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Research Article

Developing the Four-Stage Supervision Model for Counselor Trainees

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Abstract

Counselors should have the counseling skills necessary for making adequate therapeutic progress through counseling sessions. Counselors start learning skills and knowledge for counseling in their undergraduate education. During this critical period, the time, form, and quality of the process of gaining core competencies in counseling differ depending on several factors. Supervised sessions might be regarded among these factors. Supervised sessions should be conducted using a comprehensive, objective-driven, and need based model in order for the sessions to be able to reach their goals. Due to the need for more effective supervised sessions, the current study aims to introduce the four-stage supervision model and report preliminary results related to the model's effectiveness. This study consists of 17 counselor trainees studying counseling psychology and the guidance department at a public university during the 2012 fall semester. All participants were enrolled in the Counseling Psychology Practicum. The mixed method design was used in the study. A counselor competencies evaluation form, developed by the researchers, was used in the quantitative phase while semi-structured interview forms were used in the qualitative phase. Pretest and posttest scores of counselor trainees' counselor competencies were provided using the counselor competencies evaluation form. A supervisor and co-supervisor rated the frequency of mistakes that had been made by counselor trainees through counseling sessions to make a frequency chart. The mistakes (ineffectiveness of counseling skills and lack of the required counseling skills) refer to ineffective counseling skills counselor trainees used and counseling skills which they didn't use although they should have been. Wilcoxon signed-rank test and frequency were used in analyzing the quantitative data, and the descriptive method was used in analyzing the qualitative data. Research findings from the quantitative part of the study indicate that counselor trainees made 280 mistakes at 92.71% over the first five supervision sessions, while making 22 mistakes in the last five supervised sessions at 7.28%. These results show that the supervised session conducted based on the four-stage supervision model reduced the counselor trainees' mistakes by 85.43%. Moreover, the results indicate a statistically meaningful difference between counselor trainees' pretest and posttest scores for counselor competencies ($z = -3.62$; $p < .05$). According to research findings found in the qualitative part of the study, counselor trainees remarked that the supervised sessions were beneficial for improving their counselor competencies in eight important dimensions. In summary, the four-stage supervision model developed for counselor trainees can be a supervision model that helps counselor trainees enhance their counseling competences. However, the study's findings should be interpreted in terms of its limitations.

Keywords

Counseling • Supervision model • Counselor education • Helping skills

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Counseling using a collaborative process between counselor and client helps individuals adjust their problems in their life, facilitate lifestyle changes, and improve their quality of life (Carkhuff, 2000; Cormier & Hackney, 2008; Egan, 1975). On this point, mental health counselors should become more qualified in their field. Providing effective supervision during counselor education might be seen as an important cornerstone for the counselor trainees to become more qualified in counseling. (Aladağ, 2013; Cormier & Hackney, 2008). As such, the need for an effective supervision service in a variety of settings is crucial. The counseling process conducted by counselors involved in effective supervised sessions can be seen as a process that enhances life quality and also contributes effectively to human development in all developmental domains. There are many different counseling skills that can help counselors conduct counseling sessions that are effective at improving clients' quality of life (Aladağ, 2013; Carkhuff, 2000; Cormier & Hackney, 2008; Egan, 1975; Uslu & Ari, 2005).

In the literature are many different types of counseling-skills classifications that are an essential part of the therapeutic process. According to Carkhuff (2000), personalizing meaning, the problem, and the goal are the necessary basic helping skills and sufficient for client change. Ivey, Ivey, Zalaquett, and Quirk (2010) have defined counseling micro-skills as basic helping skills that help clients solve the mental health issues in their life. The counseling micro-skills hierarchy provides a demonstration where alternative settings require different counseling skills starting from ethics, cultural competence, and wellness to determining personal style and theory. According to Cormier and Hackney (2008), a counselor should be able to use different counseling skills, ranging from basic and simple to more advanced and complex levels in the counseling profession. Additionally, the full range of skills needed for counseling is defined as basic counseling skills by Nelson-Jones (2003). The reflection of feeling, questioning, paraphrasing, and reframing might be given as an example for basic counseling skills that counselors need in order to conduct effective counseling (Nelson-Jones, 2003). Gerard Egan's skilled helper model (1975) provides a three-stage model in which each stage consists of specific counseling skills that the counselor uses to assist the client in clarifying or exploring thoughts. The skilled helper model consists of three fundamental stages covering different ranges of counseling skills to be used in counseling sessions. Based on all the classifications (Carkhuff, 2000; Cormier & Hackney, 2008; Egan, 1975; Ivey et al., 2010) mentioned above, one can say that the counseling process and counseling skills needed for use in counseling session differ from each other. Similar to differentiating skills classifications, teaching counseling skills to counselors or counselor trainees in counselor education also differs. Counselor educators help counselor trainees deal with the challenges they face in counseling sessions and help them effectively use their counseling skills in counseling sessions by using a different teaching method aimed at providing counselor trainees with the knowledge and skills to become effective counselors. When examining

programs or training (Carkhuff, 2000; Hill, 2004; Hill & Kellems, 2002; Kagan, 1984; Meydan, 2014; Yaka, 2013) aimed at gaining confidence in the counseling profession and developing one's counseling skills, many programs are seen to be used for this purpose and to have an important place in counselor education. Counselor-education programs last for several years in Turkey like such countries as the US (Council for Accreditation of Counseling and Related Educational Programs, 2009), Germany, Bulgaria (European Board for Certified Counselors, 2013). In Turkey, counselors are able to perform counseling after graduating from the Guidance and Psychological Counseling undergraduate program, which is why the overall quality of a bachelor degree program is expected to be at the highest possible level. The content of counselor education in undergraduate programs in Turkey comes to mind when considering the two important dimensions of counselor education: theory (Gibson & Mitchell, 2008) and practice (Mayfield, Kardash, & Kivlighan, 1999). The course Individual Counseling Practicum is one of the most important experiences in the counseling graduate program and also an opportunity to develop the expertise of counselor trainees for performing individual counseling under close supervision in a professional setting (Eren-Gümüş, 2015). A study done by Aladağ, Yaka, and Koç (2014) aimed at helping counselor trainees develop knowledge of counseling skills and techniques by teaching counselor trainees how to effectively counsel and giving them feedback about their competencies in the course Principles and Techniques of Counseling. These initiatives of counselor educators and researchers enhance counselor trainees' skills in counseling (Eryılmaz & Mutlu-Süral, 2014a; Uslu & Arı, 2005; Studer, 2005) and also develop their identities as professional counselors (Aladağ et al., 2014; Eryılmaz & Mutlu-Süral, 2014a). Supervised sessions should be part of counselor education in order to help counselor trainees increase their effectiveness while doing individual or group counseling, similar to what counselor educators and researchers aim for in their studies (Bernard & Goodyear, 2009; Hill & Lent, 2006). On this point, weekly individual supervision with a supervisor during the Individual Counseling Practicum class becomes significant. Hill and Lent (2006) stated that a great majority of the research done in counseling emphasizes the importance of supervision. As a result, counselor educators should benefit from both supervision models and counseling-skills training models when providing supervision for counselor trainees.

There are three primary models of supervision related to counseling supervision in the literature: psychotherapy-based supervision models, developmental models of supervision, and the social-role supervision model (Erkan-Atik, Arıcı, & Ergene, 2014). For example, in Carroll and Holloway's (1999) developmental model, the supervision process consists of developmental stages that focus on supervisees' learning stages at various levels of professional development. In addition to this supervision model, various supervision sessions are performed using a theory-based approach derived from different counseling theories, such as Gestalt (Resnick & Estrup, 2000). Also,

there are counseling-skills training models that provide counselor trainees with an opportunity to learn and practice new skills and find better ways to help clients. The micro-counseling program, interpersonal process recall, and skilled helper model might be given as examples of counseling training models that ensure counselor trainees continue to increase their skills. In counseling-related literature, counselors are recommended to choose developmental approaches rather than adopt a specific theory directly in conducting supervisory sessions because developmental approaches are convenient for both supervisors and supervisees. Using developmental models as a framework in supervision is the only way to conduct supervision sessions that take supervisees' individual differences into consideration (Campbell & Herlihy, 2006).

From the information given above, one can conclude that the developmental approach is used as an approach in both supervision as well as micro-skills training. The focus of supervision models based on a developmental approach is on supervisees' developmental stages in the counseling profession and supervisors' needs (Erkan-Atik et al., 2014; Siviş-Çetinkaya & Kararmak, 2012). As an example, the integrated developmental supervision model, developed by Stoltenberg (1981), Stoltenberg and Delworth (1987), and Stoltenberg, McNeill, and Delworth (1998), aims to facilitate the development of counselor trainees' therapeutic competencies with supervised sessions designed by supervisors according to supervisees' developmental stages. Similar to content from the developmental supervision model, Bernard and Goodyear (2009) also stated that counselors' vocational development is a continuous process consisting of six phases, and each counselor has special needs at every phase. That's why supervised sessions should be designed by taking counselors' personal needs into consideration while setting goals for the supervised session.

From the perspective of the micro-skills training program, the skilled helper model developed by Egan (1975) aims to improve practice skills and enhance counselors' counseling competence. Additionally, that counselor trainees are able to perform counseling after successfully going through each stage of professional development is important. As such, a continuous process of counseling trainee's growth and development over the developmental stages is also a developmental process. In this context, one can say the aim of this study is to foster the personal growth and development of counselor trainees, who are referred to as advanced students in Rønnestad and Skovhold's (2003) lifelong development model. From the of counselor trainees' point of view, they are required to take lessons that will increase their counseling competence before counseling in a professional setting. Although all counselor trainees take same lessons, their readiness levels might differ from one other. In other words, some counselor trainees' readiness levels are low while others are high. Therefore, information on counselor trainees' readiness levels needs to be gathered. Secondly, counselor trainees with high readiness levels

should be encouraged while counselor trainees with low readiness levels have to master them before advancing to the next level. The way to build professional competence in the counseling profession might be by providing corrective feedback for counselor trainees' professional skills development, monitoring counselor trainees' performance, and also informing counselor trainees about therapeutic skills and knowledge based on theoretical framework. Holloway (1995) laid great emphasis on a supervision process consisting of basic counseling-skills training, case conceptualization, professional role, emotional awareness, and self-evaluation in the comprehensive model. In addition to this, as part of their role through their counseling session, Bernard's discrimination model emphasizes focused supervision, possible supervisory and advisory roles, and supervising with the aim of helping counselor trainees manage the therapeutic process and use their counseling skills (Bernard, 1979, as cited in Siviş-Çetinkaya & Kararmak, 2012). A stage is needed after being informed in order to improve counselor trainees' ability to provide value to their clients and strengthen their existing counseling skills. This stage could be called a development stage. Ultimately, counselor trainees and supervisors should be aware of both personal development and professional development through the process. To raise this awareness, the evaluation stage might take place during the supervised process. After doing a critical literature review, no research studies seem to exist that contain all the above-mentioned stages with the aim of improving undergraduate counseling trainees' counseling skills in Turkey. On this point, developing a supervision model based on the skilled helper model can contribute to the literature.

The lack of a supervision model that can be used during counselor education in Turkey has been emphasized, and the counselor education process should be reviewed (Aladağ, 2013). Additionally, research studies related to counseling-skills training are qualitatively and quantitatively inadequate. In this context, while the supervision needs of counselor trainees still exists (Aladağ & Bektaş, 2009; Hamamcı, Murat, & Esen-Çoban, 2004; Özyürek, 2009; Siviş- Çetinkaya & Kararmak, 2012), the limited number of studies attempting to examine supervision model's effectiveness or suggesting a new supervision model (Meydan, 2014) draws attention. Moreover, few studies in the literature have demonstrated the micro-skills training model's effectiveness (Koç, 2013). According to these studies' research findings in which counselor trainees and guidance and counseling supervisors expressed their perceptions related to counselor education in Turkey, counselor trainees and supervisors expressed the need for developing a supervision model based on Turkish culture. For instance, in Özyürek's (2009) study, counselor trainees stated that their supervisors' feedback was constructive, improving, and also encouraging while course content in the guidance and counseling psychology department, as well as supervision sessions, is inadequate. Anjel and Özkan (2009) found similar results. Anjel and Özkan's (2009) research findings give researchers and counselor educators

helpful context clues related to counselor education in Turkey. Another important, attention-drawing point is that almost half of the participants in this study did not have a supervised experience during their undergraduate education. Counselors have earned a bachelor's degree without participating in professional supervision; because of this, they attempt to compensate by taking additional training programs where they can have a supervised experience after graduation. The increasing number of counseling and guidance programs in Turkey, as well as evening and daytime availability for these programs, shows the importance of supervision in counselor education. On this point, one can mention the need for integrative supervision models developed in Turkey in order to increase the quality of mental health services and to obtain effective counseling training for counselor trainees.

Overall, recent studies (Hamamcı et al., 2004; Özyürek, 2009; Uslu & Arı, 2005) on counselor education show the importance of supervision in counselor education and, in parallel with this, underline the limited body of experimental or theoretical research describing the supervision process. As is discernible from the above information, studies aimed at examining the effectiveness of supervision model developed in the context of Turkish culture and the Turkish education system are needed. A number of good reasons for highlighting Turkish culture and the Turkish education system might exist on this point. Firstly, many educational materials are translated from English to Turkish and thus counselor trainees have a lot of trouble comprehending texts. Therefore, authors' expressing their recommendations for the new supervision model and testing their effectiveness in Turkey has been found meaningful. To introduce the supervision model to researchers and conduct studies designed by other researchers that aim to examine the effectiveness of the supervision model might be a way to distinguish and fill the gaps in the existing literature. In this study, the supervision model was developed by obtaining a range of different views from lecturers who give a series of lectures on counseling, such as counseling principles, techniques, counseling and guidance. Secondly, one can easily say that counselor trainees' existing needs and difficulties have shed some light on the context of the supervision model. Therefore, the aim of the current study is to introduce the four-stage supervision model (FSSM) for counselor trainees and provide preliminary results on the efficacy of this model.

In order to achieve this study's main goal, answers to the following questions were sought in the quantitative part of the research:

- What mistakes do counselor trainees make in their first five individual supervised counseling sessions developed based on the FSSM for counselor trainees?
- What mistakes do counselor trainees make in their last five individual supervised counseling sessions developed based on the FSSM for counselor trainees?

- Do counselor trainees make more mistakes in the first five or last five supervised sessions?
- Is there a significant difference between the counselor competency pretest and posttest results of counselor trainees who participated in supervised sessions based on the FSSM?

In order to reach the study's main goal, an answer to the following question was sought in the qualitative part of the research:

- What are counselor trainees' opinions about the role of the FSSM in continually improving their counseling competence after they had participated in the supervised sessions developed using the FSSM for counselor trainees?

Method

Research Design

The study's aim is to introduce the FSSM and provide preliminary results on its efficacy. With this intention, the research process combined qualitative and quantitative methods. Patton (2002) remarked that mixed methods research is an approach that combines quantitative and qualitative research and as such was used by this study. This study implemented the explanatory design because it helps researchers use qualitative data to support what are primarily quantitative data (Patton, 2002). Purposeful sampling was used as a method in the study (Fraenkel & Wallen, 1993).

A single-group pretest-posttest design was used in the quantitative component of the study, whose independent variable is the implementation of the FSSM. The research's dependent variables are counselor trainees' skill level and the number of mistakes that indicate counselor trainees' ineffective use of counseling skills or counseling skills that weren't used but should have been.

The three basic categories of mistakes are:

- Lack of mistakes.** The number of basic counseling skills that counselor trainees are able to use in the right place at the right time throughout the counseling sessions.
- Ineffective counseling skills.** The number of basic counseling skills that counselor trainees ineffectively use throughout the counseling sessions.
- Lacking the necessary counseling skills.** The number of basic counseling skills that counselor trainees are unable to use in the right place at the right time throughout the counseling sessions.

Seventeen counselor trainees participated in supervised sessions for 12 weeks. A co-supervisor participated in the supervised sessions with the lecturer, who was teaching the Individual Counseling Practicum class. Because each supervisor has different ways of conducting supervised sessions, the single-group pretest-posttest model was applied in this research. Also, because the supervisor's course load is above average, he was unable to conduct supervised sessions with another group. Counselor trainees' competency levels were measured before and after supervision. The qualitative part of the study includes the interviews performed with participating counselor trainees during and at the end of the supervised sessions.

Participants

The male and female counselor trainees who participated in this study were continuing their undergraduate education at a public university during the 2012-2013 academic year. The counselor trainees who would participate in supervised sessions based on the FSSM were determined using random assignment, an experimental technique. Individual Psychological Counseling Practicum is a class conducted in the four branches where counselor trainees are students. Only the names of branches (e.g. A, B, C, D), minus instructors' names, can be seen in the student information system. Counselor trainees registering for the course do not know which branch belongs to which supervisor. Similarly, the supervisor can only learn who is taking the class when the semester starts. In the selection process, 51 counselor trainees studying at the previously mentioned public university were required to choose one of the four branches. Seventeen counselor trainees received the Individual Counseling Practicum class by assigning the subjects to different groups in a randomized experiment. As a result, 17 counselor trainees were included in the study, one male and 16 females between the ages of 21-22.

Data Collection Tools

The counselor competencies evaluation form, developed by [Eryılmaz and Mutlu-Süral \(2014b\)](#), was used in the quantitative phase; semi-structured interview forms were used in the qualitative phase.

Quantitative data collection tools. The counselor competencies evaluation form was used to gather qualitative data. This form was used to determine the frequency of mistakes counselor trainees made throughout the counseling sessions. In gathering qualitative data, the supervisor and co-supervisor collected relevant data weekly. This form was used to obtain the pretest and posttest scores of counselor trainees' counseling competency and the frequency of mistakes made throughout counseling sessions. It is based on four main counseling areas: structuring, therapeutic skills, managing the therapeutic process, and therapeutic conditions. Structuring has three sub-dimensions:

timing, purpose, and process. Therapeutic skills includes 13 therapeutic skills (i.e., reflection of feeling, personalization, and confrontation), whereas therapeutic conditions consists of five important therapeutic conditions: empathizing, positive regard, genuineness, concreteness, and being present. Managing the client, managing themselves as counselors, and managing the therapeutic relationship are the sub-dimensions within the scope of managing the therapeutic process. In total, there are 24 features on the form that describe counselors' professional duties. Counselor trainees' competences were assessed on the basis of 24 of the counselors' professional duties being present or absent in their individual counseling practices. The study's criterion for the presence of a related feature was determined as a counselor trainee receiving a score of 4.17 (100 / 24) for that feature. Based on this criterion, both the supervisor and the co-supervisor gave scores after listening to counselor trainees' voice recordings and reading their transcripts. A counselor trainee was assumed to have performed a professional duty in their counseling practice when the two supervisors agreed the relevant professional duty is present in a counselor; this awards the trainee with a score of 4.17. However, counselor trainees were determined unable to carry out a professional duty in their counseling practice when both supervisors could not agree as to whether a professional duty is present or not in a counselor. As a result, counselor trainees were unable to score points for a professional duty that is absent in their counseling practice. Counselor trainees' names were coded on this form as CT-1 through CT-17 when being evaluated. Each counselor trainee's score was out of 100 points according to their competency level after the supervisor and co-supervisor had used the counselor competencies evaluation form. The lowest obtainable score for the Individual Counseling Practicum class is 0 and the highest is 100. After using the form, the average competence score across all coded sessions was calculated. After the first five individual counseling sessions, the scores that were measured after each were divided by five to obtain an average score. The same process was carried out for the last five counseling sessions. Thus the average scores of both the first five sessions and the last five sessions were calculated. Comparative analyses were based upon the mean scores obtained at the end of the first and last five sessions. To evaluate the level of consistency among experts, two experts with experience in the field of psychological counseling and guidance assessed the competency levels of counselor trainees using the counselor competencies evaluation form. Reliability for each sub-scale was investigated based on the experts' ratings. Agreement between experts was found to be .92 for structuring, .88 for therapeutic skills, .80 for the therapeutic conditions, and .83 for managing the therapeutic process.

Qualitative data collection tools. This study developed a semi-structured interview form in order to obtain counselor trainees' views on the supervised sessions' effectiveness. The semi-structured interview form was designed and conducted based on the basic principles of interviewing. When developing the interview forms, two

counselor educators and an expert already working in the field of assessment and evaluation were requested for scrutinizing the interview form carefully. One counselor educator had already earned a PhD, while the other counselor educator is pursuing a master's degree in counseling psychology. The expert in the field of assessment and evaluation is working on a doctoral dissertation. The interview form, which was reviewed in the direction of the given feedback, was utilized for gathering the research's qualitative data. The supervisor asked the counselor trainees the open-ended questions developed according to the literature when the related stage was completed.

The open-ended questions asked in the information-gathering stage are as follows:

- What does the seminar, which was developed based on the skilled helper model, you received within the Individual Counseling Practicum remind you of?
- How do you reflect the knowledge/skills you gained through the seminar into your counseling practice?
- How do you relate the individual counseling sessions to the FSSM that was introduced in terms of the Individual Counseling Practicum class?

Supervisors asked counselor trainees, "What do you think about the Individual Counseling Practicum class under supervision?" in the evaluation stage of the FSSM in order to evaluate the supervision process, the supervised sessions, and the supervisor's role throughout the sessions.

Procedure

This study is based both on Egan's (1975) skilled helper model and on the principles and techniques of counseling (Carkhuff, 2000; Cormier & Hackney, 2008; Egan, 1975; Ivey et al., 2010). Egan's (1975) knowledge and the existing theoretical and empirical knowledge in counseling psychology led us to design this research. Questions about which kind of counseling is used frequently, how therapeutic conditions can be created during the therapeutic process, and what the components of the therapeutic process are at related stage were answered taking the literature into consideration. Also, the authors looked back at each stage according to the answers to these questions. Additionally, the counselor trainees, who were integrating the theory into practice, had enrolled in the Counseling Psychology Theories class through undergraduate education. The knowledge and skills gained in these courses have also created a theoretical framework for counselor trainees. Within this theoretical framework, the supervision sessions provided based on the FSSM lasted for 12 weeks. During the first week of supervised sessions, counselor trainees were informed about the process. In the last week, counselor trainees were asked to share their views on the supervised sessions. During the remaining ten

weeks, the supervisor and co-supervisor listened to counselor trainees' recordings of their latest individual counseling sessions and read their transcripts.

Supervised sessions were conducted at the individual counseling room of a public university where the study was being conducted. During the supervised sessions, the study's primary author was supervisor and the second author was co-supervisor. Similar to the supervisor, the co-supervisor listened to counselor trainees' recordings of their latest individual counseling sessions and read through each transcript in its entirety in order to determine the competency levels of counselor trainees. All supervisors used the counselor competencies evaluation form to determine the levels of counselor trainees' competences. In this way, regular feedback was provided to each counselor trainee for a total of 12 supervised sessions. Each counselor trainee conducted individual counseling sessions with only one client face-to-face. In other words, counselor trainees saw only one client on a weekly basis starting from Week 2 to until Week 11. Counselor trainees took the supervisors' advice on whether their competency level was appropriate for the client after doing an intake on all clients. The supervisors told the counselor trainees when they would be able to begin seeing clients. Moreover, supervisors gave advice to counselor trainees on referring a client they wanted to work with when their competency level was insufficient. There were no criteria related to clients' gender. However, counselor trainees were requested not to counsel clients close to their own age.

Supervised sessions were scheduled for the same time and day each week. All 17 counselor trainees met and received feedback with supervisors for an hour each week starting with the second week of class and ending the last week of class. Only two people were present in the supervised sessions, one being the counselor trainee and the other being the supervisor. Due to the low number of supervisors, the duration giving feedback to counselor trainees was only an hour per week. The hour was divided into two parts: In the first 30 minutes of the supervised sessions, supervisors used direct observation of counselor trainees through voice recordings in order to provide regular and systematic feedback. During this period, the voice tone of counselor trainees and rapport with clients were considered while giving feedback. Supervisors took careful note of mistakes made by counselor trainees by paying close attention to counselor trainees' transcripts while listening to the voice recordings of counselor trainees. During the first half hour, the supervisor evaluated the counselor trainees' competency in numerous ways, such as how they begin counseling sessions, how they end counseling sessions, whether they ensure a common thread across sessions, and whether counselor trainees understand the clients and their problems. In the last half hour, the supervisor and co-supervisor assessed the counselor trainee's competency level using the counselor competencies evaluation form. In the second part of supervision, mistakes noticed in the first part of supervision were told to counselor

trainees, and counselor trainees were informed about which potential counseling skills to know how to use instead of the counseling skills that counselor trainees had made mistakes using. Counselor trainees were obliged to write which counseling skills had been used in counseling sessions while preparing their transcripts and to read the transcripts one more time before participating in supervised sessions. In the first part of the supervisory sessions, counselor trainees noted that they were able to notice what kind of mistakes were being made in counseling sessions before attending the supervised session. In the second part of the supervisory sessions, the supervisors conveyed potential counseling skills to be used to counselor trainees, and the supervisors exchanged ideas about the reason for using counseling skills, the effectiveness of counseling skills used by counselor trainees, and the potential counseling skills that would be used throughout a counseling session.

The 12-week supervision process was made up of 60-minute sessions. Activities in the following stage of supervised sessions were designed before counselor trainees' participated. The supervision model tested in this study has four important stages. Each stage and the series of activities conducted in each are explained below:

Readiness stage. The counselor competencies evaluation form was used by the supervisor and co-supervisor to determine the frequency and percentage of mistakes in terms of four areas of counseling: structuring, therapeutic skills, managing the therapeutic process, and therapeutic conditions. In addition, during the first five sessions, counselor trainees' individual counseling-session transcripts were reviewed and examined in order to determine the counseling areas in which counselor trainees had made mistakes. Research findings related to the frequency and percentage of mistakes in terms of the four areas of counseling are presented in the section on findings. The counselor trainees were able to get direct feedback from supervisors, which allowed the counselor trainees to acquire appropriate professional skills by examining their mistakes. After the first five sessions and before the informing stage, 17 counselor trainees took the great opportunity to notice both their own and other counselor trainees' mistakes while attending each group supervision session. In the feedback given to the group members, the names of counselor trainees and clients were kept confidential. In this stage, frequent mistakes made by counselors in counseling areas were given as examples through group supervision sessions. Also, the examples of potential counseling skills that can be used while doing individual counseling were given, and counselor trainees were encouraged to develop self-evaluation skills.

Informing stage. The findings obtained in the first stage of the FSSM demonstrate that counselor trainees had difficulties doing things that cover a wide range of conditions, such as demonstrating an understanding of the counseling methods and principles of mental health services or following the stages of the counseling process.

Findings obtained using the counselor competencies evaluation form present that counselor trainees need to participate in an inclusiveness training program aimed at enhancing counseling trainees' knowledge of counseling skills, structuring, therapeutic conditions, and the management skills of the therapeutic process that are essential for effective treatment outcomes. Due to this need, Stage 2 of the FSSM is called the informing stage. Based on findings related to counselor trainees' competency levels, the co-supervisor designed a seminar aimed at enhancing counselor trainees' knowledge of counseling principles and techniques and at assisting counselor trainees in recognizing the content of the skilled helper model after the first supervised sessions. This two-hour seminar includes individual activities consisting of a case study and group discussion. For counselor trainees, attending the supervision-based seminar had numerous benefits, including learning to be effective at using counseling skills essential for therapeutic rapport, gaining insight into one's mistakes, and setting the agenda for the next counseling session. This seminar took the mistakes made by counselor trainees into consideration in order to enhance counselor trainees' understanding of the need to follow a structured approach in counseling. As a result of this aim, counselor trainees were supposed to work within a structured counseling framework after the informing stage. For example, findings in this study show that counselor trainees were unable to properly begin counseling sessions or correctly establish a thread between the previous and following counseling sessions. Therefore, how and which core counseling skills essential for delivering effective mental health services were to be used was made plain by giving examples that enabled counselor trainees to manage a structured counseling session. At the end of this stage, semi-interviews began to be performed with counselor trainees.

Improvement stage. The improvement stage lasted from the sixth to the tenth individual counseling session. Counselor trainees still kept regularly meeting with supervisors during this stage. The supervision services delivered by the supervisor and co-supervisor had the same components for both the readiness and improvement stages. Counselor trainees' professional development process was making progress because they had received regular feedback from the supervisor and co-supervisor in the Readiness Stage, received comprehensive feedback from both supervisors and group, and lastly attended the seminar in the informing stage. One can say the number of mistakes counselor trainees made had become less, and the self-awareness levels of counselor trainees had increased by the time supervision sessions (individual counseling sessions) had come to an end. Because of these improvements, the third stage is called the improvement stage.

Counselor trainees' ongoing progress should be observed and then evaluated after the readiness and informing stages. Thus, the improvement stage contains the last five supervised sessions. This evaluation is comprised of examining mistakes in terms

of four counseling areas: structuring, therapeutic skills, managing the therapeutic process, and therapeutic conditions using the counselor competencies evaluation form. In other words, the frequency and percentage of mistakes were evaluated from the sixth to tenth counseling sessions. Posttest scores were obtained by calculating the mean scores of counselor trainees' competency levels as determined in the last five sessions.

There are some differences between the readiness and the improvement stages of the FSSM developed in this study. The most obvious difference between these two stages is that the improvement stage is the first time the supervisor helped counselor trainees build new counseling skills and enabled their application in counseling practice, even if counselor trainees already had the knowledge and skills required to successfully engage clients. Thus, the focus of the readiness stage is to enhance counseling trainees' therapeutic skills and conditions and help them apply the counseling skills and techniques necessary for therapeutic relationship. On the other hand, the improvement stage focuses on different aims that strengthen counselor trainees' motivations in working within a structured counseling framework, support their building new counseling skills for use in their assistive profession, and create an environment for counselor trainees to help them get support from group members during group supervision sessions. Moreover, the supervisor's role is to evaluate the readiness levels of counselor trainees and show them the ways that might be helpful for handling the mistakes they make. However, the supervisor plays a vital role in following up on counseling trainees' improvements in the four main counseling areas and providing them with periodic support in addition to the role of supervisor in the readiness stage.

Evaluation stage. The evaluation stage consists of two sub-dimensions. One is evaluating the supervision process, in which counselor trainees share their views on the supervision process. The other critical sub-dimension is evaluating the FSSM's functionality, also known as the counselor trainees' competency-level evaluation. This is an important issue from the perspective both the progress of the supervision model and supervision process. Involving both subdivisions in the evaluation stage is important for the supervision model's functionality, which means another supervisor can easily use this supervision model as a base towards supervision sessions. However, these two sub-dimensions are unlikely to be seen independent of one another as both progress together through the supervision process from beginning to end. Thus, both sub-dimensions are carried out simultaneously in the evaluation stage.

Evaluating the supervision process. In line with the explanations above, counselor trainees finish their counseling sessions at the end of the tenth individual counseling session. From the first to the tenth individual counseling session, counselor trainees'

competency levels were determined using the counselor competencies evaluation form. At this point, we needed to evaluate the FSSM by adopting quantitative and qualitative approaches because the counselor competencies evaluation form had been used by the supervisor and co-supervisor to determine the frequency and percentage of mistakes in terms of the four areas of counseling (structuring, therapeutic skills, managing the therapeutic process, and therapeutic conditions). Meanwhile, the pretest and posttest scores for counselor trainees' competency levels should be compared. In other words, counselor trainees' competency levels should be examined to understand whether the FSSM is effective. Additionally, counselor trainees were asked their views on supervision effectiveness and whether they had perceived it as an effective supervision model to gain more information about which parts of supervision were more useful and less useful. To put it differently, the supervision model should be evaluated based on counselor trainees' views, thus it is called the evaluation stage. In line with this, four hours were spent on the evaluation sessions conducted after the tenth individual counseling sessions.

Evaluating counselor trainees' competency levels. Qualitative and quantitative approaches were used together in the evaluation stage, and the pre- and post-test scores of counselor trainees' competency levels were compared in the quantitative part of this study. In the qualitative part of the evaluation stage, supervision provided more information about how each counselor trainee had made progress in front of other group members. While informing group members and keeping counselor trainees' names confidential, the mistakes made by counselor trainees in each individual counseling session were shown to other group members, also counselor trainees. The intention of protecting confidentiality and anonymity at this stage is to prevent counselor trainees from being discouraged about future individual counseling sessions. The study indirectly aims to support counselor trainees' progress throughout the counseling sessions. At the end of this stage, interviews were performed with counselor trainees.

The qualitative and quantitative data collection tools can be used to examine the effectiveness of supervision sessions conducted by adopting the FSSM developed for counselor trainees. The supervision model's stages and measurements showed supervisors how to continue conducting supervision sessions. For this reason, supervisors who want to adopt the FSSM for their supervision sessions can follow the steps that the authors explain in detail under the section, procedure.

Procedure. What happens during the process is shown in the following diagram.

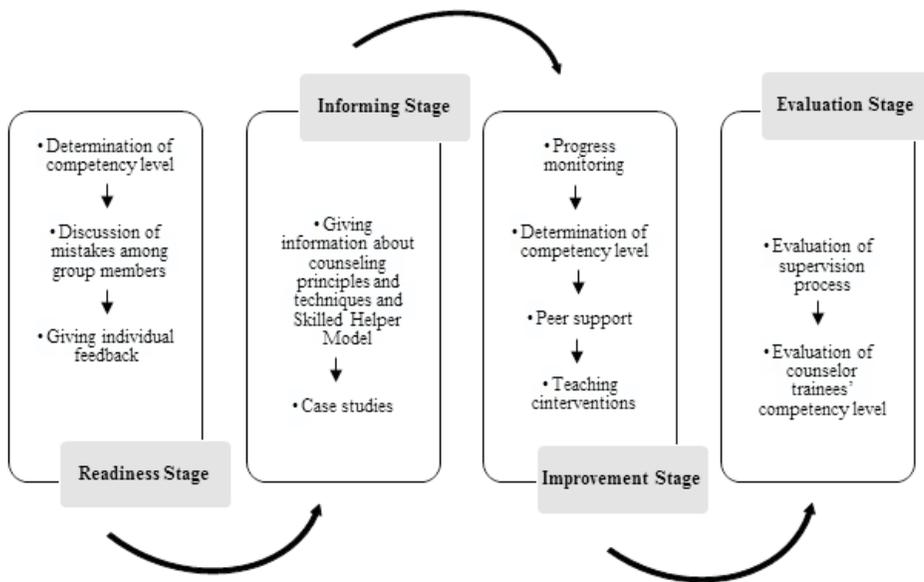


Figure 1. Model diagram.

Data Collection

The quantitative and qualitative data collections were completely separate in this study. The counselor competencies evaluation form (Eryılmaz & Mutlu-Süral, 2014b) was used to gather qualitative data in order to determine counseling competences levels and the frequency of mistakes made by counselor trainees throughout counseling sessions. During qualitative data collection, the supervisor and co-supervisor collected the relevant data weekly.

Qualitative data in the study were collected through a 3-question interview forms; the questions aim to gather personal information about the clients (e.g., gender, age, client’s main reason for needing counseling services). The interviews were conducted in the individual counseling room where the authors and counselor trainees had gathered. After the supervision sessions, interviews were started to gather data. Prior to the interviews, the interviews’ intent was explained to the counselor trainees. Counselor trainees’ names were not used in the interviews, only the codes of those who participating in supervision sessions (i.e., CT-15, CT-2) were used, as mentioned in the quantitative section. The interviews were voice recorded. The duration of the interviews varied according to the stage in which counselor trainees were using their counseling skills. For example, interviews with counselor trainees lasted 30-40 minutes for the informing stage, while interviews in the evaluation stage lasted only 15-25 minutes. During the interviews, probing occurred when a counselor trainee’s opinion needed greater detail.

Data Analysis

Both qualitative and quantitative methods were used to examine supervision effectiveness for the FSSM developed here. Quantitative data analysis was performed using SPSS 21. The nonparametric Wilcoxon signed-rank test was used to understand whether a significant difference exists between the pre- and post-test supervision sessions' related samples by ranking the means of counselor-skill levels. Qualitative data of the study were obtained by asking open-ended questions in accordance with the stages of the FSSM. Obtained data were analyzed using inductive content analysis, one of the approaches for content analysis. Miles and Huberman (1994) stated that researchers could use this analysis method when they want to reveal the concepts underlying the objective data and the relationships between these concepts. Inductive content analysis is used in this study because revealing the relationships between concepts through the systematic classification process of coding is the aim. After the interviews, the audio recordings were transferred into text format. The authors and expert checked for basic meanings among the qualitative data in text format. Codes were determined by organizing these basic meanings. Codes were categorized by attempting to look for commonality among codes. In this way, the categories were determined. In the last stage, related categories were combined to create themes. Examples of counselor trainees' opinions have been provided related to each theme presented in the current study.

Findings

Quantitative Findings: Counselor Trainees' Mistakes (Ineffective Counseling Skills or Absence of Necessary Counseling Skills) during Counseling Sessions

This study addresses three research questions in line with its main objective. The first research question is "Did counselor trainees make more mistakes in the first or last five supervision sessions?" The supervisor and co-supervisor, using the counselor competencies evaluation form after each supervision session, rated the frequency of counselor trainees' mistakes made during counseling sessions to construct a frequency chart and find an answer. The counselor competencies evaluation form was used to determine the frequency and percentage of mistakes in terms of four areas of counseling: structuring, therapeutic skills, managing the therapeutic process, and therapeutic conditions. Analysis results are given in two separate tables because of the aim to compare counselor trainees' frequency of mistakes in the first five to those in the last five individual counseling sessions. Table 1 presents the breakdown of mistakes made by counselor trainees in the first five individual counseling sessions according to the counselor competencies evaluation form.

Table 1
Counselor Trainees' Mistakes Made in the First Five Individual Counseling Sessions

Area of counseling	Professional duties of counselors	<i>f</i>					Total mistakes	%	%	
		1	2	3	4	5				
Structuring	Timing, Purpose, Process	13	1	1	-	2	17	6.07	6.07	
	Mmm- Hmm	1	-	-	-	-	1	0.36		
	Questioning	2	2	4	-	2	10	3.57		
	Reflection of Feeling	6	2	4	-	1	13	4.64		
	Encouragers	2	-	-	-	-	2	0.71		
	Reflection of Meaning	4	2	4	-	-	10	3.57		
Therapeutic skills	Personalization: Meaning-Purpose- Problem	1	1	-	1	-	3	1.07	21.07	
	Comment	-	-	-	-	-	-	-		
	Self-disclosure	-	-	-	-	-	-	-		
	Summaries	9	3	3	2	1	18	6.43		
	Confrontation	1	-	-	-	-	1	0.36		
	Giving advice	1	-	-	-	-	1	0.36		
	Silence	-	-	-	-	-	-	-		
	Influencing	-	-	-	-	-	-	-		
	Managing the therapeutic process	Managing the client	2	14	3	2	-	21	7.50	
		Managing themselves as counselors	23	13	28	8	5	77	27.50	65.71
Managing the Therapeutic Relationship		27	21	18	10	10	86	30.71		
Therapeutic conditions	Empathizing	4	5	2	1	-	12	4.29		
	Positive regard	-	-	-	-	-	-	-		
	Genuineness	-	-	-	-	-	-	-		
	Concreteness	-	-	-	3	1	4	1.43	7.14	
	Being present	3	-	1	-	-	4	1.43		
Total		99	64	68	27	22	280	100.00	100.00	

In this table, almost two-thirds of participants (65.71%) apparently had difficulties managing the therapeutic process when examining counselor trainees' readiness levels. Secondly, counselor trainees had difficulty managing a therapeutic relationship (30.71%). Thirdly, they made mistakes while trying to manage themselves as a counselor (21.07%).

Table 2 provides an overview of the frequency and percentage of counselor trainees' mistakes made in the last five individual counseling sessions.

Table 2
Counselor Trainees' Mistakes Made in the Last Five Individual Counseling Sessions

Area of counseling	Professional duties of counselors	<i>f</i>					Total mistakes	%	%		
		6	7	8	9	10-					
Structuring	Timing, Purpose, Process	2	-	1	-	-	3	13.64	13.64		
	Mmm- Hmm						0	0.00			
	Questioning	-	-	-	-	-	0	0.00			
	Reflection of Feeling	2	-	-	-	-	2	9.09			
	Encouragers	-	-	-	-	-	0	0.00			
	Reflection of Meaning	-	-	-	-	-	0	0.00			
Therapeutic Skills	Personalization: Meaning-Purpose- Problem	-	-	-	-	-	0	0.00	13.64		
	Encouragement	-	-	-	-	-	0	0.00			
	Self-disclosure	-	-	-	-	-	0	0.00			
	Summaries	-	-	-	-	-	0	0.00			
	Confrontation	-	-	-	-	-	0	0.00			
	Giving Advice	-	1	-	-	-	1	4.55			
	Silence	-	-	-	-	-	0	0.00			
	Influencing skills	-	-	-	-	-	0	0.00			
	Managing the therapeutic process	Managing the client	-	-	-	-	-	0		0.00	36.36
		Managing the themselves as counselors	-	-	-	-	-	0		0.00	
Managing the Therapeutic Relationship		3	3	2	-	-	8	36.36			
Therapeutic conditions	Empathizing	2	1	4	-	-	7	31.82	36.37		
	Positive regard	-	-	-	-	-	0	0.00			
	Genuineness	-	-	-	-	-	0	0.00			
	Concreteness	-	-	-	-	-	0	0.00			
	Here and Now	-	-	1	-	-	1	4.55			
Total						22	100.00	100.00			

As can be seen from Table 2, counselor trainees made the most mistakes while managing the therapeutic process (36.36%). When examining the mistakes made in this process, all counselor trainees who made mistakes throughout counseling sessions were determined to have problems managing the therapeutic relationship. Moreover, counselor trainees had difficulties creating therapeutic conditions (36.37%). Among therapeutic conditions for counselor trainees, counselor trainees struggled most with empathy (31.82%).

Comparing these tables, one can conclude that the mistakes made by counselor trainees gradually minimized over all counseling sessions. This finding stresses just how effective the supervision model is at reducing mistakes made by counselor trainees while doing individual counseling.

Quantitative Findings: Pretest-Posttest Scores for Counselor Trainees’ Competency Levels

Transcripts and voice recording were examined using the counselor competencies evaluation form to obtain pretest and posttest scores for counselor trainees’ competency levels. The pretest and posttest scores for counselor trainees’ competency levels are presented in Table 3.

Table 3
Pre-test and Post-test Scores of Counselor Trainees’ Competency Level

Counselor Trainee’s No.	Pre-test	Post-test	Counselor Trainee’s No.	Pre-test	Post-test	Counselor Trainee’s No.	Pre-test	Post-test
1	65	86	7	72	89	13	77	91
2	61	90	8	64	81	14	77	91
3	60	87	9	71	89	15	65	88
4	59	86	10	69	86	16	72	92
5	57	92	11	72	87	17	76	90
6	60	87	12	76	88			

The Wilcoxon signed-ranks test was used to analyze whether a significant difference between pre-test scores obtained after the first five sessions exists with the post-test scores obtained after the last five sessions. The findings are presented in Table 4.

Table 4
Pretest and Posttest Wilcoxon Signed-ranks Test Results Regarding Counselor Trainees’ Competency Levels

Pretest - Posttest	<i>n</i>	Rank Average	Rank Total	<i>z</i>
Negative rank	0	.00	.00	
Positive rank	17	9.00	153.00	-3.62*
Equal	0		9	

* Based on negative ranks principle.

Table 4 demonstrates that a significant difference exists between the pre and posttest scores for counseling trainees’ competency levels ($z = -3.62^*$; $p < .05$). From this, one can say the FSSM is effective at increasing counselor trainees’ competency levels.

Qualitative Findings: Counselor Trainees’ Views on the FSSM

This study addresses three research questions in line with the main objective of the current study. The third question is “What are counselor trainees’ opinions about the FSSM’s role in continuously improving their counseling competence after participating in the supervised sessions developed for counselor trainees based on this model?” Participants were interviewed through semi-structured interviews as a research method in order to find an answer to the third question. Data were analyzed using the qualitative content analysis method with respect to their statements. Tables

5, 6 and 7 provide the results obtained from analyzing the content of counselor trainees' opinions about the model's role in continually improving their counseling competences. Table 5 shows the frequency and percentage of responses from counselor trainees who were asked, "What does the seminar, which was developed based on the skilled helper model and given to you within the Individual Counseling Practicum, make you think of?"

Table 5
Seminar, which had been Given Based on the Skilled Helper Model, Remind Counselor Trainees of

Things	Example sentences	<i>f</i>	%
Stages in therapeutic process	It reminds me of what I am able to do in the stages of therapeutic process through counseling sessions.	9	25.71
Therapeutic conditions	I remember the therapeutic conditions include empathy, positive regard, and genuineness, which I should create through counseling sessions.	7	20.00
Counseling techniques and principles class	The seminar reminds me of what our instructor taught us during the counseling techniques and principles.	6	17.14
Feedback given by supervisor	After the seminar, I recognized what kind of mistakes I had made in previous counseling sessions. It helped me recognize the similarity between feedback provided by the supervisor and the seminar.	5	14.29
Mistakes made through counseling sessions	The seminar reminds me of the mistakes I made while using counseling skills that I would like to use but I am unable to use in counseling sessions.	4	11.43
Self-esteem	The seminar helped me feel more confident and in control of counseling practice.	2	5.71
Problem solving	After the seminar, I noticed the therapeutic process is similar to problem-solving steps.	1	2.86
Experience	I remembered I should have experience to be an effective counselor.	1	2.86
Total		35	100.00

In examining Table 5, apparently the counselor trainees first recalled the stages of the therapeutic process after the seminar (25.71%). The counselor trainees secondly remembered therapeutic conditions that they were planning to use or had already used (20.00%). They stated that reminiscing about the content from the counseling principles and techniques class (17.14%). The counselor trainees remembered the importance of self-esteem levels in conducting counseling sessions (5.71%), problem-solving steps (2.86%), and the contribution to counselor growth from having experience with clients from diverse backgrounds (2.86%).

Table 6 demonstrates the frequency and percentage of responses from counselor trainees who had been asked, "Through the seminar on your counseling practice, how do you reflect the knowledge or skills you gained onto your counseling practice?"

Table 6
Reflection Methods That Refer How Counselor Trainees Use Their Skills After the Seminar

Reflection method	Example sentences	<i>f</i>	%
Following stages	I will not jump to another stage before completing the previous stages of the therapeutic process.	11	47.83
Using appropriate therapeutic skills according to stages	I think I will establish rapport with clients to work well with them, as well as create therapeutic conditions including genuineness, positive regard, and concreteness to foster meaningful therapeutic connections.	9	39.13
Using problem solving skills	I will make an effort to follow the respective problem-solving steps in the action stage.	2	8.7
Questioning the reasons of mistakes	I will continue to follow the stages of counseling sessions after reviewing the mistakes that I had made in previous stages.	1	4.35
Total		23	100.00

Of those interviewed, 47.83% indicated that they'd decided to follow the skilled helper model's three key stages, which can be summarized as: exploration (Stage 1), exploring the client's existing situation; challenging (Stage 2), helping the client establish aims and goals; and action planning (Stage 3), action. Under half of those interviewed (39.13%) reported that they'd decided to use appropriate skills according to which stage they are in during a counseling session. A minority of counselor trainees (8.70%) stated that they'd learned how to implement problem-solving steps in counseling practice after the seminar, and that's why those participants trusted themselves to use problem-solving steps while providing mental health services. One individual (4.35%) commented on mistakes made by counselor trainees.

Table 7 presents the frequency and percentage of responses from counselor trainees who were asked, "In terms of the Individual Counseling Practicum class, how do you relate the individual counseling sessions to the FSSM?"

Table 7
How Counselor Trainees Related the Individual Counseling Session to the Skilled Helper Model

Types	Example sentence	<i>f</i>	%
Difficulties in following stages	During the counseling process, I was not able to use the steps regularly and I experienced confusion. When I thought I had to go through the Action Stage, my client and I started talking about the problem again.	4	33.33
Difficulties in using appropriate skills	I realized that I was neither able to use variant counseling skills nor appropriate counseling skills according to the stages of the counseling process.	4	33.33
Difficulties in focusing on client	I also understood that I paid too much attention to what the client said, rather than the client's nonverbal messages, including gestures, mimics, tone of voice.	2	16.67
Difficulties in completing Stages II and III	If I examine what we were taught, I notice that I was stuck in Stage II. No matter how I tried, I wasn't able to reach Stage III, the action stage.	2	16.67
Total		12	100.00

Table 7 demonstrates that counselor trainees (33.33%) had the most difficulty using appropriate skills in their individual counseling practices and believed that they would have less difficulty with this issue after the seminar. Secondly, counselor trainees (33.33%) expressed having difficulty following the stages of the skilled helper model. Counselor trainees stated many difficulties in focusing on the client's verbal and nonverbal behaviors (16.67%), while 16.67% of who were interviewed reported having difficulty completing Stages II and III.

Table 8 shows the frequency and percentage of responses from counselor trainees who were asked "What do you think about the Individual Counseling Practicum class under supervision?"

Table 8
Counselor Trainees' Views on Supervision

Views	Example sentence	<i>f</i>	%
Gaining experience	Participating in the supervision sessions exposed me to a variety of cases.	14	31.11
Having greater feelings of self-efficacy	I felt more advanced by the last counseling sessions.	12	26.67
Awareness of mistakes	I noticed that I had made mistakes throughout the counseling session because the client I work with was my first	3	6.67
Learning to use appropriate counseling skills at the right time	I understand when appropriate counseling skills need to be used.	3	6.67
Feeling inadequate	I made so many mistakes in the first counseling sessions that I felt very inadequate.	2	4.44
To recognize of therapeutic process ⁷	I learned which steps to follow in the counseling process.	2	4.44
To comprehend the role of counselor in counseling sessions	I now comprehend what a counselor should do in individual counseling sessions.	2	4.44
Development a strong sense of empathy	I notice that I'd gained knowledge of how to use empathy in the context of varying viewpoints	2	4.44
To understand the importance of professional development	I understand that the difficulties in creating therapeutic conditions and using counseling skills are still ongoing, and personal effort is needed to handle these difficulties.	2	4.44
To believe to create therapeutic conditions	I believe I'll be able to provide better mental health services through the counseling sessions.	1	2.22
To notice the necessity of theory in order to practice	I noticed that the theoretical knowledge we learned through undergraduate education is necessary, and that's why I used these counseling skills in counseling practice.	1	2.22
Working in the here-and-now	I notice more easily the issues between the client and me. I learned to use it in order to use proper counseling skills.	1	2.22
Total		45	100.00

Table 8 shows that counselor trainees stated that they'd learned to build rapport with clients from diverse backgrounds and gained more experience after attending the Individual Counseling Practicum class (31.11%). Counselor trainees who took the lessons expressed that they felt more competent by the last few counseling sessions (26.67%).

Discussion

This research study is aimed at improving the quality of mental health services, which have become increasingly important in educational, clinical, counseling, industrial, and community service settings. In order to increase the effectiveness, quality, and sustainability of mental health services, a supervision model that serves a vital role in counselor education has been developed and introduced to researchers, academicians, and counselor educators in this study. This model was developed based on both Egan's (1975) skilled helper model and the principles and techniques of counseling (Carkhuff, 2000; Cormier & Hackney, 2008; Egan, 1975; Ivey et al., 2010), as well as existing theoretical and empirical knowledge (Carkhuff, 2000; Cormier & Hackney, 2008; Egan, 1975; Ivey et al., 2010) in counseling psychology. In line with the overall quantitative and qualitative findings related to the effectiveness of the FSSM, one can say that the supervision model effectively impacts counselor's competences. In this section, the significance of the findings are interpreted and described in light of what is already known about the supervision model; potentially important limitations of the study are then discussed, and suggestions are finally made based on the findings.

Generally, the literature classifies several types of supervision models (Carroll & Holloway, 1999; Luke & Bernard, 2006; Morgan & Sprenkle, 2007; Wood & Dixon Rayle, 2006) in the current literature on supervision. The supervision models mentioned above focus on how counselor trainees create the necessary therapeutic conditions and apply basic therapeutic skills in counseling settings. Aside from what the model developed in this study shares with other supervision models, it differs from them through its focus on counselor trainees' managing skills, such as managing the client and themselves as counselors, as well as managing the therapeutic relationship.

The FSSM has both differences and similarities with the existing supervision models in the supervision literature. For example, the main points of the readiness and informing stages from the FSSM resemble important factors from the development model, counselor skills and case conceptualization (Holloway, 1995). Additionally, other elements including professional role and emotional awareness from the development model overlap the improvement stage of the FSSM. From the discrimination model (Bernard, 1979), we attempt to improve the counseling skills and techniques that help a counselor manage the therapeutic process in the informing and improvement stages of the FSSM.

In accordance with researchers' findings on the role of supervision in counselor education in Turkey (Hamamcı et al., 2004; Özyürek, 2009; Uslu & Arı, 2005), the theoretical, conceptual, and empirical studies that aim to examine the role of supervision in counselor education are limited. The current research is therefore intended to contribute to the Turkish literatures on supervision's role in counselor

education. Additionally, this study seeks to fill existing gaps in the international literature on supervision by developing a new supervision model.

Quantitative Findings: Counselor Trainees' Mistakes (Ineffective Counseling Skills, Lack of Necessary Counseling Skills) during Counseling Sessions

We've benefitted primarily from the previous knowledge and evidence-based interpretations of findings in the literature concerning supervision in order to specify the dimensions of the mistakes made by counselor trainees during counseling sessions. Many scientific comment or theories exist in the literature (Carkhuff, 2000; Cormier & Hackney, 2003, Egan, 1975; Voltan-Acar, 2003) that provide highly divergent explanations of the underlying point, that a counselor uses therapeutic skills and creates therapeutic conditions in the right place at the right time through counseling sessions. That's why four counseling areas were proposed based on scientific explanations in order to determine the readiness level of counselor trainees' counseling skills. These counseling areas are structuring, therapeutic skills, managing the therapeutic process, and therapeutic conditions. Previous authors' observations, research findings, and interviews with counselor trainees led us to determine these four counseling areas: structuring, therapeutic skills, managing the therapeutic process, and therapeutic conditions. These were determined by taking the above-mentioned scientific explanations into consideration. This study proposes managing the therapeutic process, the fourth counseling area of the supervision model, for the first time in the literature in Turkey. When examining mistakes made by counselor trainees during counseling sessions, one must note the importance of mistakes made in this area of counseling occur more than in other counseling areas in the FSSM. As such, this dimension should be part of compulsory and elective courses, such as counseling principles and techniques aimed at improving counselor competences.

The findings of this study indicate that nearly two-thirds of mistakes made by counselor trainees in the first five individual counseling sessions were closely related to managing the therapeutic process. The most striking result to emerge from the data is that managing the therapeutic process is as important as using therapeutic skills and conditions. In other words, effective counselors' characteristics cover the ability to manage the client, themselves, and the therapeutic relationship. This confirms previous findings in the literature in Turkey and also adds to the growing body of literature on the role of supervision in counselor education. To emphasize the significance of skills in managing the therapeutic process one more time, we draw attention to the role of these skills in counselor education.

The findings from this study show that counselor trainees have difficulties showing the ability to use counseling skills and following the FSSM's stages. The other obvious finding to emerge from this study is that counselor trainees made mistakes

while summarizing, reflecting feelings, reflecting meaning, and questioning during counseling sessions. Counselor trainees were also found to have difficulty developing an empathetic connection with the client. The findings observed in this study mirror previous scientific explanations that have explained in detail the reasons counselor trainees make mistakes. First, effective counseling includes gaining knowledge, bridging theory to practice, and implementing theory and practice in counseling settings. Counselor trainee participants in the current study haven't yet become familiar with the counseling process. The mistakes they made can be attributed to their limited experiences with the counseling practice. The skilled helper model is a 3-stage model (Egan, 2010). In its first stage, basic counseling skills are used in the first few counseling sessions. In subsequent stages, counselors are expected to use more advanced counseling skills. In this study, one possible explanation for counselor trainees' mistakes might be that they hadn't known how to incorporate theory and practice because their mistakes diminished over time. So, one can conclude that supervision sessions might be effective at teaching counselor trainees how to counsel.

Aside from all these comments, counselor trainees' mistakes, as well as the knowledge gained from the literature (Hill, 2004; Hill & O'Brien, 1999), point out that common counseling mistakes involving counselor trainees' private counseling practice should be corrected using supervision sessions. For this reason, a continuum approach was adopted in the current study, and the informing and improvement stages were added to the FSSM. Thus, we tried to minimize counselor trainees' mistakes using the informing and improvement stages. This also indicates accord and similarities with the literature (Hill & O'Brien, 1999). For instance, the helping skills model involves the three stages of exploration, insight, and action; this model aims to assist counselors in improving a range of personal and professional areas. Although the helping skills model (Hill & O'Brien, 1999) is not a supervision model, the aim of the FSSM overlaps the aim of the helping skills model. These findings can help one gain a deeper understanding of contributing to efforts to improve counselor competences under supervision based on a supervision model with stages.

The single most remarkable observation to emerge from data comparison was the number of counselor trainees' mistakes in the first five individual counseling sessions. When these mistakes are compared with those in the last five individual counseling sessions, counselor trainees apparently made more mistakes in the first five sessions. A possible explanation for this could be that counselor trainees' awareness levels increased in the informing stage. Another possible explanation could be the last five supervision sessions were conducted based on the FSSM. When assessing these two factors holistically, one can say that counselor trainees are able to follow the stages and use appropriate counseling skills after learning the skills. In summary, mistakes made by counselor trainees speculatively diminished because counselor trainees had

learned to follow the FSSM's stages and their self-awareness levels had also increased. However, because there was no control group or experimental group with which to test a different model, no comparison was made of counselor trainees' scores who participated in the supervisory sessions. The possible explanation for this reduced number of mistakes could differ from the above-mentioned reasons. It could be the regular and systematic feedback and evaluations provided by the supervisors. Hill and Lent (2006) maintain that regular feedback from supervisors allows counselor trainees to form an opinion about which kinds of strengths and deficits they have. Hill and Lent (2006) critiqued the study conducted by Hill and Kellems (2002), claiming similar limitations as our study: the experimental group is not compared with a different program, even if the counseling skills training program is found to be effective. For this reason, we recommend that future research be undertaken in the following area: developing a new supervision model and comparing it with the FSSM developed here.

Quantitative Findings: Pretest and Posttest Scores for Counselor Trainees' Competency Levels

Research findings indicate a significant difference between the pretest and posttest scores for counseling trainees' competency levels ($z = -3.62^*$; $p < .05$). Turning now to the experimental evidence on the supervision model's effectiveness, the supervision model can be said to have had an influence on increasing the visibility of counseling competences in structuring, using therapeutic skills, managing the therapeutic process, and creating therapeutic conditions. This finding corroborates the ideas of Aladağ (2013), who suggested the limited nature of the counseling-skills training program, which is part of undergraduate education in Turkey. Thus this finding has important implications for developing comprehensive supervision models to be used by counselor educators for educating counselor trainees. Including supervision models with standard and functional supervision stages for counselor trainees is important in order to provide a decent education and increase the quality of mental health services and counselor competences. This study provides encouragement for a new way of developing supervision models. Therefore, this study can be stated to contribute greatly to the literature by guiding counselor trainees who participate in supervision sessions, as well as the supervisors conducting them.

There are several possible explanations for this significant difference. After examining the programs (Carkhuff, 2000; Hill & Kellems, 2002; Kagan, 1984) used in counselor education, these programs, whose effectiveness were evaluated, can't be said to have been developed based on a specific theory or on aiming to teach basic counseling skills to counselor trainees. The skilled helper model is similar to the above-mentioned counseling-skills training programs. A possible explanation for

this significant difference may be the similarities that the skilled helper model has with other counseling-skills training programs. Future studies on the current topic are therefore recommended to use experimental research designs.

Finally, a number of important limitations need to be considered. First, the lack of a control group in the quantitative part of the current study, and therefore no comparison of pretest/posttest scores for counselor trainee participants in the supervisory sessions with a control group's, can be regarded as a limitation. This is an important issue for future research. As such, the pretest/posttest control-group design should be preferred as a research design for future studies. The second limitation of the current study is that one of the authors instructs the Individual Counseling Practicum course, while the other author is a research assistant working in the same department that provides this course. When interviews with counselor trainees were evaluated within this limitation, their views on the supervision model may have been influenced by the role of the authors in class. Further study with more focus on the role of researcher rather than author is therefore suggested. Thirdly, the fact that counselor trainees weren't chosen using the random assignment method may have affected the research findings. [Hill and Lent \(2006\)](#) claim that motivation levels of counselor trainees may affect the findings in studies where the trainees participate in the group they want to. For this reason, future studies might be carried out after organizing groups according to counselor trainees' motivation levels. Lastly, the current study has been conducted with a third reviewer in order to evaluate reviewers' inter-rater reliability. However, this becomes a liability in the study because of the limited number of supervisors working in public universities and supervisors' heavy workloads. On this point, the effectiveness of the supervision model developed in this study can be re-examined with more powerful measures.

Qualitative Findings: Counselor Trainees' Views of the Supervision Model

The informing stage was carried out in order to improve counselor trainees' competences, just like the other stages of the FSSM. The result of this investigation shows that counselor trainees were able to recall therapeutic skills, therapeutic conditions, problem-solving skills, and the therapeutic process during and after the seminar given in the informing stage. The findings from this study make several contributions to the current literature. First, this finding also shows that the skilled helper model ([Egan, 1975](#)) is a comprehensive model as it includes the stages of therapeutic process, therapeutic skills to be used, and conditions to be created in its stages. Additionally, the study extends the knowledge of counselor trainees' thoughts through supervision sessions. That the counselor trainees who participated in the current study thought over the mistakes they made in their counseling practice and they designed plans is important to note. Perhaps counselor trainees who

analyzing the current status of key aspects of their counseling competences or who have concerns about a counseling competence are indicators that counselor trainees haven't developed and don't have confidence in their abilities to complete tasks or reach a counseling-related goal. As [Rønnestad and Skovhold \(2003\)](#) put forth, counselor trainees need to follow a certain number of steps in the process of learning how to effectively perform counseling sessions and provide effective mental health services by implementing theory and practice. In the process towards becoming an effective counselor, these steps are reason enough to be concerned and anxious for counselor trainees. In line with this explanation and previous research findings, the improvement stage was added to the FSSM. Adding this stage provides counselor trainees in the improvement stage with the opportunity to implement and practice what they've learned throughout the first five supervision sessions and the seminar in Informing Stage.

The majority of counselor trainees stated realizing something very important for being an effective counselor in practice during the seminar in the informing stage. The important point they realized is that the therapeutic process is something constructed by the client and counselor. When the participants were questioned about the supervision model, the majority commented that they would follow the stages from the skilled helper model and use appropriate counseling skills according to the stages in this model while providing mental health services. This means the supervision model developed in this study could help counselor trainees' professional development. [Hill and Lent \(2006\)](#) claim this point is missing from many counseling-skills training programs. According to them, counselor trainees' awareness on this point should be raised while teaching counseling skills to counselor trainees. As such, one can say that the supervision model introduced here helps create counselor trainees' awareness.

Another important finding was that the seminar given in the informing stage is a beneficial part of the supervision model that develops counselor trainees' expertise at individual counseling. The most important benefit for counselor trainees is the realization that the counseling process progresses gradually. Moreover, they added having difficulties in the subsequent stages of this process. The learning outcome expressed by participants resembles those described by [Egan \(1975\)](#) in his three-stage model where each stage consists of specific skills that need to be used in later stages. Thus, the content of the skilled helper model and the current study's research findings emphasize the need for an informing stage in supervision models.

On the question of the four-stage supervision model's effectiveness, we found the model to be perceived as beneficial and helpful for counselor trainees to develop their abilities. After the evaluation stage in the FSSM, respondents were asked to

reveal information about their views on the model's effectiveness. They answered that they had an opportunity to have experience working with clients from diverse backgrounds and felt able to perform individual counseling in practice. Counselor trainees' views on the supervision model can be interpreted as an effective supervision model. Keeping in mind the possible bias in these responses is important. Counselor trainees can state their opinions as they did in this study even if they participate in a different study examining the effectiveness of another supervision model. The positive views toward the supervision model can result from getting regular feedback (Hill & Lent, 2006) or participating in a structured and systematic supervision session (Berg & Stone, 1980). Berg and Stone argue that counselor trainees who participate in structured and systematic supervision session learn more than those who don't. Additionally, counselor trainees who participate in structured supervision sessions think their supervisor supports them while they counsel; that result is the satisfaction of supervision (Berg & Stone, 1980).

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