


## Career-long clinical supervision among counselors in Turkey: Current experiences, needs, and preferred practices \*

Mine Aladağ, Ege University, mine.aladag@ege.edu.tr  0000-0003-2112-9455

Burcu Pamukçu, Ege University, burcu.pamukcu@ege.edu.tr  0000-0003-2266-0176

Betül Meydan, Ege University, betul.meydan@ege.edu.tr  0000-0002-9978-6255

Melike Koçyiğit Özyiğit, Akdeniz University, mkocyigit@akdeniz.edu.tr  0000-0002-1446-9761

### Keywords

Clinical supervision  
Career-long clinical supervision  
Counselor  
Supervisor

### Article Info:

Received : 23-02-2022  
Accepted : 12-06-2022  
Published : 04-08-2022

### Abstract

Career-long clinical supervision is still not common and is a relatively new study area in the counseling profession. Thus, this study aims to describe the current supervision experiences, needs, and preferred practices among counselors in Turkey, as well as the factors affecting their supervision experiences. For this purpose, cross-sectional survey design study was used and a total of 402 counselors participated in the study by using convenience sampling. The Supervision Experiences and Needs Online Survey Form developed by researchers was also used for data collection. The descriptive statistics and chi-square analyses conducted to analyze data. The results indicated that current supervision experiences are varied though very limited. Twenty-three percent (n=92) of the participants reported to receive supervision. They received mostly psychotherapy/counseling training supervision, and then work setting supervision and volunteer supervision respectively. The most common reasons for receiving supervision were developing interviewing/counseling skills (n=83); developing intervention skills for client's needs and problems (n=83); and learning a therapy/counseling approach (n=81). Besides, age, educational degree, work setting, work experience, and the professional organization membership was found to be the factors of receiving supervision. The supervision needs, methods, techniques, and supervisor characteristics were varied with respect to current and preferred practices. Most participants (n=381) want to receive regular, monthly, and face-to-face supervision from supervisors as professionally trained and experienced counselors with supervisor training. Overall, this study highlights the necessity of developing accessible, affordable supervision opportunities as well as the development of a pool of trained supervisors.

DOI: 10.52963/PERR\_Biruni\_V11.N2.13

**To cite this article:** Aladağ, M., Pamukçu, B., Meydan, B., & Koçyiğit Özyiğit, M. (2022). Career-long clinical supervision among counselors in Turkey: Current experiences, needs, and preferred practices. *Psycho-Educational Research Reviews*, 11(2), 196-211. doi: 10.52963/PERR\_Biruni\_V11.N2.13

\* Preliminary results of this study were presented in the 21st International Congress of Psychological Counseling and Guidance, October, 24-27, 2019, Antalya, Turkey.

## INTRODUCTION

### CAREER-LONG CLINICAL SUPERVISION

Continuous reflection is described as one of the central processes of counselor/therapist development, and it highlights how stagnant or deteriorating processes may occur if the counselor/therapist, for some reason, does not engage in the process (Rønnestad & Skovholt, 2003). Therefore, clinical supervision has a pivotal role in promoting counselor development across their professional life span as well as positive client outcomes and effective agency functioning (Borders et al., 2014).

By virtue of the demonstrated the importance and value of clinical supervision for career development, professional counseling/psychotherapy associations (e.g., The British Association for Counseling and Psychotherapy, The Psychotherapy and Counseling Federation of Australia, and The American Counseling Association) have, internationally, formulated some regulations concerning the status of career-long supervision in membership and practice requirements for continuous professional development, quality control, and accountability. For example, Great Britain, Ireland, Australia, and New Zealand recognize this by mandating career-long supervision for most mental health practitioners (e.g., minimum one and a half-hour supervision for each month, or 10 hours of supervision every year), while the United States recognize this as an essential part of continuous professional development activity.

Parallel with these developments, there have also been questions raised in the literature on the topic. For instance, whether counselors need to continue with supervision after training, what kind of factors are associated with these needs, and what the current and preferred practices are, if indeed there are any. For example, several studies found that the rate of receiving career-long supervision among counselors changed between 13%–35% in national survey studies conducted in the United States (Borders & Usher, 1992; Page et al., 2001), whereas it changed from 69% to 98% in the UK, Republic of Ireland, and Australia, with the high supervision rates (BACP, 2015-2016 Report; Gabbay et al., 1999; Grant & Schofield, 2007; McMahon & Errity, 2014; Townend et al., 2002). These studies also indicated that the majority of counselors needed to receive supervision and preferred supervision from a supervisor who has supervision training (e.g., Borders & Usher, 1992; Page et al., 2001). Furthermore, recent research has demonstrated the benefits, satisfaction rates, and effectiveness of clinical supervision. For example, some of the most reported supervision benefits were increased self-awareness, professional development, emotional support, feeling more connected with other counselors, and coping with difficult practice situations (e.g., Clarke, 2001, as cited in Clarke et al., 2007; Vallance, 2004; Yin Tan, 2019).

Today, there is widespread acceptance of the value of clinical supervision in the professional life of mental health practitioners (Borders, 2016; Goodyear et al., 2016). In agreement with this acceptance, a growing curiosity has emerged to uncover empirical evidence revealing the impact of supervision on both practitioners' behaviors and client outcomes (Goodyear et al., 2016; Grant & Schofield, 2007; Spence et al., 2001). In addition, there is a growing need to investigate how to improve supervision methods for those who supervise practitioners. (Bernard & Goodyear, 2019; Goodyear et al., 2016).

### CAREER-LONG CLINICAL SUPERVISION IN TURKEY

Clinical supervision has become a hot topic in the past few years, increasingly receiving the attention of counselor educators as well as counselors in Turkey. However, there are no standards for counseling practicum and the supervision hours required to complete either undergraduate or graduate counselor training. Currently, research shows us that clinical supervision is systematically and regularly offered for individual counseling practicum. However, it seems difficult to say the same thing for other practicums and field practice courses requiring supervision (Aladağ & Kemer, 2016; Atıcı &

Çam, 2013; Coşgun Ilgar & Ilgar, 2013, Özyürek, 2009). It is still very hard to claim that clinical supervision has been an integral aspect of counselor training at all levels. Similarly, there are no formally defined competencies for clinical supervisors, in that a formal certification to practice as a supervisor has not yet been established (Aladağ & Kemer, 2016; Poyrazlı et al., 2013; Siviş-Çetinkaya & Kararımak, 2012). Clinical supervisors are usually faculty members and practitioners. Furthermore, career-long clinical supervision is neither mandatory nor an essential requirement for counselors. Attending supervision is also not a requirement of employment. Counselors rarely have opportunity for supervision in mental health professional environments. A lot of the time, counselors work without the benefit of clinical supervision.

Aladağ and Kemer (2016) have identified that it is difficult to claim a prevalent culture of career-long clinical supervision apart from informal collegial/peer consultation among counselors. Özkan et al. (2009) found that only half of the participants (n = 165) received supervision for their practices. In a significant attempt to address the supervision needs of school counselors, Çoban (2004, 2005) developed a peer supervision model and found it to be effective in decreasing school counselors' burnout level. Up to now, there have only been two studies specifically examining career-long clinical supervision among counselors in Turkey.

In different studies of professional development of experienced therapists, one study found that out of 51 therapists, just a quarter reported receiving supervision (Bilican & Soygüt, 2015). In another survey study of couple and family therapists, the findings showed that 70 therapists (n = 204) were receiving supervision. (Akyıl et al., 2015). Indeed, findings are limited, it is unclear how systematic the supervision is for those practitioners who do seek supervision or how they are using it. We have no clear information whether supervision practice/service has been needed, received, valued, and benefited or not among counseling practitioners in Turkey (Koçyiğit-Özyiğit & İşleyen, 2016).

Considering the global developments in career-long clinical supervision, it seems so critical to discuss the necessity, status, and future of career-long supervision for counseling practitioners in Turkey. The primary goal of this study was to explain counselors' current career-long supervision experiences, needs, and preferred approaches to create a foundation for these discussions. The study also aimed to describe the factors regarding counselors' supervision experiences including gender, age, educational degree, work setting and experience, professional organization membership, and personal therapy. The study results might provide a detailed baseline for the development of career-long clinical supervision practices, policies, and opportunities. Hopefully, it would also contribute to the fledgling international discussion regarding the career-long clinical supervision of counselors, as clinical supervision itself moves toward globalization.

## **METHOD**

The methodological details of the study are presented in this section. The design of the study, participant characteristics, data collection instruments, procedure and data analysis are explained respectively.

### **RESEARCH DESIGN**

A cross-sectional survey design was used to describe the current supervision experiences, needs, and preferred practices among counseling practitioners, and to describe the factors affecting their supervision experiences (Fraenkel et al, 2012).

### **PARTICIPANTS**

The survey was aimed to reach counselors working in various settings from all over Turkey who held (at the minimum) a bachelor's degree and working as a counselor. In parallel with this aim, the

convenience sampling method was used and the data of the present study was collected from 402 counselors. The sample characteristics details are summarized in Table 1.

**Table 1. Sample Characteristics**

Characteristics	n	%
Sex		
Women	299	74
Men	103	26
Degree		
Bachelor's	285	70.9
Master's	95	23.6
Doctoral	22	5.5
Work Setting		
Public school	233	58
University (academic)	25	6.2
Private practice	11	2.7
Private school	40	10
Guidance and research center	44	10.9
Other (e.g., ministries, university counseling centers)	49	12.2
Experience (years)		
Less than a year	68	16,9
1–5	147	36,6
6–10	113	28,1
11–15	41	10,2
16–20	20	5,0
21+	13	3,2

As shown in Table 1, the majority of the participants in the study is women (%74). The ages of participants ranged between 21 and 53, with a mean age of 29 (M = 29.11, SD = 6.15). Participants mostly graduated from Guidance and Counseling undergraduate programs (70.9%) and more than half of them worked in public schools (58.0%). Participants were from the following geographic regions: Marmara (27.6%), the Aegean (22.7%), Central Anatolia (12.2%), the Mediterranean (7.6%), the Black Sea (7.6%), East Anatolia (6.4%) and Southeastern Anatolia (6.5%).

**DATA COLLECTION INSTRUMENTS**

*Supervision Experiences and Needs Online/Web-Based Survey Form (SENOSF)*

SENOSF was developed and piloted by the researchers. Researchers developed SENOSF through a sequence of steps. First, to understand existing counseling practices and the supervision needs of counselors working in various work settings, a pre-open ended questionnaire (including five questions related with staff position, typical type of counseling services and client populations, supervision needs of counseling practitioners, if any) was sent via emails to 15 volunteer counselors. Also, for that purpose, researchers make brief individual interviews through telephone conversations with six counselors. In parallel, researchers visited and examined the web pages of different well-known national professional associations and private counseling centers related with supervision practice

services and opportunities. At this point with all these understandings, three different type of supervision experience emerged including a) psychotherapy/counseling approaches training supervision, b) work setting supervision, c) volunteer supervision. Based on this information, the questionnaire was created to understand parameters of supervision process based on each experience. Afterwards, researchers examined the related survey studies in the literature. Herein, the questions related with reasons for receiving and not receiving supervision in the present study adapted from another survey study (Grant & Schofield, 2007) with the permission of second researcher (Dr. Schofield). In the end of steps, researchers developed a draft form. Next, researchers received feedback from three experts for clarity of the draft form. Lastly, online survey form was tested through a *pilot study* with five counselors/practitioners and based on their feedback, a descriptive introductory instruction has been added to each section.

SENOSF started with an introductory “*Informed Consent Form*” and included three main sections respectively with open-ended, fixed choice, and rating scale questions. At the same time, SENOSF included conditional questions. In other words, participants were directed to the questions based on their responses. Therefore, the number of questions changed in accordance with participants’ answers. The first section includes questions concerning demographic and professional information. The second section includes questions of supervision experiences except undergraduate and graduate training (e.g., reasons for receiving supervision or not, duration and frequency, supervision methods and techniques, supervisor characteristics, and supervision satisfaction). The last section contains questions of supervision needs and preferences (e.g., reasons for supervision needs, duration and frequency of supervision, supervision formats/methods, supervision techniques, and supervisor characteristics). The survey’s style did not allow participants to leave any questions unanswered. As a result, no data was missing.

#### **PROCEDURE**

Data were collected through a web-based survey by using an online data collection platform since using this method has the advantage of accessing large and various population with the potential of detailed, comprehensive, and huge amounts of data (Lefever, et al., 2007). The researchers reached the participants via individualized emails, social media accounts, and their Turkish professional e-mail accounts. The survey was announced on the social media accounts of the Turkish Psychological Counseling and Guidance Association. Also, the websites of associations and institutions providing psychotherapy training were checked and sent emails to the e-mail addresses of the practitioners. Since data were collected through a web-based survey, all responses were anonymous. Within the scope of the research, a detailed Informed Consent Form was also prepared and the individual consent of the participants during the data collection process was obtained.

#### **DATA ANALYSIS**

Prior to data analyses, the data obtained from the participants through open-ended questions were grouped under certain categories. The descriptive statistics (e.g., frequency, percentage, means and crosstab tables) were used to analyze the data. The chi-square analyses also conducted to explore differences within the subgroups included gender, age, educational degree, working setting, work experience, geographic regions, professional organization membership, and personal therapy experiences.

## RESULTS

### CHARACTERISTICS OF THOSE WHO RECEIVE SUPERVISION

The data of the present study collected from 402 counselors. Sample characteristics of participants receiving supervision are listed in Table 2.

**Table 2.** *Sample Characteristics of Participants Receiving Supervision*

Descriptive Characteristics	n	%
<b>Age</b>		
21–25	28	30.4
26–30	21	22.8
31–35	20	21.7
36–40	8	8.7
41–45	10	10.9
46+	5	5.4
<b>Degree</b>		
Bachelor’s	40	43.5
Master’s	40	43.5
Doctoral	12	13.0
<b>Work Setting</b>		
Public school	39	42.4
University (academic)	12	13.0
Private practice	9	9.8
Private school	8	8.7
Guidance and research center	8	8.7
Other (e.g. ministries, university counseling centers)	16	17.4
<b>Experience (years)</b>		
Less than a year	12	13
1–5	21	22.8
6–10	31	33.7
11–15	14	15.2
16–20	6	6.5
21+	8	8.7

As shown in Table 2, 23% (n = 92) of the participants received supervision, while 77% (n = 310) did not. Of those receiving supervision, 72% (n = 66) were women and 28% were men (n = 26). Additionally, the participants mostly worked with adolescents (72.8%), families (71.7%), and adults (65.2%) in their work settings. Individual interviews (90.1%), carrying out trainings/seminars/conferences (84.2%), and individual counseling (81.4%) were the most common services offered by counselors.

**FACTORS ASSOCIATED WITH RECEIVING SUPERVISION**

Chi-square tests of independence were performed to examine the relationship between receiving supervision and participants’ demographic characteristics. The results demonstrated that the relationship between gender and receiving supervision was not significant ( $\chi^2(1) = .44, p = .51$ ). However, a significant relationship was found between age and receiving supervision ( $\chi^2(5) = 20.75, p = .001$ ). The 46 years old and over (62.5%) and 41 to 45 years old (45.5%) participants were more likely to receive supervision than other age groups. Participants who had doctorate (54.5%) and a master’s degree (42.1%) were more likely to receive supervision than participants with an undergraduate degree ( $\chi^2(2) = 45.03, p = .000$ ).

Also, participants working in university counseling centers (85.7%) and private practices (81.8) were more likely to receive supervision than participants in other settings ( $\chi^2(7) = 55.83, p = .000$ ). Participants who had worked as a counselor for more than 21 years were receiving more supervision than others ( $\chi^2(5) = 23.07, p = .000$ ). Conversely, no significant interaction was found between the geographic regions of participants and receiving supervision ( $\chi^2(7) = 13.37, p = .064$ ). Additionally, participants who were a member of a professional association received more supervision than participants who were not ( $\chi^2(1) = 13.53, p = .000$ ). Lastly, no significant relationship was found between personal therapy and receiving supervision ( $\chi^2(1) = 2.87, p = .090$ ).

**REASONS FOR RECEIVING OR NOT RECEIVING SUPERVISION**

Reviewing the reasons for receiving supervision, the most common include developing interviewing/counseling skills (90%); developing intervention skills for client’s needs and problems (90%); and learning a therapy/counseling approach (88%). The most common reasons cited for receiving supervision are listed in Table 3. On the other hand, the most common reasons for not receiving supervision were consulting with peers when needed (84%); not able to access a suitable supervisor or institution (71%); and not able to afford the money for supervision (68%).

**Table 3. Reasons and Preferences for Receiving Supervision**

Reasons & Preferences for receiving supervision	Participants received supervision (n = 92)		Participants wanted to receive supervision (n = 381)	
	n	%	n	%
Developing interviewing/counseling skills	83	90.2	366	96.1
Developing intervention skills	83	90.2	368	96.6
Learning a therapy/counseling approach	81	88	343	90
Developing assessment and conceptualizing skills	78	84.8	346	90.8
Making practice more effective	77	83.7	364	95.5
Getting help in dealing with difficult clients	76	82.6	366	96.1
Updating the theoretical knowledge and getting new	74	80.4	353	92.7
Assessing effectiveness in practice	72	78.3	352	92.4
Increasing competencies in remedial counseling	70	76.1	354	92.9
Increasing competencies in crisis intervention and trauma	70	76.1	352	92.4

\* For more detailed information, please contact the corresponding author.

**SUPERVISION EXPERIENCES**

Participants who received supervision described their supervision experiences in three types: namely, *psychotherapy/counseling approaches training supervision (PCTS)*, *work setting supervision (WS)*, and *volunteer supervision (VS)*. Summary of the supervision experiences of the participants were presented below in Table 4.

**Table 4. Summary of Supervision Experiences and Preferences**

	N	Methods		Techniques											Characteristics of Supervisors			
		Individual	Group	Live	Self-report	Instruction	Case presentation	Transcripts	Session report	Experiential	Modeling	Live observation	Audiotape	Videotape	Certified*	Experienced in Counseling**	Supervisor Training	Experienced in Supervision***
Supervision Experiences (n = 92)																		
Psychotherapy/Counseling Approaches	57	37	48	23	46	33	34	18	28	18	12	8	14	11	57	57	55	57
Training Supervision																		
Work Setting Supervision	31	11	15	4	15	14	7	2	7	6	3	4	5	1	24	24	15	23
Volunteer Supervision	35	20	22	9	26	19	17	11	12	9	5	1	4	3	33	33	30	30
Supervision Preferences (n = 381)		341	242 <sup>a</sup>	194	228	219	226	110	198	202	187	153	132	147	354	379	364	376
			285 <sup>b</sup>															

\* Certified means that the supervisor had professional counseling/psychology training and certificates as evidence for his/her professional competency.

\*\* Experienced in Counseling means the counselor had worked in the field for many years, had seen many clients, had practical experience and had been perceived as a good practitioner etc.

\*\*\* Experienced in Supervision means that the counselor had been giving supervision for many years, was more seniors and had been perceived as a good supervisor.

a: Group with colleagues from the same institution

b: Group with colleagues from the different institution



As shown in Table 4, of the total participants who received supervision ( $n = 92$ ), 57 participants (62%) indicated that they received *PCTS*. To complete *PCTS*, most of the participants (42.3%) pointed out that they must receive supervision for at least 50 hours. Of the total participants who received supervision ( $n = 92$ ), 31 participants (33.7%) mentioned that they received *WS*, and 35 participants (38.0%) indicated that they received *VS*.

In Table 4, the supervision experiences of participants were summarized with respect to types of supervision, supervision methods and techniques, and supervisor characteristics. Examining the details of supervision methods, in terms of *PCTS*, participants who received *individual supervision* expressed that they mostly received face-to-face (91.9%), 1–2 hours (56.8%) of individual supervision once a week (22.2%) or once a month (22.2%). Participants who received *group supervision* reported that they mostly received face-to-face (95.8%) supervision in groups of 6–12 peers (45.8%), once a month (31.3%) or quarterly (20.8%).

Regarding *WS*, participants who received *individual supervision* declared that they received face-to-face supervision (35.5%) for less than an hour (22.6%) once a week (12.9%) or every time they needed supervision (19.4%). Participants who received *group supervision* stated that they received face-to-face (48.4%) supervision in groups of 6–12 peers (25.8%) once a week (16.1%) or once a month (22.6%).

In terms of *VS*, participants who received *individual supervision* reported that they mostly received face-to-face supervision (51.4%) of less than an hour (25.7%) whenever they needed it (22.9%). Participants who received *group supervision* reported that they received face-to-face (62.9%) supervision in groups of 6–12 peers (34.3%) once a month (17.1%) or quarterly (8.6%).

#### **SATISFACTION WITH SUPERVISION**

Participants were allowed to indicate their satisfaction with supervision levels by providing answers to questions on (a) the perceptions of competency levels of supervisors, (b) the supervisory relationship's contribution to counseling effectiveness, and (c) counseling self-efficacy. Examining the percentages of satisfaction with supervision, 19 participants (54.3%) who received *VS* stated that they were satisfied with their supervision; 25 (43.9%) participants who received *PCTS* reported that they were satisfied; and four participants (12.9%) who received *WS* reported that they too were satisfied.

In terms of *satisfaction with supervisors' competency*, 30 participants (52.6%) who received *PCTS* perceived their supervisors to be competent. In *WS*, five participants (16.1%) and 18 participants in *VS* (51.4%) reported that their supervisors were competent. Regarding the *satisfaction with the supervisory relationships*, 28 *PCTS* participants (49.1%), five *WS* participants (16.1%), and 18 *VS* participants (51.4%) indicated that the supervisory relationship made a considerable contribution to the effectiveness of their counseling.

Lastly, for *satisfaction with supervision in terms of its contributions to supervisees' self-efficacy*, 21 participants (36.8%) who received *PCTS* reported that supervision made a considerable contribution; three participants (9.7%) who received *WS* pointed out the same, and for those receiving *VS*, 18 participants (51.4%) felt that supervision also made a considerable contribution to their self-efficacy.

#### **SUPERVISION PREFERENCES**

Majority of participants receiving supervision (95.7%) stated that they would like to receive supervision again. Similarly, 94% of the participants not receiving supervision wanted to receive supervision. The most common reasons for wanting to receive supervision included developing intervention skills (96.6%), developing interviewing/counseling skills (96.1%), getting help in dealing with difficult clients (96.1%), and making practice more effective (95.5%). The other reasons for wanting to receive supervision are shown in Table 3.

Examining participants' supervision preferences, 336 of them (88.2%) wanted to receive face-to-face supervision, and only 38 (10%) of them wanted to receive online supervision. The majority of the participants ( $n = 175$ , 45.9%) wanted to receive supervision once a month, while others preferred once a week ( $n = 84$ , 22%), and some, whenever they needed it ( $n = 83$ , 21.8%). Additionally, 69% ( $n = 263$ ) of the participants preferred to engage in 1–2-hour long supervision sessions, 15% ( $n = 57$ ) of them preferred less than an hour and 12% preferred 3–4-hour supervision sessions. The supervision preferences of participants with respect to supervision methods and techniques and supervisor characteristics are summarized in Table 4.

## DISCUSSION, CONCLUSION AND IMPLICATIONS

This study “with the representation of participants working in various settings from seven geographic regions” could be described as the first national survey study of career-long clinical supervision of counselors in Turkey. With respect to the supervision experiences, needs, and preferences of counselors, the overall results indicated that current supervision experiences are varied but very limited. Just a small minority of counselors (23%) reported receiving supervision. These results were consistent with the findings of previous studies (e.g., Akylil et al., 2015; Bilican & Soygüt, 2015; Özkan et al., 2009) while providing detailed information on the scope of current supervision experiences. The low rate was also similar to some of the national survey studies conducted in the United States (Borders & Usher, 1992; Page et al., 2001; Silva et al, 2016), but contrasts to those in the UK, Republic of Ireland, and Australia with high supervision rates (from 69% to 90%) (Gabbay et al., 1999; Grant & Schofield, 2007; McMahon & Errity, 2014).

As stated in the introduction, the different findings of receiving supervision rates across countries clearly indicates the importance of the status of clinical supervision as a requirement, as well as the necessary formation of a clinical supervision culture among counselors throughout their professional lives. For example, in a recent study conducted in the United States (Henriksen et al., 2019), the results showed that there was little consistency across states and jurisdictions regarding the requirements for post degree supervision and the researchers pointed out the need for a national discussion on the development of a national model of postgraduate supervision requirements. Therefore, it is thought that a similar discussion of how to create a stronger supervision culture in Turkey is needed, and perhaps, it could be a good start to having a supervision obligation in this process. It may be appropriate to set up a task force and/or branch of the Turkish Psychological Counseling and Guidance Association to focus exclusively on counseling supervision as suggested by Aladağ and Kemer (2016).

Majority of counselors reported that the most common reasons for not receiving supervision were: (a) consulting with peers, (b) inability to access a suitable supervisor or institution, or to afford the money for supervision, and (c) the lack of opportunity to receive supervision through professional associations (a finding also appears in Bilican & Soygüt, 2015, and Grant & Schofield, 2007; Silva et al, 2016). Informal collegial/peer consultation is practical and no doubt valuable supportive. McMahon and Patton (2000) found that informal network provide support and not supervision. Hence, the two have overlapping but distinct functions, and cannot substitute for each other (Bernard & Goodyear, 2019). This shows us that unfortunately, accessible, and affordable supervision opportunities do not exist in Turkey. Participants received mostly PCTS, then WS, and finally VS. Supervision options look varied but obviously not prevalent and very limited. Also, supervision options outside of work setting are costly options. As a result, there is a need to find creative solutions to provide appropriate, accessible, and affordable options to meet this supervision need and desire in Turkey. Providing regular and adequate supervision opportunities for counselors as a requirement of employment seems rather significant.

The most common reasons given by both participants who had supervision experience and those who wanted to receive supervision were very similar. On the one hand, practitioners have many needs, from the most basic counseling skills and interventions to the more specific advanced skills and competencies, such as crisis and trauma as parallel with many studies in the existing literature (Borders & Usher, 1992; Grant & Schofield, 2007; Hair, 2013; McMahon & Patton, 2000; Page et al., 2001) except work setting requirement (Borders & Usher, 1992), and accountability (McMahon & Patton, 2000). On the other hand, practitioners in Turkey had also different reasons from practitioners in studies, such as the development of assessment, conceptualizing, and intervention skills. It may be linked to the lack of counselor training deficits in Turkey, as evidenced by research, in terms of educating counselors with the essential and acceptable counseling competences. (e.g., Yerin Güneri et al., 2007; Tuzgöl-Dost & Keklik, 2012). Moreover, disasters, terror attacks, political conflicts, divorce, abuse and neglect, domestic violence, and migration in Turkey can reveal the need for increase competencies in remedial counseling, crisis intervention, and trauma (as in Dinçel & Demirtaş - Zorbaz, 2015; Şavur & Aslan Tomas, 2010).

All these supervision needs may be related to their developmental level, since most participants held an undergraduate degree and were working with less than five years' experience by the time of our study. Therefore, participants in our study could be described as novice professionals. We may place them in their novice professional phase as some studies (Bilican & Soygüt, 2015; Yerin Güneri et al., 2007) have deemed it fit. Accordingly, they may be typically experiencing an increased sense of the complexity of counseling work and being confronted with professional challenges inadequately mastered. Lastly, participants' need for assessing their effectiveness in practice indicated the most basic professional and ethical need and concern. Some unsupervised school counselors described their experience as being "stuck in the way," "losing touch with the norm," "not aware of what you are doing right or wrong," "stultified," and "a nightmare because of accountability" (McMahon & Patton, 2000). At the end of these findings, it can be said that such descriptions raise concerns about the counseling effectiveness of those who are consistently unsupervised, as pointed out by McMahon and Patton (2000).

It was also found that supervision was carried out primarily through group supervision. This finding differs considerably from the literature since group supervision is one of the least used methods (Borders & Usher, 1992; Gabbay et al., 1999; Grant & Schofield, 2007; Page et al., 2001; Townend et al., 2002; Silva et al, 2016). Interestingly, in the literature, the most preferred method is individual supervision and then group supervision with colleagues from different institutions. Consequently, it can be very beneficial to understand the details of the group supervision process and it is mostly used in current supervision practices. Moreover, we think that the participants' choice of individual supervision would be explained by their need being more individualized, deeper, intense, self-awareness focused supervisory feedback. Besides, these preferences might be related to cultural issues and counselors may not want to talk about their struggles and difficulties in their professional life in front of colleagues.

Very similar to participants' supervision experiences, self-report, case presentation, and instruction were found to be the most used and preferred supervision techniques in agreement with the existing literature (Borders & Usher, 1992; Townend et al., 2002; Silva et al, 2016). This finding means that current supervision practices are mainly focused on what counselors say about their practice but not what may be taking place. Consequently, this makes the objectivity and effectiveness of supervision highly controversial (Bernard & Goodyear, 2014; Borders & Brown, 2005; Borders & Usher, 1992; Ellis, 2010), since it is argued that a self-report may be representative of the worst supervision experience. We also think that counselors may not be aware enough of what kind of supervision will contribute best to their development. As a result, it is critical to increase the knowledge and awareness of both supervisors and counselors regarding the role and value of purposefully using multiple techniques. This should include direct observation, as well as active and experiential

techniques for adequate and effective supervision. This is also a critical component of the ethical supervision process as highlighted in best practices guidelines, documents, and studies (Borders et al., 2014; Ellis, 2010; Milne & James, 2000).

Regarding supervisors' characteristics, we found some differences according to the supervision type, especially with respect to supervisor training. Firstly, majority of counselors described their supervisors as experienced practitioners with professional training and certificates for all supervision types. On the other hand—unlike PCTS and volunteer supervision—the lowest supervisor experience and supervisor training rates were found for WS. However, our findings are consistent with the findings of the survey studies conducted in different countries since supervisors were generally described as certified and experienced counselors or psychologists with the rate of supervisor training between 15% and 64% (Borders & Usher, 1992; McMahon & Patton, 2000; Page et al., 2001; Townend et al., 2002).

In our study, supervisors of psychotherapy/counseling approach training supervision were the group of supervisors with the most training. This is because they are required to have been certified as a supervisor based on the international and national psychotherapy/counseling-related organizations' unique requirements. However, the training rates findings were a bit unexpected, especially for supervisors of volunteer and WS (who had 50%–85% rates), because formal supervisor training is rare in Turkey and just a limited number of doctorate programs include supervision training courses (Aladağ, 2018). The authors questioned whether the participants could have assumed or really asked and learned that their supervisors had supervisor training. Therefore, future studies might find it useful to investigate the professional development of supervisors in Turkey.

In different survey studies, being a certified and experienced practitioner with supervisor training is the most preferred supervisory characteristic, and this is consistent with our findings. (Borders & Usher, 1992; Page et al., 2001; McMahon & Errity, 2014). As Townend and colleagues (2002) stated, there are undoubtedly many gifted supervisors, delivering quality supervision, who have never had any formal training. But there is the potential risk of—as Peake et al. (2002) entertainingly described—being a supervisor without supervision training, which is like being a first-time parent, either 'raising our kids like we were raised' or, the converse, swearing to 'never raise our kids like my dysfunctional parents raised me' (p. 116). Ellis (2010) found that supervisors with training have been significantly less often rated as engaging in inadequate or harmful supervision by supervisees. Besides, studies reveal the benefits of supervisor training including enhanced confidence and theoretical knowledge (McMahon & Patton, 2000; McMahon & Simons, 2004; Milne & James, 2000; Milne et al, 2011; O'Donovan et al, 2017), enhanced cognitive growth (Peace & Sprinthall, 1998), and the experience of less dogmatic and more supportive supervisors (Stevens et al., 1998). In this regard, increasing the availability of qualified supervisor training programs is critical and urgent for more qualified supervisors.

Regarding supervision satisfaction, the results showed the highest satisfaction rates for volunteer and PCTS, with WS achieving the lowest rates. Though the existing literature have inconsistent findings regarding clinical supervision satisfaction, greater satisfaction was found to be related to (a) having more frequent, accessible, and regular supervision, (b) supervisor expertise and experience, and (b) the quality of the supervision relationship and atmosphere (Gabbay et al., 1999; Grant & Schofield, 2007; McMahon & Errity, 2014; Townend et al., 2002; Yin Tan, 2019).

In the findings, high satisfaction with VS might be related to the selection of supervisors based on previous satisfying training experiences. On the other hand, low satisfaction with WS might be related to supervisor's characteristics concerning supervision experience/training and/or work setting dynamics such as psychological safety and power differentials (Hair, 2013; McMahon & Errity, 2014). This argument is supported in our findings of preferences since participants mostly preferred receiving group supervision with colleagues from different institutions under the supervision of external/off-site supervisors.

Our most interesting finding relates to the significant interactions between receiving more supervision and being older than 40/50, having more than two decade's worth of experience, and having a doctoral and/or master's degree(s). Similar result was obtained in another study conducted in Turkey (Özkan et al., 2009). However, there were also contradicted results (e.g. Gabbay et al., 1999; Grant & Schofield, 2007), showing that more experienced practitioners seemed to receive less supervision. Another finding also relates to the significant interactions between receiving more supervision and working in university counseling centers and private practices. We also think that more individual counseling practices might lead to a greater need for supervision as explained in similar studies (Borders & Usher, 1992; Grant & Schofield, 2007). It is also possible for counselors in these settings to be more open to professional development.

#### **LIMITATIONS**

Although the response rate looks acceptable related to the representation of the population, the sample of our study is limited to volunteer counselors who responded to the survey. So, we do not know whether the characteristics of the non-respondents differ in a systematic way from those who chose to respond. Moreover, current supervision experiences and needs were examined from the perspectives of the counselors as supervisees however, the supervisors, the other critical actor or side of the supervision process, were not included in this study. Second, as with all surveys, no matter how well designed, the results are sometimes difficult to interpret, and it can also be difficult to determine how the counselors' self-reported satisfaction rates relate to actual competence/performance in supervisory practice.

#### **IMPLICATIONS FOR FURTHER PRACTICE AND RESEARCH**

Our study provides a national profile of the supervision experiences, needs, and preferences of counselors in Turkey. It is encouraging that, although limited, current supervision experiences are varied with mostly high satisfaction rates (except for WS). However, our results provide some empirical support that counselors often work without the benefit of clinical supervision. It is urgent and necessary, therefore, to discuss the harm that this will create to their well-being and health as well as the client outcomes.

That said, it is also promising that counselors are increasingly wanting to receive supervision for their professional growth in relation to a wide range of needs. Correspondingly, the results of the present study clearly demonstrate the need to provide regular and systematic supervision opportunities for counselors in Turkey. Based on these needs, improving, increasing, diversifying, and strengthening convenient, accessible supervision services/opportunities offered by professional associations and/or public institutions (especially schools) is quite critical for Turkey. At this point, it is believed that developing a pool of trained supervisors will be a critical step among experienced counselors. In other words, to increase access to supervision opportunities, competent supervisors should be available. Therefore, counselor educators and supervisors, especially those who carry out supervisor training courses as well as supervision practices and research at universities, could carry out collaborative projects with professional associations and public institutions to serve as context and to provide communities for training supervisors or those engaging in clinical supervision. Furthermore, in addition to creating practice guidelines, it would be very useful to develop a policy that propose and promote clinical supervision practice standards for qualified counselors and supervisors working with the public.

As career-long supervision is still a relatively new area of study both globally and nationally; there is the need for detailed and comprehensive research in this area. It is thought that qualitative studies on counselors' experiences of clinical supervision with respect to unique, multiple, and diverse dimensions, as well as the professional development of supervisors, would enhance our understanding of this key professional practice deeply. Continued research investigating the effectiveness of supervision and supervision satisfaction as well as to determine what factors most influence this

effectiveness and satisfaction would be of value. Lastly, as is understood, our knowledge about supervision has been mostly related to the supervision of candidates/novices in the formal training process, such that as Goodyear et al. (2016) pointed out, we should explore clinical supervision practices more and also determine how to change supervision practices for those who supervise practitioners.

### ACKNOWLEDGEMENT

We are grateful to Ege University Planning and Monitoring Coordination of Organizational Development and Directorate of Library and Documentation for their support in editing and proofreading service of this study.

### AUTHOR CONTRIBUTION

All authors contributed to the study conception and design. All authors have actively participated to write the manuscript. All authors read and approved the final manuscript.

### REFERENCES

- Akyıl, Y., Üstünel, A. Ö., Alkan, S., & Aydın, H. (2015). Professionals who work with couples and families in Turkey: Demographic characteristics, education and clinical practice. *Psychology Studies Journal*, 35(1), 57–84.
- Aladağ, M. (2018, October). Supervisor training in Guidance and Counseling Doctorate Programs: A survey study [Paper presentation]. 20th International Psychological Counseling and Guidance Congress, Samsun, Turkey.
- Aladağ, M., & Kemer, G. (2016). Clinical supervision: An emerging counseling specialty in Turkey. *The Clinical Supervisor*, 35(2), 175. <https://doi.org/10.1080/07325223.2016.1223775>
- Atıcı, M., & Çam, S. (2013). Examining the opinions of counseling students regarding school counseling practicum [in Turkish]. *Turkish Psychological Counseling and Guidance Journal*, 4(39).
- Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5th ed.). Merrill.
- Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision* (6th ed.). Pearson.
- Bilican, F. I., & Soygüt, G. (2015). Professional development processes of trainee and experienced psychotherapists in Turkey [in Turkish]. *Turkish Journal of Psychiatry*, 26(4), 1–12. <https://doi.org/10.5080/u8024>
- Borders, L. D. (2016). Clinical supervision: Global developments of a professional specialty. *The Clinical Supervisor*, 35(2), 155. <https://doi.org/10.1080/07325223.2016.1223980>
- Borders, L. D., & Brown, L. L. (2005). *The new handbook of counseling supervision*. Lawrence Erlbaum
- Borders, L. D., Glossoff, H. L., Welfare, L. E., Hays, D. G., DeKruyf, L., Fernando, D. M., & Page, B. (2014). Best practices in clinical supervision: Evolution of a counseling specialty. *The Clinical Supervisor*, 33(1), 26. <https://doi.org/10.1080/07325223.2014.905225>
- Borders, L. D., & Usher, C. H. (1992). Post-Degree supervision: Existing and preferred practices. *Journal of Counseling and Development*, 70(5), 594. <https://doi.org/10.1002/j.1556-6676.1992.tb01667.x>
- Clarke, A., Middleton, A., Cowley, L., Guilbert, P., Macleod, R., Clarke, A., & Tran, V., & AGNC Supervision Working Group (2007). Report from the UK and Eire Association of Genetic Nurses and Counselors (AGNC) supervision working group on genetic counseling supervision. *Journal of Genetic Counseling*, 16(2), 127–142. <https://doi.org/10.1007/s10897-006-9065-0>
- Coşgun Ilgar, S., & Ilgar, M. Z. (2013). The impact of field practice on the self-efficacy of prospective psychological counselors. *International Journal of Psycho-Educational Sciences*, 2(1), 81-90.
- Çoban, E. A. (2004). *The effect of structured peer consultation program on different dimensions of school counselor burnout* [Unpublished doctoral dissertation]. Middle East Technical University
- Çoban, E. A. (2005). Peer supervision for school counsellors [in Turkish]. *Mersin University Education Faculty Journal*, 1(1), 167–174.
- Dinçel, E. F., & Demirtaş-Zorbaz, S. (2015, October). The in-service training needs of school counselors [in Turkish]. [Paper presentation]. The annual National Conference of Guidance and Counseling, Mersin, Turkey.

- Ellis, M. V. (2010). Bridging the science and practice of clinical supervision: Some discoveries, some misconceptions. *The Clinical Supervisor*, 29(1), 95. <https://doi.org/10.1080/07325221003741910>
- Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2012). *How to design and evaluate research in education*. (8<sup>th</sup> ed). New York: Mc Graw Hill.
- Gabbay, M. B., Kiemle, G., & Maguire, C. (1999). Clinical supervision for clinical psychologists: Existing provision and unmet needs. *Clinical Psychology and Psychotherapy*, 6(5), 404.
- Goodyear, R. K., Borders, L. D., Chang, C. Y., Guiffrida, D. A., Hutman, H., Kemer, G., Watkins, C. E., & White, E. (2016). Prioritizing questions and methods for an international and interdisciplinary supervision research agenda: Suggestions by eight scholars. *The Clinical Supervisor*, 35(1), 117. <https://doi.org/10.1080/07325223.2016.1153991>
- Grant, J., & Schofield, M. (2007). Career-long supervision: Patterns and perspectives. *Counselling and Psychotherapy Research*, 7(1), 3. <https://doi.org/10.1080/14733140601140899>
- Hair, H. J. (2013). The purpose and duration of supervision, and the training and discipline of supervisors: What social workers say they need to provide effective services. *British Journal of Social Work*, 43(8), 1562. <https://doi.org/10.1093/bjsw/bcs071>
- Henriksen, R. C., Jr., Henderson, S. E., Liang, Y. W., Watts, R. E., & Marks, D. F. (2019). Counselor supervision: A comparison across states and jurisdictions. *Journal of Counseling & Development*, 97(2), 160–170. <https://doi.org/10.1002/jcad.12247>.
- Koçyiğit-Özyiğit, M., & İşleyen, F. (2016). Supervisor training in counselling [in Turkish]. *Education Faculty Journal of Abant İzzet Baysal University*, 16(4), 1813–1831.
- Lefever, S., Dal, M., & Matthíasdóttir, Á (2007). Online data collection in academic research: Advantages and limitations. *British Journal of Educational Technology*, 38(4), 574. <https://doi.org/10.1111/j.1467-8535.2006.00638.x>
- McMahon, A., & Errity, D. (2014). From new vistas to life lines: Psychologists' satisfaction with supervision and confidence in supervising. *Clinical Psychology and Psychotherapy*, 21(3), 264. <https://doi.org/10.1002/cpp.1835>
- McMahon, M., & Patton, W. (2000). Conversations on clinical supervision: Benefits perceived by school counselors. *British Journal of Guidance and Counselling*, 28(3), 339. <https://doi.org/10.1080/713652301>
- McMahon, N., & Simons, R. (2004). Supervision training for professional counselors: An exploratory study. *Counselor Education and Supervision*, 43, 301. <https://doi.org/10.1002/j.1556-6978.2004.tb01854.x>
- Milne, D., & James, I. (2000). A systematic review of effective cognitive behavioral supervision. *British Journal of Clinical Psychology*, 39(2), 111–127. <https://doi.org/10.1348/014466500163149>
- Milne, D., L., Sheikh, A., I., Pattison, S., & Wilkinson, A. (2011) Evidence-based training for clinical supervisors: A systematic review of 11 controlled studies. *The Clinical Supervisor*, 30 (1), 53-71, <https://doi.org/10.1080/07325223.2011.564955>
- O'Donovan, A., Clough, B., & Petch, J. (2017). Is supervisor training effective? A pilot investigation of clinical supervisor training program. *Australian Psychologists*, 52, 149-154. <https://doi:10.1111/ap.12263>
- Özkan, R., Anjel, M., & Soysal, A. (2009). Supervision in counseling and guidance field in Turkey: A case study [in Turkish]. [Paper presentation]. The annual National Conference of Guidance and Counselling, Adana, Turkey.
- Özyürek, R. (2009). The supervision opportunities for practicum students of school counselling in Turkish universities: A national survey [in Turkish]. *Turkish Psychological Counselling and Guidance Journal*, 4(32), 54–63.
- Page, B. J., Pietrzak, D. R., & Sutton, J. M. (2001). National survey of school counselor supervision. *Counselor Education and Supervision*, 41(2), 142. <https://doi.org/10.1002/j.1556-6978.2001.tb01278.x>
- Peake, T. H., Nussbaum, B. D., & Tindell, S. D. (2002). Clinical and counseling supervision references: Trends and needs. *Psychotherapy: Theory, Research, Practice, Training*, 39(1), 114. <https://doi.org/10.1037/0033-3204.39.1.114>
- Peace, S. D., & Sprinthall, N. A. (1998). Training school counselors to supervise beginning counselors: Theory, research and practice. *Professional School Counselling*, 1(5), 2–8.

- Poyrazlı, Ş., Doğan, S., & Eskin, M. (2013). Counseling and psychotherapy in Turkey: Western theories and culturally inclusive methods. In *Handbook of counselling and psychotherapy in an international context* R. Moodly, U. P. Gielen, & R. Wu (Eds.). Routledge (pp. 404–414).
- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(1), 5. <https://doi.org/10.1023/A:1025173508081>
- Silva, A. E., Newman, D. S., Guiney, M. C., Valley-Gray, S., & Barrett, C. A. (2016). Supervision and mentoring for early career school psychologists: Availability, access, structure, and implications. *Psychology in the Schools, 53*(5), 502. <https://doi.org/10.1002/pits.21921>
- Siviş-Çetinkaya, R., & Kararımak, Ö. (2012). Supervision in counsellor education [in Turkish]. *Turkish Psychological Counselling and Guidance Journal, 4*(37), 107–121.
- Spence, S. H., Wilson, J., Kavanagh, D., Strong, J., & Worrall, L. (2001). Clinical supervision in four mental health professions: A review of the evidence. *Behaviour Change, 18*(3), 135.
- Stevens, D. T., Goodyear, R. K., & Robertson, P. (1998). Supervisor development. *The Clinical Supervisor, 16*(2), 73. [https://doi.org/10.1300/J001v16n02\\_05](https://doi.org/10.1300/J001v16n02_05)
- Şavur, E., & Aslan Tomas, S. (2010). Psychosocial support services after the terrorist attack [in Turkish]. *Ankara University Crisis Journal, 18*(1), 45–58. [https://doi.org/10.1501/Kriz\\_0000000310](https://doi.org/10.1501/Kriz_0000000310)
- Townend, M., Iannetta, L., & Freeston, M. H. (2002). Clinical supervision in practice: A survey of UK cognitive behavioral psychotherapists accredited by the BABCP. *Behavioural and Cognitive Psychotherapy, 30*(4), 485. <https://doi.org/10.1017/S1352465802004095>
- Tuzgöl-Dost, M., & Keklik, İ. (2012). Problems of counseling and guidance field from the perspectives of practitioners [in Turkish]. *Mehmet Akif Ersoy University Faculty of Education Journal, 23*, 389-407.
- Vallance, K. (2004). Exploring counselor perceptions of the impact of counseling supervision on clients. *British Journal of Guidance and Counselling, 32*(4), 559. <https://doi.org/10.1080/03069880412331303330>
- Yerin Güneri, O., Büyükgöze Kavas, A., & Koydemir, S. (2007). Professional development of Turkish school counselors: The tough road from novice to expert [in Turkish]. In *Pathways to professionalism in counseling* R. Özyürek, F. Korkut-Owen, & D. W. Owen (Eds.) (pp. 1–20). Nobel Yayınevi
- Yin Tan, S. (2019). Clinical group supervision experiences of Singapore school counselors. *British Journal of Guidance and Counselling, 47*(4), 432–445. <https://doi.org/10.1080/03069885.2017.1371275>