he worked with LGBTQI+ clients to gain experience with vulnerable topics.” Supervisor two mentioned, “She has not a lot of exposure to these populations which impacted her knowledge.”

**Perceived Knowledge.** The lack of knowledge was addressed by two supervisors as hindrances to their other-efficacy beliefs. Supervisor two indicated, “Knowledge was her greatest growth area in my time working with her. She did not have a lot of knowledge regarding diverse identities.” Supervisor three said, “I think his knowledge base is limited to the master’s program.”

**Lack of Self-Awareness.** Two of four supervisors identified the need for increased CIT self-awareness to work with these populations. Supervisor two said, “I think she is willing to talk about vulnerable topics and work with these populations; however, she lacked self-awareness and needed vulnerability to process what is or could be on her mind during supervision.” Supervisor four stated, “My supervisee did not connect with her previous client as well as I would have liked. I wished she was more sensitive to her client and was more self-aware. She didn’t recognize when it was important to keep your mouth shut and let things be.” Despite hesitations, all supervisors supported their CIT’s abilities with needed future supervision and continued professional development.

**Summary.** Supervisors generally had higher other-efficacy beliefs in support of CITs abilities. CITs had mixed feelings about their supervisor’s abilities with two who felt strongly confident in their supervisors and two who did not. Lack of knowledge, awareness, and skills were addressed by CITs and supervisors as common concerns. High attitudes and values, core affirmative skills, and perceived member characteristics enhanced support of CIT and supervisor
abilities to work with these populations. A major difference between CITs and supervisors was that supervisors continued to believe in their CITs’ potential with continued supervision and development.

Theme #4: Perception of Experiences on LGBTGEQIAP+ Work

All supervisory participants described their perceptions of how their supervision experiences influenced their LGBTGEQIAP+ client work. These perceptions ranged from noninfluential to strongly influential. Similarities and differences between CITs and supervisors are explored.

CITs’ Perception of Experiences on LGBTGEQIAP+ Work

Three CITs reported their supervision experiences were influential with different perceptions to how these experiences were influential. That being said, one CIT perceived their negative experiences as noninfluential on their LGBTGEQIAP+ work. Influential subthemes consisted of perceived supervision effectiveness and perceived supervisor’s other-efficacy beliefs. Noninfluential subtheme was concerned with perceived supervision effectiveness.

Influential Factors. Quality of perceived supervision and perceived supervisor’s other-efficacy beliefs in the CIT’s ability influenced the CIT’s counseling self-efficacy to work with LGBTGEQIAP+ and their overall CIT development.

Perceived Supervision Effectiveness. The quality of supervision was discussed by three of four CITs as influential factors, no matter if their supervision was effective or inadequate. CIT three said, “The quality teaching about multiculturalism and diversity helped me grow by not making assumptions of others and helped me view circumstances from my client’s worldviews.” CIT one, who perceived their supervision experiences as influential, discussed inadequacies that impacted their growth.
Yeah, I feel like the working relationship I couldn’t’ really go to him for more guidance because after going to him multiple times, I told him a few times I need an intervention. Being told what I am doing is enough prevented me from being able to develop my self-confidence. I was just disappointed with my experiences and I deserved more. (CIT one)

Lack of guidance and feedback to meet the CIT’s unique needs were seen as unsatisfactory which influenced this CIT’s lack of confidence and feeling overall incompetent. The next CIT strongly valued the uniqueness of supervision provided to meet goals.

I think Dr. [blank] just helped me gain confidence across the board. So definitely would influence into working with LGBTQI+ clients as well. I feel like my skills and confidence grew tremendously over the course of practicum. A lot of the time I felt the importance of being true to myself, and my role as a counselor, and how this looks different for everyone. (CIT two)

Perceived Supervisor’s Other-Efficacy Beliefs. Two CITs identified their perception of what their supervisor’s think of them influenced their counseling self-efficacy. The third CIT was unsure how to respond to how their experiences influenced their LGBTGEQIAP+ work; however, after thought, was able to provide insights on how their supervisor’s beliefs influenced him. The supervisor’s encouragement and support were perceived as influential on their LGBTGEQIAP+ work. CIT three stated, “He never showed he didn’t believe in me. I believe he was confident in my abilities to work with all clients.” Further CIT two mentioned, “My supervisor always let me know that I am doing the best I can, believed in me, and said here are some areas of growth.”

Noninfluential Factors. Due to perceived inadequate supervision, one CIT believed their experiences were noninfluential to their work with LGBGEQIAP+ clients.

I don’t think it has played that big of a role, I used things I learned about these communities from my own personal experiences along with my foundational skill sets in a way to explore who my LGBTQI+ client was as a person. I don’t think my supervisor played a role. (CIT four)
Personal experiences and skills were supported by this CIT as influential factors, not their SWA and experiences.

**Supervisors’ Perception of Experiences on LGBTGEQIAP+ Work**

Supervisors all reported their supervisory experiences were influential on their CIT’s LGBTGEQIAP+ work, with different perceptions to why these experiences were influential. Noninfluential factors were not identified by supervisors.

**Influential Factors.** Common subthemes of supervisor encouragements and perceived supervision effectiveness was identified as influential amongst supervisors.

**Supervisor Encouragements.** Encouragements that supported CIT development were discussed by three supervisors. Supervisor one said, “I was kind of a cheerleader, a coach, that encouraged her to promote her efficacy in what she is most interested which is these populations.” Supervisor two stated, “I think overtime with me frequently bring up, encouraging, and prompting my supervisee helped her develop and strengthen her skill set. She will continue to need more exposure and affirmative supervisors in the future that will support growth.” The final factor that encouragement was influential were described by supervisor three, “I think our working relationship helped increase his confidence to work with diverse populations, specifically LGBTQI+. He took that knowledge and utilized it forward, and I encouraged him to be present with clients.”

**Perceived Supervision Effectiveness.** Quality of perceived supervision and wishful changes were discussed by three of four supervisors. Supervisor one said, “There’s even more that I could’ve done to work together and talk more about identity, and how it could affect supervision and her work with clients.” Even though another supervisor was unsure how to answer how these experiences influenced the CIT’s LGBTGEQIAP+ work, supervisor four
mentioned the lack of intentional techniques during supervision to explore multiculturalism may have influenced the CIT. Further, supervisor four indicated, “supervision is a big process and the biggest barriers she overcame was acknowledgement of feedback. It was a growing cycle for her which will soon flourish. She’s finally hearing and connecting dots to her clinical work.” This supervisor recognized the CIT’s self-compassion, acceptance of feedback, and wishful changes of supervision influenced their CIT’s LGBTGEOIAP+ work. Lastly, quality of supervision that enhanced new learnings of multiculturalism and diversity that was utilized in the CIT’s sessions were seen as influential. Also, supervisor three stated, “I don’t know him personally, but I wish I did. I wish I would have talked about his diverse identities.”

**Summary.** CITs commonly reported their supervision experiences were influential with different reasons for these perceptions. One CIT perceived their negative experiences as noninfluential on their LGBTGEOIAP+ work. Supervisors all reported their experiences were influential. CITs and supervisors discussed quality of supervision directly played a role in CITs’ LGBTGEOIAP+ work. Compared to supervisors, CITs identified perceived other-efficacy beliefs influenced their confidence and overall development. Supervisors discussed specific encouragements that increased counseling self-efficacy during practicum as influencers. Even though one CIT did not believe their supervision experiences were influential, this CIT discussed the inadequate supervision as reasons that influenced their noninfluential beliefs. Whether the perception of their working relationships was helpful or unhelpful, seven of eight CITs and supervisors believed the SWA influenced the CIT’s overall development to work with these populations.
Theme #5: Clients’ Therapeutic Alliance and Perceived Other-Efficacy Beliefs

All client participants described their therapeutic alliances and factors that either supported or hindered confidence in their CIT’s ability to work with LGBTGEQIAP+ clients. All client participants shared other-efficacy beliefs about their CIT’s capabilities based off their experiences together. Commonalities amongst clients are presented.

Clients’ Therapeutic Alliance Satisfactions

Three of four client participants described their therapeutic alliance satisfactions as positive and comfortable. Perceptions ranged from one CIT who identified a negative working alliance, another client feeling comfortable, and two others feeling strongly comfortable in their therapeutic alliances. Nonetheless, all stated they could trust their counselor. Subthemes perceived personal and professional characteristics and perceived counseling effectiveness emerged as strengths in bonds. Internal factors and counseling inadequacies appeared as a common factors that prevented stronger bonds.

Strengths in Bond. Perceived positive personal and professional CIT characteristics, and perceived counseling effectiveness influenced client participants’ comfortabilities and connection.

Perceived Personal and Professional Characteristics. Trust, a welcoming, and a nonjudgmental presence within the therapeutic alliance were highlighted by all. Client two said, “I felt like I could trust her, I did feel like I could talk about what I wanted to. She made me feel comfortable to talk about my concerns.” Client one indicated, “I was strongly comfortable working with her. Very welcoming, receptive, and the feedback I got from her was positive. Some of my statements were outside of the box. She validated me and that I could do something different.”
He didn’t always hit the mark what I was trying to get across, and he was willing for me to correct him and just listen. He was very validating person. When I opened up or was in a lot of pain, he would acknowledge that very directly which was helpful. I appreciated that I didn’t have to guess what he was thinking. He was calm and gave reassurance. (client three)

Client four said:

I really appreciated her and her approach. Every time I’ve spoken, I never felt judged, she was there to meet me in the middle. I feel like the relationship that we had was good and comfortable for me. She was very patient, willing to work with me and meet me where I am at. Overall, strongly comfortable working with her.

**Perceived Counseling Effectiveness.** Counseling effectiveness played a part for all clients, with three who felt counseling was effective and helpful for growth. Client one said, “I was satisfied with counseling because we spent a fair degree of time about my LGBTQI+ identity. I felt a degree of acceptance that we were able to explore my gender identity without things being seen as taboo.” Client three identified, “my counselor really met me where I was and didn’t pressure or focus on LGBTQI+ topics if I wasn’t. For example, if I would talk about my girlfriend, he would focus on the relationship not that my relationship wasn’t a straight relationship.” Client two mentioned:

We talked about some of the issues I was facing concerning my sexuality. I never felt like I needed to hide anything that I needed to talk about. More experiences where more than less satisfied, I guess, when my identity did come up, she was never negative.

**Barriers to Bond.** Internal client factors and perceived counseling inadequacies was shared as common barriers to bonds.

**Internal Factors.** Internal factors that negatively influenced hesitations toward trust in the beginning resulted in barriers to their connection were highlighted by two client participants. Client two said, “I am usually a little hesitant at first in counseling to gain that trust. Being out of
counseling for a while and getting back in with a new counselor made me nervous.” Client three mentioned:

At the beginning with any new counselor, questioning how well are we going to get along and what their general approaches are. I’ve noticed that working with male counselors are harder for me and my counselor was male. There’s a sort of internal wall sometimes. We weren’t perfectly in sync, but I was able to have a positive experience.

**Perceived Counseling Inadequacies.** Overall, counseling experience and effectiveness was shared by one client wishing for some changes that would meet their needs more and another strongly addressed his needs were unmet. Client three said, “If it was clearer that he had experience with trans, I would have shared more about my concerns.”

I did not have the best experience with my counselor. It just seemed like I was going there and talking to myself, so I didn’t really build a relationship with my counselor. I was somewhat comfortable or neutral to work with her because she never said anything bad, but they never said anything to me in general.” He also said, “She didn’t really talk much; I can recall asking her questions and sometimes her not being able to answer them or help me. I would ask her advice on coping mechanisms and it seemed like she didn’t know how to answer it or just not answer. (client two)

**Clients’ Perceived Other-Efficacy Beliefs**

Other-efficacy perceptions about their CITs’ abilities to work with other LGBTGEQIAP+ clients were described by all. All felt like their CIT’s could work with these populations; however, ability ranged from somewhat confident to strongly confident in their CITs. Two clients identified that their CIT’s have their own unique counseling approach and can work with other members of these communities even if this approach did not work as well for them. Three clients identified their CIT’s as knowledgeable, high positive attitudes toward these populations, and skillful to work with LGBTGEQIAP+ clients in the future. One client identified his counselor as probably knowledgeable and skillful but lacked confidence. All client participants appreciated the amount their LGBTGEQIAP+ identity was explored in sessions and did not feel
any insufficiencies. Common subthemes under strengths to other-efficacy belief factors were experiences of trust and acceptance, perceived knowledge, and skills. Subthemes of lack of confidence and experience emerged.

**Other-Efficacy Beliefs that Supported Ability.** Perceived positive experiences of trust and acceptance during their counseling experiences and perceived LGBTGEQIAP+ competencies influenced three client’s other-efficacy beliefs to support their CITs’ abilities.

**Experiences of Trust and Acceptance.** Perceived positive experiences of trust and acceptance increased their connection and vulnerability which supported the CIT’s to work with these populations. Three clients shared trust in their CIT to meet them where they are and process LGBTGEQIAP+ concerns as far as the clients would like to. Client three said, “I never felt talked over, he was pushing too far, or not pushing far enough. He was very open, and I didn’t have to guess what he was thinking.” Client four stated, “I don’t think she ever reacted in a way I wasn’t expecting after I said something. She never judged me. She never gave me a reason to not trust her. I’m very glad that she addressed my identity only as far as I wanted to.”

She was receptive and have an understanding of where I was coming from. I needed a little guidance, and she was able to help. Towards the end of our meeting, I thought I could trust her and it [counseling] was going in a good direction. (client one)

**Perceived Knowledge.** All clients added their thoughts on their CIT’s LGBTGEQIAP+ competencies. The importance that their CIT appeared knowledgeable was highlighted. Client two said, “I think she could work with other LGBTQ+ clients, I think she could really work with any identity. She seemed knowledgeable, she never seemed not knowledgeable about the communities or anything.” Client three stated, “He seemed knowledgeable. I never felt like I had to educate him. I’ve received this vibe from others trying to figure me out in the past. He generally seemed quite competent in queer identities.” Client four mentioned, “Whenever we
talked, she seemed pretty knowledgeable about my trauma. Whenever we talked about anything, I typically left session with a new level of insight. So, she seems quite knowledgeable to work with these populations to me.” Client one said, “She seemed to have an understanding of what I was going through. She provided some knowledge and guidance.”

**Skills.** Three clients discussed CIT skills that supported confidence in their CITs abilities. Skills were centered around trust and an understanding that the CIT will meet them where they are. Client two said, “With her counseling style, I could always keep talking even about my sexuality and it would get me to think more about my it [my sexuality]. So, she was good with helping me when it comes to those issues.” Client three indicated, “he wouldn’t bring up things unprompted and wouldn’t take it further than I would take it.” Client four said:

> We didn’t spend a whole lot of time exploring that [my LGBTQI+ identity] but for me that is something I appreciate since I already know how my identity and gender influences the way I operate, and I don’t need to unpack it anymore. I’m very glad that she didn’t address it any more than I wanted to.

**Other-Efficacy Beliefs that Hindered Confidence in Ability.** Two clients did not discuss any concerns about their CIT’s ability whereas two others expressed different factors that hindered their confidence.

**Lack of Confidence.** Lack of CIT confidence hindered one client participant perceptions in their CIT’s ability to work with LGBTGEQIAP+ clients. Client two said, “In the beginning, she didn’t really seem very confident at least with me. Over time she would probably get more confident with other clients, specifically LGBTQI+.”

**Experience.** Further, client three specifically wished that their CIT had more experience working with specific sub-communities and was unsure if he had resulting in less vulnerability.
Client three stated, “If I knew he would’ve had more specific experience working with trans people I probably would’ve brought up my identity more in sessions.”

**Summary.** Perceived client experiences played a role in their therapeutic relationship and the clients’ other-efficacy beliefs about CITs’ abilities to work with other LGBTGEQIAP+ clients. Three client participants described positive working alliances, feeling comfortable to strongly comfortable. These bond perceptions were based on perceived positive personal and professional CIT characteristics of trust, nonjudgment, and welcoming presence. Three of four clients perceived their counseling experiences as helpful. One client described their working alliance as more negative due to inadequate interactions but felt somewhat comfortable to work with this CIT. Clients all felt like they could trust their CITs; however, two struggled with internal trust factors that affected their alliances at first and took time to gain that trust their CITs. Other-efficacy beliefs ranged from somewhat confident to strongly confident in their CITs’ abilities. Factors that supported their other-efficacy beliefs consisted of client experiences that resulted in trust and acceptance which enhanced connection and client vulnerability. Three felt confident in their CITs’ knowledge, awareness, and skills. One client lacked confidence in their CIT’s ability due to the perceived lack of CIT self-confidence and inadequate knowledge base.

**Summary**

This chapter has identified themes and differences across the four individual cases with a within case analysis. These results were explored across all cases and then an identification of cross-case themes between supervisors, CITs, and client participants’ experiences were addressed. The cross-case analysis was used in a more general sense, to explore the perceptions
of the SWA and counseling efficacy beliefs for CITs who work with LGBTGEQIAP+ clients.

The following chapter presents a discussion over these findings with implications.
Chapter 5
DISCUSSION

The purpose of this cross-case study analysis was to explore the perception of the supervisory working alliance (SWA) and counseling efficacy beliefs for counselors-in-training (CITs) who work with LGBTGEQIAP+ client(s). This chapter includes the problem statement, review of methodology, discussion of findings, and implications. Then the limitations to this study, recommendations for future research, and conclusion completes this dissertation. The following research questions helped frame an understanding of the perceived working alliance and counseling efficacy beliefs played a role in supervisee’s LGBTGEQIAP+ work.

1. How do CITs and supervisors separately describe their supervisory working alliance?
2. How do CITs and supervisors separately describe their counseling self-efficacy beliefs about working with LGBTGEQIAP+ clients?
3. How do CITs and supervisors separately perceive each other’s (other-efficacy) capabilities with counseling competencies to work with LGBTGEQIAP+ clients?
4. How do CITs describe their perceived SWA influence on their counseling self-efficacy to work with LGBTGEQIAP+ clients?
5. How do clients describe their counseling experiences working with their CIT?

Problem Statement

Generally, previous researchers have found a relationship between clinical supervision and the supervisor-supervisee working relationship with an examination of supervision styles (Fernando & Hulse-Killacky, 2005), the SWA influencing CIT development (Enlow et al., 2019; Livni et al., 2012; Mehr et al., 2015), importance of counseling self-efficacy (Burkard et al.,
2009). Overall, the emotional bond also known as the SWA influences CIT development (Mehr et al., 2015). Researchers have focused primarily on counseling self-efficacy of CITs, professional counselors, and supervisors working with counselors, and have explored CIT or supervisor individual experiences (Bernard & Luke, 2015; Farmer et al., 2013; Graham et al., 2012). Few researchers have explored the perceived SWA, counseling self-efficacy beliefs, and other-efficacy beliefs combined. Morrison and Lent (2018) explored these concepts and determined counselors’ perceptions of the SWA, counseling self-efficacy, and other-efficacy beliefs influences counselor’s overall counseling self-efficacy. Because of the newness to these concepts, there has been no studies to date that explored the perceived SWA, and how efficacy beliefs about each other have influenced CITs’ overall counseling self-efficacy to work with LGBTGEQIAP+ clients. This study was conducted to explore these perceptions of the SWA, counseling efficacy beliefs, how these concepts may play a role in CITs’ overall counseling self-efficacy.

**Review of Methodology**

A cross-case study qualitative research methodology was utilized to explore perceptions across four cases: one supervisor, one CIT, one client per case. An advantage of a cross-case study is the ability to present themes within a case and between cases (Yin, 2018). Due to the nature of exploring connected relationships between supervisor-supervisee and LGBTGEQIAP+ clients, this study used a sampling procedure in which participants sampled where from a specific population and were recruited from a specific Midwest counseling center. Data were obtained by (a) an online Qualtrics eligibility screener, (b) a demographic questionnaire, (c) personal interviews lasting 30-minutes and 60-minutes via Zoom. The personal interview
questions were influenced by the LGB-CSI-SF, and the SWAI-T/S. Data findings were explored using a cross-case analysis that examined within and between case themes.

**Discussion of Findings**

The findings of this study can be distilled into four major themes with several subthemes. Each theme and subthemes are described as it relates to the guiding research questions including links among these themes. These findings are sited within the existing body of literature to reinforce and share uniqueness of this study.

**Discussion of Findings for Research Question #1**

To answer the first research question, how do CITs and supervisors separately describe their SWA, this study explored commonalities and differences between all CITs and supervisors’ perceptions of their SWAs. SWA perceptions ranged from somewhat comfortable to strongly comfortable with three CITs who felt somewhat comfortable, and all supervisors felt strongly comfortable. Three supervisors reported higher perceived comfortabilities early on. Similar to previous researchers’ findings, the alliance strengthens over time, especially for CITs (Livni et al., 2012). As the interpersonal bonds evolved it appeared trust and appreciations deepened for the six of eight CITs and supervisors. This finding suggests that the initial step of the SWA process is the development of an interpersonal connection between the two. This is consistent with previously cited findings in counseling literature (Marmarosh et al., 2013; Mehr et al., 2015; Riggs & Bretz, 2006). This was not a surprising finding; however, was evident across all cases and reinforced other studies. Both supervisory participants described common factors of strengths and barriers in bonds that emerged throughout their supervisory experiences.
**Strengths in Bonds**

Similar strength factors identified by both were each other’s perceived personal and professional characteristics, trust in CITs’ emotional vulnerability, and supervision effectiveness. It appeared as the participants grew familiar with each other, enthusiasm and supervisor’s nonjudgmental and validating presence, reinforced their bonds of trust and mutual appreciation. These perceived positive characteristics suggests that the CITs then felt safe to be emotionally vulnerable with supervisors. For instance, CIT two stated, “my supervisor gave me a sense of comfort to share anything, was always smiling, was nonjudgmental, gave me space to express any concerns I had, believed in my ability.” Previous researchers established the importance of trust, warmth, and support as important interactive characteristics that aid in the SWA (Borders et al., 2014; Cashwell & Dooley, 2001; Livni et al., 2012).

Another strength factor described was supervision effectiveness perceived by each supervisory participant. Attentiveness and uniqueness of the supervision experience were identified by both CITs and supervisors. The supervisory relationships with stronger SWAs appeared to have high perceived levels of attentiveness on both sides and CITs who felt their supervision was tailored specifically to increase their individual CIT development. For example, CIT three said, “The feedback I received on multiculturalism that he gave really helped me improve my abilities as a counselor. There was never a right or wrong answer or approach, more of an open dialogue that explored reasons for what I chose to do with clients.” Attentiveness and supervision tailored to meet individualized needs are strengthened in existing literature with an understanding that tasks that aid in CIT development influence the SWA (Fernando & Hulse-Killacky, 2005). To add, supervisors tended to identify CITs’ supervision efforts and goals met as strength factors in bonds. This also supports existing research that tasks to meet goals and goal
attainment is important to the SWA (Fernando & Hulse-Killacky, 2005; Bernard & Goodyear, 2019). Regarding the perceived supervision effectiveness, this study’s findings suggest previous relationships can either strengthen or hinder SWA perceptions. Also, findings about perceived attentiveness and supervision efforts toward goals met are important factors that strengthen SWAs.

Three CITs discussed previous working relationships with their supervisors was a strength factor in their SWAs. Perceived positive past working relationships created a sense of comfortability in the beginning. However, these positive experiences did not guarantee a sense of comfort or trust in the newness to the supervision experience but gave excitement for the beginning of their SWA. Despite not expecting previous relationships would arise, researchers have shown previous relationships influence current perceptions (Bernard & Goodyear, 2019). It is important to note that previous positive working relationships is helpful and does not guarantee trust in this specific clinical experience.

**Barriers in Bonds**

In contrast, common barriers in bonds emphasized perceived supervision inadequacies by both supervisory participants. Supervision inadequacies focused on a lack of goal attainment, nonverbal communication issues within supervision, and a lack of trust. It appeared supervision styles that provided little feedback (i.e. guidance or goal attainment) negatively influenced CITs’ perceptions. For instance, CIT one mentioned, “My supervisor would use strength-based feedback, but he would never provide areas for growth and interventions to help me learn how to work with clients.” This complements existing research which has shown the importance of supervision styles that support and guide CITs, especially early on in their CIT development (Livni et al., 2012). Similarly, findings also showed supervisors seemed to recognize barriers in
their supervision styles post experience that could have influenced barrier factors. Researchers have endorsed the lack of goal attainment, poor communication patterns, and the lack of trust negatively influences the SWA (Fernando & Hulse-Killacky, 2005; Livni et al., 2012). These findings further support the growing literature on perceptions of supervisors and CITs individual experiences that factor into their bonds.

Discoveries also identified CITs tended to report perceived barrier factors as more problematic to their SWA and overall CIT development. It appears CITs were less hopeful for change overtime. For example, CIT one indicated, “I told him a few times I need an intervention. Being told what I am doing is enough prevented me from being able to develop my self-confidence. I was just disappointed with my experiences and I deserved more.” Supervisors focused on wishful changes in supervision styles, internal factors of self-doubt, and perceived CIT mental health as less concerning barrier factors and continued to have positive perceptions about their CITs and their SWAs. Burkard et al. (2009) argue non-affirming and unhelpful supervision experiences promote a weak SWA in their current work together. As alluded to previously, CITs did not feel comfortable broaching concerns with supervisors about their SWA or supervision experiences, this is consistent with existing research that power dynamics in supervision can prevent needed disclosure by the CIT (Green & Dekkers, 2010; Murphy & Wright, 2005). Supervision that attends to power and diversity can provide a supportive environment to address issues that influence clinical outcomes, satisfaction, and enhanced learning outcomes for CITs (Green & Dekkers, 2010; Murphy & Wright, 2005). These findings adds not only do barrier factors affect current working alliance, but CIT perceptions and lack of trust toward future improvements influenced their SWAs.
Summary

As mentioned, some of the SWA findings identified were expected, and reinforces existing research in the SWA. The interpersonal bond seemed to grow overtime with CITs taking more time compared to supervisors. Findings suggest there are consistent threads between trust in order to be emotionally vulnerable, perceived supervision effectiveness, and perceived individual characteristics about each other either served as strengths or barrier factors to their SWAs. The emotional bond generally helps CITs to believe in their abilities, lessens anxiety around counseling, and influences their willingness to disclose concerns with supervisors which affects their overall professional development (Mehr et al., 2015). Participants that shared their clinical supervision was collaborative in nature with trust, support, and had shared responsibilities identified enhanced emotional bonds that aided in their development. Overall, findings showed that perceived individually described SWAs mattered in their clinical supervision experience that supported or hindered CIT development.

Discussion of Findings for Research Question #2

The second research question explored how do CITs and supervisors separately describe their counseling self-efficacy beliefs to work with LGBTGEQIAP+ clients. Findings showed mixed comfortabilities from strongly unconfident to confident. Six of eight CITs and supervisors felt somewhat confident to confident to work with LGBTGEQIAP+ clients. No participant felt strongly confident in their counseling self-efficacy. Numerous researchers have cited counselor’s feeling unequipped to work with LGBTGEQIAP+ clients (Farmer et al., 2013; Goodrich & Luke, 2011; Graham et al., 2012; Green et al., 2009). This suggests no matter what level, CIT or professional counselor, the majority struggle with their counseling self-efficacy to provide quality, LGBTGEQIAP+ specific, services. Interestingly, findings showed CITs and their
supervisors tended to have very similar confidence levels compared to their counterpart. For example, all supervisors that were confident in their abilities also had CITs that were confident in their abilities and the supervisor who was somewhat unconfident, their CIT was also somewhat unconfident. Little to no research has emphasized this comparison. Research has identified inadequate preparation of supervisors and counselors have resulted in professionals tending to feel unequipped and reluctant to work with LGBTGEQIAP+ (Bryan, 2018; Case et al., 2009).

This section explores findings in terms of factors that either were strengths or barriers to their comfortabilities to work with these populations.

Strengths of Comfortability

Consistent with previous research (Bidell, 2005; Goodrich & Luke, 2011), the findings revealed common strength factors that support CITs and supervisors’ comfortabilities centered around accepting attitudes and values, affirmative counseling foundations, awareness of advocacy needs, and exposure and clinical experience. It appears all participants valued a client-centered approach that specifically valued the uniqueness of their client’s lived experiences while recognizing they are a person before their LGBTGEQIAP+ identity marker. For instance, supervisor two said, “people are people with different nuances.” CITs and counseling professionals tend to have accepting attitudes and comfortabilities but lack counseling self-efficacy confidence to work with diverse clients (Green et al., 2009). These findings continue to reinforce existing research on multicultural competencies.

Barriers to Comfortability

Barrier factors that negatively influenced CITs and supervisors’ comfortabilities emphasized limited knowledge or formal education, fear of mistakes, limited exposure or clinical experience in this study. Previous researchers have also identified minimal training experiences
in counselor education programs (Green et al., 2009), feeling unequipped and fear of mistakes (Case et al., 2009; Goodrich & Luke, 2011), and CIT limited exposure or clinical experience to work with these populations (Tang et al., 2004) as barriers to their comfortabilities. Findings exposed supervisors felt their lack of education and clinical experience influenced their here-and-now awareness during supervision to explore CITs identity markers, common LGTBGEQIAP+ issues, specific client concerns, and these combined connections to their CITs. For instance supervisor four mentioned, “It was interesting to work with her and I never pointed out any obvious things in regard to her identity and the potential connection with her client. I wish I had.” Likewise, other researchers have also suggested supervisors’ reluctance, lack of awareness, and or ability to address LGTBGEQIAP+ issues in clinical supervision (Bryan, 2018; Green et al., 2009; Messinger, 2007). In contrast between CITs and supervisors, CITs tended to experience have a more open-growth mindset that supported their confidence whereas the needed growth was somewhat of a barrier to supervisors’ comfortabilities. For example, CIT three said, “A counselor does not need to understand everything to work with these populations and we should take ownership of our own learnings” and supervisor one identified, “I would say I am lower on my ability. There’s more to learn and there are things that I don’t know what I don’t know.” This finding suggests CITs may be more open to providing higher counseling self-efficacy to work with these populations because their education and training are unfinished. Whereas supervisors would need to intentionally go out of their way to learn more as a potential barrier that influences comfortabilities.

Summary

CITs and their supervisors separately described their counseling self-efficacy to work with these populations and findings showed mixed comfortabilities. Confidence tended to be
somewhat low with high comfortabilities in accepting attitudes and ability to provide basic affirmative practices. CITs commonly reported accepting attitudes, awareness, medium knowledge, and limited skills. Supervisors were similar; however, perceived themselves with medium skills. Many perceptions about their counseling self-efficacy actually mirrored their supervisors overall self-perceptions to work with LGBTGEQIAP+ clients. To connect research question themes thus far, the SWA seems to have influenced perceived CITs’ counseling self-efficacy development which is also identified in research (Mehr et al., 2015). Another interesting finding is supervisor participants seemed to lack awareness to explore LGBTGEQIAP+ identities and how these may connect to CITs which directly influenced CITs counseling self-efficacy and SWA.

**Discussion of Findings for Research Question #3**

Rare to research, the third research question was, how do CITs and supervisors separately perceive each other’s (other-efficacy) capabilities with counseling competencies to work with LGBTGEQIAP+ clients. There is limited theoretical support and is sparsely available in counseling literature. However, it is important to note other-efficacy beliefs can be perceived through social responses, feelings, and activities within meaningful working relationships (Lent & Lopez, 2002) without observation of skills. When answering these prompts, CITs focused on perception rather than actual skills of their supervisors based off their supervisory experiences. Generally, findings revealed supervisors in this study tended to have higher confidences in their CIT’s ability to work with LGBTGEQIAP+ compared to CITs’ perceptions about them. All supervisors felt confident to strongly confident in their CITs’ abilities whereas two CITs felt strongly confident and two experienced several hesitations with their supervisors’ abilities.
Similar to existing research (Morrison & Lent, 2018), supervisors believed in CITs’ abilities and portrayed this confidence and trust in different ways through their SWAs.

**Other-Efficacy Beliefs that Supported Ability**

Findings showed factors that influenced CITs and supervisors’ other-efficacy beliefs that commonly supported abilities were centered around attitudes and values that were accepting of these populations, perceived LGBTGEQIAP+ knowledge and affirmative counseling skills, and perceived positive characteristics about each other. For example, CIT three said, “I think he would work well with these populations. There’s so much compassion for understanding and has a positive demeanor” and supervisor one stated, “flexibility, openness to experience, and her embracing these communities and culture gives me confidence in her abilities.” These findings would align with the importance and understanding of multicultural competencies (Bidell, 2005; Goodrich & Luke, 2011) and adds each other’s perceived capabilities based off perceptions from clinical supervision experiences (Morrison & Lent, 2018).

**Other-Efficacy Beliefs that Hindered Confidence in Ability**

Factors from CITs and supervisors’ other-efficacy beliefs that commonly hindered confidence in abilities emphasized a concern with limited knowledge, skills, experience, and or a lack of awareness to work with these populations. This also supports existing body of research that identifies essential multicultural competencies of attitude, awareness, knowledge, and skills (ACA, 2014; Bidell, 2005; Goodrich & Luke, 2011). Further, findings identified strong problematic concerns by CITs when they felt they were more knowledgeable than their supervisors. For example, CIT one mentioned, “I don’t think he has a lot of knowledge to work with these populations. From the lack of direction he gave, I would guess he isn’t knowledgeable. I felt like I knew more.” Findings suggest perceived limited LGBTGEQIAP+
competence can prevent CITs to trust in their supervisor. In other words, the difference between both, supervisors expressed areas of growth concerns and continued to believe in their CITs’ potential with continued supervision and development. CITs’ concerns negatively influenced overall perceptions and trust in their bonds, especially to gain supervision needs with their LGBTGEQIAP+ clients.

Summary

Despite limited counseling literature, other-efficacy beliefs portrayed through social messages, feelings during and after supervision, and supervision experiences influenced CITs and supervisors’ support in each other. Findings showed supervisors in this study tended to have higher confidences in their CIT’s ability to work with LGBTGEQIAP+ compared to CITs’ perceptions about them. CITs’ perceptions that hindered support were problematic to CITs’ development. To connect themes, findings suggest perceived abilities in each other influences the SWA and confidence in each other.

Discussion of Findings for Research Question #4

Even rarer to counseling literature, the fourth research question was, how do CITs describe their perceived SWA influence on their overall counseling self-efficacy to work with LGBTGEQIAP+ clients. Some self-efficacy scholars support the idea that social interactions influence a person’s self-efficacy and an individual’s belief or confidence in themselves is shown through motivation to perform a counseling related action (Bandura, 1997; Bandura & Locke, 2003; Enlow et al., 2019). Researchers recently started to explore the effects of supervisor-supervisee other-efficacy beliefs and how this influences CITs’ overall counseling self-efficacy (Morrison & Lent, 2018).
Findings exposed other-efficacy perceptions mattered in SWAs, especially the CITs’ perceptions about their experiences and other-efficacy beliefs about their supervisors. Supervisors’ portrayed their other-efficacy beliefs through the SWA, social messages, and nonverbal cues which could have been perceived differently by CITs. To add, researchers have identified that CITs’ perceptions of experiences matter whereas supervisors’ perceptions are less vital on CITs’ overall SWA and counseling self-efficacy (Morrison & Lent, 2018). Some CIT perceptions were received as if the supervisor is a competent counselor and knows how to provide a unique supervision experience to meet CITs’ needs. Other CIT perceptions viewed their supervisor as less competent and supervisor was unable to meet CITs’ supervision standards. Two CIT felt they were more competent to work with LGBTGEQIAP+ clients and wanted to work with a supervisor that they could learn from. This continues to reinforce that the SWA plays a role in counselor’s development of self-efficacy (Morrison & Lent, 2018; Tang et al., 2004).

**Influential Factors**

All, but one CIT, believed their supervision experiences were influential on their overall counseling self-efficacy to work with these populations. Influential factors that influenced CITs’ perceptions were supervision effectiveness and perceived supervisor’s other-efficacy beliefs about the CIT. CITs would highlight ways in which supervisors would increase or hinder their counseling self-efficacy and or how their supervisor’s portrayed positive other-efficacy beliefs believing in their CITs’ abilities. One CIT perceived their supervision experience as noninfluential and would discuss this reason being due to inadequate supervision. All participants had to take additional time to think about how their perceived supervision experiences in total influences the CITs’ overall counseling self-efficacy with two shared feeling
unsure at first. This finding showed the newness to this area of research and how perceptions are usually not as fully addressed in either research or counselor education.

**Summary**

Researchers argue within close relationships, like clinical supervision, counseling self-efficacy, other-efficacy, and CIT perceptions together influence their overall counseling self-efficacy (Lent & Lopez, 2002; Morrison & Lent, 2018). The findings suggest there is a linkage between how CITs believe they are perceived by supervisors and how they see their own counseling self-efficacy. Two CITs identified feeling confident and two as somewhat confident in their counseling self-efficacy to work with LGBTGEQIAP+ clients. Their counseling self-efficacy perceptions were influenced by the SWA. Unconditional support, CITs’ perceptions if their supervisor believed in their abilities, trust, and mutual respect were highlighted by the two CITs who felt confident to work with LGBTGEQIAP+ clients. Findings exposed these supportive perceptions about their SWA positively influenced their own individual counseling self-efficacy to work with these populations. Of the two CITs who reported feeling somewhat confident, both discussed more barriers in their SWAs which impacted them feeling somewhat comfortable. Inadequate supervision not meeting their needs and CITs’ perceptions about their supervisors’ other-efficacy beliefs about them influenced their overall individual counseling self-efficacy to work with LGBTGEQIAP+ clients. This study further adds counseling self-efficacy serves as a major factor to counselor’s perceived ability to provide quality competent counseling services, and with success and confidence (Lent & Lopez, 2002; Tang et al., 2004). This aligns with Morrison and Lent’s (2018) argument that the three interaction dynamics (SWA, other-efficacy beliefs, and CIT overall perceptions) influences CITs’ overall counseling self-efficacy
and adds to the growing body of research on clinical supervision and CIT development, especially to work with LGBTGEQIAP+ clients.

**Discussion of Findings for Research Question #5**

To answer the final research question, how do clients describe their counseling experiences working with their CIT, findings showed three clients described their counseling experiences as positive and comfortable. All felt they could trust their CIT; however, the therapeutic alliance and perceived other-efficacy beliefs influenced their overall experience.

**Strength and Barriers in Bonds**

Findings revealed common strength factors in clients’ perceived bonds commonly emphasized perceived CIT positive personal and professional characteristics (i.e. trust, welcoming, and nonjudgment) and counseling effectiveness. Likewise, Ginicola et al. (2017) argue LGBTGEQIAP+ affirmative counseling practices is concerned with a counseling approach that is affirming and strength-based in which counselors provide an understanding, acceptance of, affirmation, and healing. Clients in this study continued to reinforce the importance of experiences that involves understanding and acceptance. Similarly, Israel et al. (2008) identified LGBTGEQIAP+ clients shared overall quality counseling experiences when there was basic affirming counseling skills and strong therapeutic relationships.

Findings identified internal factors and counseling inadequacies as barrier factors in clients’ perceived bonds and overall counseling experience. Two clients expressed hesitations with trust at first due to past experiences with counselors. They shared the importance of gauging for affirmative practices first. To add, Liddle (1997) also discovered persons who identify as LGBTGEQIAP+ tend to screen counselors for affirmative practices. Further, findings revealed clients commonly identified the importance of focusing on clients’ needs and meeting them
where they are as strength factors. Applegarth and Nuttall (2016) also found LGBTGEQIAP+ clients who had helpful experiences mentioned the importance of the therapeutic relationship and their relationship focuses on clients as an individual first before their LGBTGEQIAP+ identity.

Factors that Supported or Hindered Confidence in Ability

Findings identified other-efficacy belief perceptions about their CITs’ abilities to work with LGBTGEQIAP+ clients influenced their counseling experiences. All clients felt their CITs’ could work with these populations; however, perceived confidence in abilities ranged from somewhat confident to strongly confident. Common subthemes under support to other-efficacy belief factors were centered on overall experiences of trust and acceptance (Ginicola et al., 2017; Israel et al., 2008), perceived knowledge, and skills (ACA, 2014; Bidell, 2005; Goodrich & Luke, 2011). Subthemes of hindered confidence in abilities consisted of a perceived lack of CIT confidence emerged. Three clients identified their CIT’s as knowledgeable, high positive attitudes toward these populations, and skillful to work with LGBTGEQIAP+ clients in the future. One client identified his counselor as probably knowledgeable and skillful but lacked confidence. This reinforced existing research of CITs’ feeling underprepared and unequipped to work with LGBTGEQIAP+ clients (Farmer et al., 2013; Graham et al., 2012).

Reasons for Clients’ Perceptions

Why are clients added as a research question when the point of interest is the supervisor-supervisee relationship? Supervisor-supervisee SWAs, counseling self-efficacy, and other-efficacy beliefs combined plays a role in the CITs’ overall counseling self-efficacy to work with these populations, and in return, may ultimately affect client perceptions and outcome (Bernard & Goodyear, 2019; Enlow et al., 2019; Fernando and Hulse-Killacry, 2005; Livni et al., 2012). As a third point of exploration, comparing supervisory working relationships and perceived
clients’ experiences helped potentially understand what may be happening with CITs. No current research models have explored these interactive dynamics on LGBTGEQIAP+ work nor added how CITs’ counseling self-efficacy beliefs relate to clients’ perceptions.

Findings showed all except one client participant reported positive working alliances and higher positive perceptions of their CITs’ LGBTGEQIAP+ competencies. One client of the two confident CITs identified a strong therapeutic alliance and the second client identified he could trust his CIT, but barriers in interactions prevented a stronger alliance. This barrier was also addressed by that CIT’s supervisor as an area of growth. Based off the two CITs who reported feeling somewhat confident, both of their client’s reported strong therapeutic alliances and confidence in their CITs’ LGTBGEQIAP+ competencies. Despite, poor SWAs, these two CITs portrayed welcoming and nonjudgmental demeanors which clearly influenced clients’ perceptions. Additionally, both CITs with lower confidence also believed their abilities to work with these populations were higher than their supervisors’ abilities. As counseling self-efficacy researchers have posited, higher counseling self-efficacy to work with clients plays a role in comfort to provide quality services with success and confidence (Lent & Lopez, 2002; Tang et al., 2004) and two CITs did not feel comfortable to provide quality services. Based on findings from this study, despite lower counseling self-efficacy, the ability to establish a therapeutic alliance and the use of basic affirmative practices was sufficient for clients, similar to Israel et al. (2008).

**Implications**

The implications of the findings from this research are numerous from a training perspective. Until very recently (Morrison & Lent, 2018) there was no model that explored the concepts of the SWA, counseling self-efficacy, other-efficacy beliefs that influenced CIT
perceptions of their overall counseling self-efficacy. Nonetheless, this is the first model that used this approach for CITs who work with LGBTGEQIAP+ client(s). The findings from this study serve to further the understanding of how the SWA and diverse efficacy beliefs influenced CITs to work with these populations. The findings would benefit improved counselor education practices, especially in clinical supervision, and considerations for other clinical supervisors’ approaches within the supervisory process. The findings need to be heard, accepted, and intertwined into these two core areas that influence counselor development. This section identifies ways these findings would benefit and how to incorporate changes within clinical supervision and counselor education. It is not as typical for supervisors to be counselor educators as well, hence this section is separated for specifically clinical supervisors and a section for counselor education.

**Clinical Supervision**

Intentional supervisor efforts are needed to better serve supervisees and LGBTGEQIAP+ clients, the largest populations that seek counseling (Liddle, 1997). It is common that supervisors feel underprepared in general to work with LGBTGEQIAP+ clients and are placed into supervisor roles without adequate training (Bryan, 2018; Case et al., 2009). Importantly, I expect clinical supervisors to be aware of best practices rather than minimally accepted practices (Borders et al., 2014). The first clinical supervision implication is to recognize, learn, and implement supervision practices that enhances the SWA and CIT development to work with LGBTGEQIAP+ clients across all stages of supervision including but not limited to initiation, goal setting, and when providing feedback. I suggest regular ongoing assessment of CITs’ counseling self-efficacy to work with LGBTGEQIAP+ throughout supervision, which could be a viable approach to monitoring student progress and needed support.
My findings from this study revealed supervisors who adapted supervision to meet CITs’ needs were more successful in their SWAs and increased CIT counseling self-efficacy to work with these populations. Additionally, my findings also showed supervisors who adapted supervision were self-aware of the unique processing needs and helped supervisees process challenging feedback. I believe supervisors need to normalize and validate multiple experiences during supervision (i.e., CITs’ feelings about clients, themselves, the supervision process, power dynamics, and issues with the supervisor). The supervisor should engage continuously and purposely in self-reflection to enhance their own self-awareness and supervision effectiveness to improve their SWAs and CIT development to work with LGBTGEQIAP+. This will encourage a stronger working alliance of, trust, flexibility, and humility (Borders et al., 2014; Marmarosh et al., 2013). Satisfaction with supervision needs to be considered as a supervision process and outcome contributor (Fernando & Hulse-Killacky, 2005).

Participants in my study consistently identified person-centered counseling as key skill factors that strengthened their counseling self-efficacy, and it is vital to recognize person-centered approaches alone are not enough to work with these populations. Supervisors should pursue continuing education in counseling and supervision topics and skills that will better themselves in both areas (ACA, 2014, p. 13). I strongly believe it is unethical for supervisors to offer supervision out of their scope of competence. My second implication involves supervisors actively increasing their own counseling self-efficacy through the enhancement of LGBTGEQIAP+ competencies which will directly better serve their supervisees and LGBTGEQIAP+ clients. I recommend that supervisors attend conferences, visit LGBTGEQIAP+ reputable webpages and related counseling associations, increase exposure and
involvement within their local LGBTGEQIAP+ communities, and consult to support supervisee’s growth (Gavin, 2020; Gess & Doughty Horn, 2018).

Counselor Education

Counselor educators are key in the development of future competent counselors, they need to play an active role to address gaps to better serve CITs’ development to work with LGBTGEQIAP+ clients. Teacher-student alliances promote self-efficacy, engagement, and likelihood of success. Teacher-student relationships must be established before learning and growth can occur (Hoffman, 2014). My first implication focuses on the enhancement of counselor educators’ understanding of their own role in the development of CITs’ counseling self-efficacy to work with these populations and ways their relationships affect the SWA.

Regular self-monitoring of how counselor educators are strengthening individual working alliances are important and can be done through informal means throughout courses and check-ins with students, advisees, and or supervisees. Further, counselor educators need to expand their own LGBTGEQIAP+ competences and evaluate CIT LGBTGEQIAP+ knowledge and basic affirmative counseling skills. One way is to encourage counselor educators to evaluate through instructional learning to increase self-awareness of LGBTGEQIAP+ competencies, provide opportunities for experiential learning, and foster CIT intentionalism to be open and curious to learning more on how to work with these populations. These efforts would promote CITs counseling self-efficacy to work LGBTGEQIAP+ and, tentatively, provide understanding of future independent growth (Borders et al., 2014; Fernando & Hulse-Killacky, 2005).

My findings suggest there is a linkage between how CITs believe they are perceived by their supervisors and how they see their own counseling self-efficacy to work with these populations. Counselor educators could adapt or add this framework into their existing teaching
and supervision philosophies to better serve CITs through the development of strong SWAs that show strong beliefs in their (potential) abilities to work with LGBTGEQIAP+ (Lent & Lopez, 2002; Morrison & Lent, 2018). It is important to note that counselor educators tend to have clinical supervisory relationships in addition to teacher-student relationships. Counselor educators must add an LGBTGEQIAP+ affirmative lens to work with their CITs and actively work toward the enhancement of their SWAs in all roles. This can be done through more genuine and open dialogues about CIT experiences with LGBTGEQIAP+ clients within supervision and within the classroom. Help CITs feel heard with unconditional support, nonjudgement, identify each CIT's unique developmental needs and work to meet those needs, and thoughtfully support their (potential) abilities.

The second implication is the enhancement of supervision training in counselor education. Through encouragement and instruction, counselor educators can improve LGBTGEQIAP+ counseling self-efficacy and competencies. It is essential for counselor educators to teach counselor educators-in-training to understand the SWA and ways the SWA can affect CITs development to work with LGBTGEQIAP+ clients. I suggest counselor educators to openly address how SWAs can influence counseling self-efficacy to work with these populations and explore common strength and barrier factors in bonds. Further, I suggest counselor educators to train counselor educators-in-training to have more conversations with supervisees that is centered around an improved understanding of the purpose to supervision, what supervision should look like (i.e. SWA, mutual goal development, adapting supervision to meet supervisee’s needs), and how to intertwine these elements within their supervisory relationships. Counselor educators must understand and reflect on how their other-efficacy beliefs are being portrayed to their CITs because this directly influences the relationship and
CITs counseling self-efficacy to work with LGBTGTEQIAP+ clients. Overall, during supervision training, I urge counselor educators to encourage counselor educators-in-training to create an open and flexible alliance that gives supervisees opportunities to express any issues or concerns about supervision, clients, or their relationship. Supervisors must be open with supervisees about what supervision is, what is expected, and the importance of their relationship on CIT development to work with LGBTGEQIAP+ (Bernard & Goodyear, 2019; Borders et al., 2014).

**Limitations**

Despite several contributions of the current study, limitations always exist. One limitation is the researcher recruited participants from a specific Midwestern counseling center resulting in all CITs and supervisors being connected to one training program. Therefore, the study naturally excludes CITs who received different education and training at diverse institutions. Supervisors did report diverse experiences and training across different institutions. With the complexity of each case, the second limitation for this study was that it resulted in saturation relatively quickly where there were only four cases established. More cases could have generated more diverse experiences and perspectives that could have changed or reinforced the guided framework. The findings from this study are used as a starting point for future research and practices. Replications and extension studies would continue to benefit this exploration.

The third limitation involved the potential for self-report bias and may or may not reflect actual counseling self-efficacy to work with these populations or their working alliances. Responses may not accurately reflect participant’s perceptions and experiences in its fullest context. This study did not complete a member check due to not wanting to potentially cause further distress in learning new elements about their working alliances and other’s perceptions.
they did not already know. The fourth limitation is experiences discussed by participants ranged from Fall 2019 to Fall 2020 which could have resulted in deceased accuracy in memory about the SWA, clients, and or their counseling self-efficacy at that time. The final limitation includes potential concerns about social desirability, where participants could have shared desirable responses that either inflates or deflates the relationship or their abilities. The use of validation of all experiences, confirmation of the other member not knowing what will be shared in personal interviews, and filtering techniques were used to help alleviate some of this social desirability bias.

**Recommendations for Future Research**

The current findings offer several directions for future research and training. This study assisted with future directions for research about counseling self-efficacy to work with LGBTGEQIAP+ clients and the influence of the SWA. With the new understanding that these linkages (i.e. SWA, counseling self-efficacy, and other-efficacy beliefs) influences the CITs’ perceptions of their overall belief to work with LGBTGEQIAP+ clients, it would be important for future research to replicate and add to these findings. Additionally, exploring how each member communicates their beliefs about their other-efficacy beliefs. Research could also add different CIT multicultural identity markers (i.e. race, ethnicity, religion, gender or sexual orientations etc.) that could play a role in their SWA, efficacy beliefs, and overall perceptions of their counseling self-efficacy to work with these populations. Research that utilizes this framework immediately after supervision experiences may offer increased insights and memory. Another future research recommendation for inclusion of LGBTGEQIAP+ topics in curriculum or counselor training programs. Notably, future research would benefit from replication studies that entail individual
study explorations of diverse counselor developmental levels during practicum, internship, and post masters’ work or a combination of such.

**Conclusion**

One of the greatest strengths of this study is these findings suggest a linkage between how CITs believe they are perceived by their supervisors and how they see their own counseling self-efficacy to work with LGBTGEQIAP+ clients. No current research models have explored these interactive dynamics (i.e., SWA, counseling self-efficacy, other-efficacy beliefs) on LGBTGEQIAP+ work nor added how CITs’ counseling self-efficacy beliefs relate to clients’ perceptions. The findings extend earlier research on the relationship efficacy model (Morrison & Lent, 2018) from a clinical supervisory relationship setting. In conclusion, this cross-case study analysis explored the perceptions of the SWA and efficacy beliefs for CITs who work with LGBTGEQIAP+ clients. This study’s model and findings offer utility in understanding the roles of different perceptions perceived by the CIT within clinical supervision and how these combined dynamics influence their counseling self-efficacy to work with LGBTGEQIAP+ clients. This study validated and reinforced existing counseling literature on factors that influenced the SWA, LGBTGEQIAP+ counseling self-efficacy, and added new research regarding other-efficacy belief factors and overall perceptions contributing to CITs’ LGBTGEQIAP+ work. Counselor education would benefit from taking this information to further promote the SWA, improve instructional learning to enhance counseling self-efficacy to work with these populations, and better supervision training. Additionally, clinical supervisors would benefit from striving for best supervision practices that enhances the SWA to promote supervisee’s counseling self-efficacy to work with these populations and for these supervisors to increase their own LGBTGEQIAP+ competencies to work with these populations and
supervisees. Overall, changes in counselor education and clinical supervision are essential to promote CIT development, LGBTGEQIAP+ client outcomes, and the counseling profession.
REFERENCES


APPENDIX A

RECRUITMENT EMAILS
Dear invitee,

You are being invited to participate in counseling research by Sandra Gavin, doctoral candidate in Counselor Education and Supervision at Northern Illinois University. Dr. Adam Carter is the faculty research advisor for this study and can be reached at adamcarter@niu.edu.

This invitation for study is about your experiences with receiving services at the Community Counseling Training Center (CCTC). Due to the confidential nature of your participation in counseling services, this invitation is being sent from CCTC staff. Your information was not and will not be shared with any third party without your requested consent. Your wish to or not participate in this study no way effects your previous, current, or future counseling services within the CCTC. Your participation is voluntary, independent, and private.

The intention is to assess for the perceptions and experiences of LGBTGEQIAP+ individuals receiving counseling services. This study has been approved and accepted by the Institutional Review Board at Northern Illinois University (IRB #HS20-0288). This study involves basic demographic information and a short 30-minute interview about your experiences via phone, in-person, or through Zoom. All client participants who complete the interview process is offered a $15 gift card.

Participation is completely voluntary, and you may withdraw from the study at any time. The study is confidential, and your information will be coded in which your responses would not be linked with identifying information. If you would like to participate in this study, please click on the link at the end to take a 3-minute survey to determine if you met criteria to participate in the interview. Your participation in this research will be of great importance to assist in social change in ensuring that non-heterosexual identified individuals are receiving adequate and effective counseling services by assessing perceptions and personal experiences at the CCTC.

Thank you for your time and participation. I will reach out to you within two weeks if you are selected to complete an interview.

https://niu.az1.qualtrics.com/jfe/form/SV_b2FC3umStClnDvf

Sincerely,

Sandra Gavin MA, LPC, NCC
Northern Illinois University Doctoral Candidate
Counselor-In-Training Participants:

Dear invitee,

My name is Sandra Gavin and I am a doctoral candidate in Counselor Education and Supervision at Northern Illinois University (NIU). I am kindly requesting your participation in my dissertation research study that I am conducting to explore the perception of the supervisory working alliance and counseling efficacy beliefs for Counselors-In-Training (CITs) who work with LGBTGEQIAP+ client(s). By no means do you need to have knowledge or much experience working with LGBTGEQIAP+ populations to participate. You have been identified as a candidate to participate due to your practicum experiences. The intention is to explore perceptions and experiences of CITs, their supervisors, and how this influences CITs counseling self-efficacy to work with LGBTGEQIAP+ clients. This study has been approved and accepted by the Institutional Review Board at Northern Illinois University (IRB #).

This study involves basic demographic information and a short 60-minute interview about your experiences via in-person or through Zoom. Participation is completely voluntary, and you may withdraw from the study at any time. The study is confidential, and your information will be coded in which your responses would not be linked with identifying information. Confidential information and responses will not be shared with your supervisor.

Your participation in this research will be of great importance to assist in social change in ensuring that LGBTGEQIAP+ identified individuals are receiving adequate and effective counseling services and contributing to research related to clinical supervision for these populations. If you would like to participate in this study, have questions, or concerns please email me at Z1853593@students.niu.edu. Dr. Adam Carter is my dissertation chair and can be reached at adamcarter@niu.edu for concerns.

Thank you for your time and participation. I will respond to email inquiries within two business days.

Sincerely,

Sandra Gavin MA, LPC, NCC
Northern Illinois University Doctoral Candidate
Supervisor Participants:

Dear invitee,

My name is Sandra Gavin and I am a doctoral candidate in Counselor Education and Supervision at Northern Illinois University (NIU). I am kindly requesting your participation in my dissertation research study that I am conducting to explore the perception of the supervisory working alliance and counseling efficacy beliefs for Counselors-In-Training (CITs) who work with LGBTGEQIAP+ clients. You have been identified as a candidate to participate due to your practicum experiences as a supervisor. The intention is to explore perceptions and experiences of CITs, their supervisors, and how this influences CITs counseling self-efficacy to work with LGBTGEQIAP+ clients. This study has been approved and accepted by the Institutional Review Board at Northern Illinois University (IRB #).

This study involves basic demographic information and a short 60-minute interview about your experiences via in-person or through Zoom. Participation is completely voluntary, and you may withdraw from the study at any time. The study is confidential, and your information will be coded in which your responses would not be linked with identifying information. Confidential information and responses will not be shared with that CIT.

Your participation in this research will be of great importance to assist in social change in ensuring that LGBTGEQIAP+ identified individuals are receiving adequate and effective counseling services and contributing to research related to clinical supervision for these populations. If you would like to participate in this study, have questions, or concerns please email me at Z1853593@students.niu.edu. Dr. Adam Carter is my dissertation chair and can be reached at adamcarter@niu.edu for concerns.

Thank you for your time and participation. I will respond to email inquiries within two business days.

Sincerely,

Sandra Gavin MA, LPC, NCC
Northern Illinois University Doctoral Candidate
APPENDIX B

INFORMED CONSENTS
Client Participants:

Northern Illinois University
Consent to Participate in a Research Study

Title: Perceptions and Experiences of LGBTGEQIAP+ Clients at the (Midwest counseling center)

Name: Sandra Gavin and Dr. Adam Carter  Depart: Counseling and Higher Education
Phone: 563-605-3971

Key Information:
- This is a voluntary research study on exploring perceptions and experiences of non-heterosexual clients at the CCTC.
- This qualitative study involves participants of the study to partake in a 30-minute personal interview to discuss their experiences.
- The benefits include insight to CCTC changes, NIU’s counseling program, and adding to current research.
- While risks are minimal, participants may feel uncomfortable discussing these topics. Participants can choose to opt out of interviews at any time with no consequence.

Description of the Study:
The purpose of this study is to explore the perceptions and experiences of non-heterosexual clients who received counseling services at the CCTC. The first research question is based around your experiences as an LGBTGEQIAP+ client. The second question focuses on the relationship with your counselor, and their ability to work with LGBTGEQIAP+ clients. If you agree to be in this study, you will be asked to do the following things: set up a time to meet with the investigator and be interviewed for 30 minutes.

Risks and Benefits:
The study has the following risks. Participants may feel uncomfortable discussing their personal experiences, specifically around their LGBTGEQIAP+ identity. Importantly, participants can choose to not participate at any time with no consequence. Participants may not want their information shared; however, there will be no identifiable information shared and it will be broad enough that details that could connect to a particular participant would not be shared.

The benefits of participation are that knowledge that can be gained and added to research, literature, the counseling profession, as well as current CCTC and NIU counseling program practices around factors that impact participants experiences.

Confidentiality:
- The records of this study will be kept strictly confidential. Research records will be kept in a password protected one drive through NIU. Only the investigators will have access to the audio recordings and know the identity of the participants. All files will be kept for a
maximum of 3 years and all information will be destroyed in 3 years. We will not include any information in any report we may publish that would make it possible to identify you.

- No identifying information will be used for participants in this study. Each participant will be given a pseudonym to ensure confidentiality.

**Your Rights:**
The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time. Your decision will not result in any loss of benefits to which you are otherwise entitled. You have the right to skip any question or research activity, as well as to withdraw completely from participation at any point during the process.

You have the right to ask questions about this research study and to have those questions answered before, during, or after the research. If you have any further questions about the study, at any time feel free to contact the researcher Sandra Gavin at Z1853593@students.niu.edu or by telephone at 563-605-3971. If you have further concerns please contact Dr. Adam Carter, faculty research advisor at adampcarter@niu.edu. If you have any questions about your rights as a research participant that have not been answered by the investigators or if you have any problems or concerns that occur as a result of your participants, you may contact the Office of Research Compliance, Integrity, and Safety at (815)753-8388.

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

__________________________________________  ______________________________
Participant’s Signature                      Date

I give my consent to be audio recorded by the investigator of the study during the 1 30-minute personal interview session.

__________________________________________  ______________________________
Participant’s Signature                      Date
Counselor-In-Training and Supervisor Participants:

Northern Illinois University
Consent to Participate in a Research Study

Title: Exploring Supervision, Efficacy Beliefs, and the Supervisory Working Alliance when Counselors-In-Training Work with LGBTGEQIAP+ Clients

Name: Sandra Gavin Depart: Counseling and Higher Education Phone: 563-605-3971

Key Information:
- This is a voluntary research study on exploring perceptions and experiences of clinical supervisors and counselors-in-training (CITs) when working with LGBTGEQIAP+ clients.
- This qualitative study involves participants of the study to partake in a 60-minute personal interview to discuss their experiences.
- The benefits include insight to NIU’s counseling program, the profession, and adding to current research.
- While risks are minimal, participants may feel uncomfortable discussing these topics. Participants can choose to opt out of interviews at any time with no consequence.

Description of the Study:
The purpose of this study is to explore the perception of the supervisory working alliance (SWA) and counseling efficacy beliefs for Counselors-in-Training who work with LGBTGEQIAP+ clients.
The first research question is based around your SWA as a supervisor or CIT. The second main research question focuses on your counseling self-efficacy beliefs to work with LGBTGEQIAP+ clients. The third question focuses on the relationship with your CIT or supervisor, and their ability to work with LGBTGEQIAP+ clients. If you agree to be in this study, you will be asked to do the following things: set up a time to meet with the investigator and be interviewed for 60 minutes.

Risks and Benefits:
The study has the following risks. Participants may feel uncomfortable discussing their personal experiences, specifically around self-efficacy to work with LGBTGEQIAP+ identities and exploring their experiences with the CIT or supervisor. Importantly, participants can choose to not participate at any time with no consequence. Participants may not want their information shared; however, there will be no identifiable information shared and it will be broad enough that details that could connect to a particular participant would not be shared.

The benefits of participation are that knowledge that can be gained and added to research, literature, the counseling profession, as well as the NIU counseling program practices around factors that impact participants experiences.

Confidentiality:
• The records of this study will be kept strictly confidential. Research records will be kept in a password protected one drive through NIU. Only the investigators will have access to the audio recordings and know the identity of the participants. All files will be kept for a maximum of 3 years and all information will be destroyed in 3 years. I will not include any information in any report I may publish that would make it possible to identify you.
• No identifying information will be used for participants in this study. Each participant will be given a pseudonym to ensure confidentiality.

Your Rights:
The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time. Your decision will not result in any loss of benefits to which you are otherwise entitled. You have the right to skip any question or research activity, as well as to withdraw completely from participation at any point during the process.

You have the right to ask questions about this research study and to have those questions answered before, during, or after the research. If you have any further questions about the study, at any time feel free to contact the researcher Sandra Gavin at Z1853593@students.niu.edu or by telephone at 563-605-3971. If you have further concerns please contact Dr. Adam Carter, dissertation chair, at adamcarter@niu.edu. If you have any questions about your rights as a research participant that have not been answered by the investigators or if you have any problems or concerns that occur as a result of your participants, you may contact the Office of Research Compliance, Integrity, and Safety at (815)753-8388.

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

Participant’s Signature  Date

I give my consent to be audio recorded by the investigator of the study during the 1 30-minute personal interview session.

Participant’s Signature  Date
APPENDIX C

PARTICIPANT SCREENER SURVEY
Client Participants:

1. What is your first and last name?

2. Are you at least 18 years old?

3. What is your gender and pronouns? Space is provided for self-identification.

4. Do you identify in the LGBTGEQIAP+ community?

5. Did you receive counseling services at the (Midwest counseling center) Spring 2020?

6. Did you receive counseling services at the (Midwest counseling center) prior to Spring 2020?

7. How many sessions did you complete at the (Midwest counseling center) Spring 2020, if any?

8. Would you allow the primary investigator of the study access to your (Midwest counseling center) record to determine the counselor you saw? The counselor will never be informed of this and your records will not be read.

9. How would you like to be contacted if you were selected for an interview? Please provide phone and or email.
Counselor-In-Training Participants:

1. What is your first and last name?
2. Are you at least 18 years old?
3. Did you provide counseling services during practicum at the (Midwest counseling center) between Fall 2019 and Fall 2020?
4. Did you provide counseling services to any LGBTGEQIAP+ client that you can recall?

Supervisor Participants:

1. What is your first and last name?
2. Are you at least 18 years old?
3. Did you provide clinical supervision services for practicum student(s) at the (Midwest counseling center) between Fall 2019 and Fall 2020?
4. Did you provide clinical supervision services to a practicum student(s) who worked with LGBTGEQIAP+ clients that you can recall?
APPENDIX D

STUDY INTERVIEWS WITH DEMOGRAPHIC INFORMATION
Client Participants:

Exploring the Perceptions and Experiences of LGBTGEQIAP+ Clients at the (Midwest counseling center)

Thank you again for participating in this study. I will not be sharing your name and I will be assigning numbers to interviews to maintain confidentiality. I want to confirm that it is acceptable to record for quality assurance of my research, again identifiable information will not be shared and connected to you. Are you okay with being recorded?

Let’s get started, the purpose of this study is to explore LGBTGEQIAP+ client’s perceptions and experiences from seeing a counselor at the (Midwest counseling center) during Fall 2019 - Fall 2020, to confirm which semester did you receive services? If you were there more than one semester, please use the most recent semester to answer the following questions. Feel free to share as much or as little as you would like when answering the questions.

Interview Questions

1. Tell me about how you chose to attend college
   a. What major are you considering or are on track for?
   b. What are some of your strengths?
   c. What are your pronouns?

2. Thinking about your experience during (____) at the (Midwest counseling center) with that specific counselor:
   a. Please describe your relationship with your counselor.
   b. How comfortable were you talking to this counselor? On a scale strongly comfortable, somewhat comfortable, somewhat uncomfortable, or strongly uncomfortable and explain.
   c. Help me understand how you felt about exploring vulnerable topics, like LGBTGEQIAP+ identity or other diverse identities with your counselor?
     i. Please describe specifically your trust within that counselor.

3. Tell me, if any, did your identity as an LGBTGEQIAP+ person come up in any sessions?
   a. If your identity did come up, what feelings do you have around this discussion or discussions? (Skip if client already discussed in previous question)
   b. If your identity did not come up in sessions, what feelings do you have around this never happening?
     i. Did you want your counselor to bring it up and explore reasons why.

4. Thinking about your personal experiences with this counselor during (____):
   a. Tell me about what you are satisfied with in relation to your LGBTGEQIAP+ identity from your sessions? Please explain specific examples.
b. Help me understand what some of your dissatisfactions are or wishes that could have been better in relation to your LGBTGEQIAP+ identity from sessions. Please explain specific examples.

5. Tell me about your belief on your counselor’s ability to work with LGBTGEQIAP+ clients.
   a. What parts of counseling went well and did not go well in relation to your identity?
   b. Would you consider working with this counselor again about your LGBTFEQIAP+ identity if ever needed? Please explain.
   c. Do you believe your counselor could work with other LGBTGEQIAP+ clients effectively by showing clients the counselor understands them and makes them feel comfortable?

6. What is your overall perception of your counselor’s confidence to work with LGBTGEQIAP+ clients?
   a. What about their demeanor or approach within session?
   b. What about their knowledge?
   c. What about their skills?

7. What is the likelihood you would attend the (Midwest counseling center) again for counseling services? On a scale strongly likely, most likely, mostly unlikely, strongly unlikely and explain.

8. Feel free to share any thoughts, feelings, or experiences you had that has not been discussed.

Demographic Information:

What is your age:

What is your race or ethnicity?

What is your gender?

What are your gender pronouns, if not stated above?

Please define your LGBTGEQIAP+ identity:
Counselor-In-Training Participants:

Counselors-In-Training Interview Questions

Thank you again for participating in this study. I will not be sharing your name and I will be assigning numbers to interviews to maintain confidentiality. I want to confirm that it is acceptable to record for quality assurance of my research, again identifiable information will not be shared and connected to you. Are you okay with being recorded?

Let’s get started, the purpose of this study is to explore the working relationship between supervisor-supervisees, experiences, and how this may play a role in working with LGBTGEQIAP+ clients. Feel free to share as much or as little as you would like when answering the questions.

1. Tell me about how you chose to attend (specific college)
   a. What major are you considering or are on track for?
   b. What are some of your strengths as a CIT?
   c. What are your pronouns?

2. Thinking about your experience during your practicum semester at the CCTC with your direct supervisor:
   a. How comfortable were you working with this supervisor? On a scale strongly comfortable, somewhat comfortable, somewhat uncomfortable, or strongly uncomfortable and describe your relationship with your supervisor.
   b. Help me understand if you felt as if you could trust your supervisor with vulnerable topics or concerns.
      i. Please describe your supervisor’s ability to give you space to talk freely within supervision
      ii. Please describe your supervisor’s attentiveness to stay in tune with you during supervision.
   c. Please describe your supervisor’s style when commenting about your performance
      i. How did you feel during and after feedback?
      ii. How free did you feel to mention to your supervisor any troublesome feelings you might have about him/her/them?
   d. Please discuss any nonverbal or verbal cues from your supervisor that could have impacted your relationship or growth as a counselor.
   e. In what ways did supervision meet your specific developmental goals or not?
   f. Please explain how often your clinical supervision was.
   g. Help me understand how you felt about trusting your supervisor with vulnerable topics or concerns.

3. What are your strengths when working with clients? Please describe how confident you are in your ability to work with clients.
   a. How confident are you in your ability to work with diverse sexual identities?
b. How confident are you in your ability to work with gender expansive individuals? For example, working with gender nonconforming or transgender individuals.

c. How confident are you in your ability to establish an atmosphere of trust and affirmation when working with LGBTGEQIAP+ clients (Strongly not confident, somewhat not confident, somewhat confident, strongly confident) and how do you build that atmosphere in sessions?

d. Please describe your attitude toward LGBTGEQIAP+ individuals?
   i. How does LGBTGEQIAP+ issues impact your clients?
   ii. Help me understand how counselors can advocate on behalf of LGBTGEQIAP+ clients.
   iii. Please explain your exposure outside of practicum to these populations.

e. Please describe your knowledge about these populations.
   i. Please describe your training and education to work with these populations?

f. What about their skills to work with LBGTGEQIAP+ clients?
   i. Please describe your ability to maintain awareness of your own attitudes toward your and other identities while working with LGBTGEQIAP+ clients?
   ii. Please describe your ability to provide here-and-now affirmative counseling with LBGTGEQIAP+ clients.
   iii. Please describe your feelings around being able to assess unique issues and or problems of LGBTGEQIAP+ clients.

4. Thinking about your personal experiences with this supervisor during your practicum semester:
   a. What were you satisfied with in relation to clinical supervision with LGBTGEQIAP+ identities? Please explain specific examples.
   b. What could have been different or you wished you would have received in clinical supervision and working with LGBTGEQIAP+ identities.

5. Tell me about your belief on your supervisor’s ability to provide supervision pertaining to LGBTGEQIAP+ clients.
   a. Would you consider working with this supervisor again about LGBTFEQIAP+ identity concerns if ever needed? Please explain.
   b. What about your supervisor’s demeanor to work with these populations?
   c. What about their knowledge about these populations?
   d. What do you believe is their skill level to work with these populations?
      i. Please describe your feelings around their ability to assess unique issues and or problems of LGBTGEQIAP+ clients.

6. Help me understand if you believe your working relationship with your supervisor might have played a role in your overall ability and confidence to work with these populations, please explain?
7. Feel free to share any thoughts, feelings, or experiences you had that has not been discussed.

**Demographic Information:**

What is your age:

What is your race or ethnicity?

What is your gender?

Please define your affectional or sexual orientation:

When did you complete your practicum training?

Who was your direct clinical supervisor?
Supervisor Participants:

Supervisors’ Interview Questions

Thank you again for participating in this study. I will not be sharing your name and I will be assigning numbers to interviews to maintain confidentiality. I want to confirm that it is acceptable to record for quality assurance of my research, again identifiable information will not be shared and connected to you. Are you okay with being recorded?

Let’s get started, the purpose of this study is to explore the working relationship between supervisor-supervisees, experiences, and how this may play a role in working with LGBTGEQIAP+ clients. Feel free to share as much or as little as you would like when answering the questions.

1. Tell me about how you chose to join (specific college)
   a. What are some of your strengths as a supervisor?
   b. What are your pronouns?

2. Thinking about your experience during your practicum semester at the CCTC with that specific CIT:
   a. How comfortable were you working with this supervisee? On a scale strongly comfortable, somewhat comfortable, somewhat uncomfortable, or strongly uncomfortable and describe your relationship with your supervisee.
      i. How comfortable did your supervisee appear to work with you?
   b. Help me understand if you felt as if you could trust your supervisee to bring up vulnerable topics or concerns during supervision?
      i. Please describe your ability to give space to the supervisee to talk freely within supervision
      ii. Please describe how your supervisee stays in tune with you during supervision.
   c. Please describe your style when commenting about their performance.
      i. During supervision, how does your supervisee seem able and or willing to stand back and reflection what you are saying to him/her/them?
      ii. During supervision, how did you encourage your supervisee to talk about their work in ways that are comfortable for him/her/them.
      iii. How did you feel during and after giving feedback?
   d. Please discuss any nonverbal or verbal behaviors or reactions from your supervisee that could have impacted your relationship.
   e. Explain if your supervisee works with you on specific developmental goals during your supervisory sessions.
      i. How did you help your supervisee stay on track with their goals?
   f. Please explain how often your clinical supervision was.

3. What are your strengths when working with clients? Please describe how confident you are in your ability to work with clients.
a. How confident are you in your ability to work with diverse sexual identities?
b. How confident are you in your ability to work with gender expansive individuals? For example, working with gender nonconforming or transgender individuals.
c. How confident are you in your ability to establish an atmosphere of trust and affirmation when working with LGBTGEQIAP+ clients (Strongly not confident, somewhat not confident, somewhat confident, strongly confident) and how do you build that atmosphere in sessions?
d. Please describe your attitude toward LGBTGEQIAP+ individuals?
   i. How does LGBTGEQIAP+ issues impact your clients?
   ii. Help me understand how counselors can advocate on behalf of LGBTGEQIAP+ clients.
   iii. Please explain your exposure outside of practicum to these populations.
e. Please describe your knowledge about these populations.
   i. Please describe your training and education to work with these populations?
f. What about their skills to work with LBGTGEQIAP+ clients?
   i. Please describe your ability to maintain awareness of your own attitudes toward your and other identities while working with LGBTGEQIAP+ clients?
   ii. Please describe your ability to provide here-and-now affirmative counseling with LGBTQIAP+ clients.
   iii. Please describe your feelings around being able to assess unique issues and or problems of LGBTGEQIAP+ clients.

4. Thinking about your personal experiences with this supervisee during that practicum semester:
   a. What were you satisfied with in relation to clinical supervision with LGBTGEQIAP+ identities? Please explain specific examples.
   b. What could have been different or you wished you would have received in clinical supervision and working with LGBTGEQIAP+ identities.

5. Tell me about your belief on your supervisee’s ability to work with LGBTGEQIAP+ clients.
   a. Would you consider working with this supervisee again about LGBTFEQIAP+ identity concerns if ever needed? Please explain.
   b. Do you believe your supervisee could work with other LGBTGEQIAP+ clients effectively, making this population feel validated, and comfortable?
   c. What about your supervisee’s demeanor to work with these populations?
   d. What about their knowledge about these populations?
   e. What do you believe is their skill level to work with these populations?
      i. Please describe your feelings around their ability to assess unique issues and or problems of LGBTGEQIAP+ clients.
6. Help me understand if you believe your working relationship with your supervisee might have played a role in their overall ability and confidence to work with these populations, please explain?

7. Feel free to share any thoughts, feelings, or experiences you had that has not been discussed.

**Demographic Information:**

What is your age:

What is your race or ethnicity?

What is your gender?

Please define your affectional or sexual orientation:

Who was the CIT discussed?

When did you complete your supervision with the CIT:

Were you a faculty supervisor or doctoral supervisor during this time:
APPENDIX E

ADAPTED MODEL FOR LGBTGEQIAP+ WORK
This Study’s Adapted Model for LGBTGEQIAP+ Work

Morrison and Lent’s (2018): Relational Model with Client-Specific Efficacy Beliefs