Supervision of counsellors at internship sites in Uganda

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SUPERVISION OF COUNSELLORS
AT INTERNSHIP SITES IN UGANDA

by

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Acknowledgements

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Dedication

To my Mother the late Annet Namakula and my Father the late Blasio Konde Muwanga Kayongo, my teachers of love, resilience, tenacity, living life purposefully, and unrelentingly pursuing what matters in life.

To my siblings, my grannies Maria Lubaga and Deo Walusimbi, my brothers the late Abraham Mukasa Nnimizabataka Konde and the late Samuel Semaddaali Konde, my maternal uncle the late Perez Lubwama and, lastly, my former line manager and colleague the late Santos Auma-Okumu, thank you for your wise counsel, love, care, belief in my ability to excel and for providing a safe haven for me through the years.

Ethics Statement

The author, whose name appears on the title page of this thesis, has obtained, for the research described in this work, the applicable research approval. The author declares that she has observed the ethical requirements in terms of the University of Pretoria's Code of ethics for researchers and the Policy guidelines for responsible research.

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Jane Namusoke

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Date

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Ethics Clearance Certificate

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This Ethics Clearance Certificate should be read in conjunction with the Integrated Declaration Form (D08) which specifies details regarding:
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- Informed consent/assent,
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Declaration of Authenticity

I, Jane Namusoke (student number 15291937) declare that this thesis titled: **Supervision of counsellors at internship sites in Uganda,** which I hereby submit for the degree Philosophiae Doctor in Learning Support Guidance and Counselling at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution."

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Jane Namusoke

Signed on the _____ day of _____ 2019, Pretoria, South Africa.

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Declaration of Language Editor

Jane Namusoke's doctoral thesis, **Supervision of counsellors at internship sites in Uganda,** was language-edited by me between February 2018 and April 2019. It is, of course, the prerogative of the writer to accept or reject my suggested changes. **I did not have sight of the final version of the thesis in its entirety and therefore cannot say whether new (unedited) text was added or whether/how Ms. Namusoke responded to my changes/ queries/comments.**

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Abstract

Few research studies have been conducted on the counselling profession in Uganda. More specifically, no studies thus far have reported on how supervision of intern counsellors is carried out at internship sites in Uganda. There is thus limited research-based information on the quality of site supervision that intern counsellors in Uganda receive. Research has shown that counsellor supervision is pivotal in ensuring that interns acquire functional competencies and that they are prepared for the profession. This instrumental case study thus set out to determine how the supervision of intern counsellors was done at four purposely selected internship sites in Uganda. Building on existing supervision models, the study was guided by the contextual-functional meta-framework (CFM) for counselling supervision, which is a generic and practical supervision framework. Data were generated from the site supervisors' and supervisees' individual semi-structured interviews and documents used in the supervision process. The data were analysed following an inductive thematic approach. The major findings of the study indicated that lack of academic leadership from the education institutions responsible for the training of the interns in the study resulted in inadequate partnerships with the internship sites. This, in turn, resulted in some of the interns accepting placements at sites where there was insufficient infrastructure in terms of qualified supervisors, proper counselling facilities, and access to clients. Furthermore, the site supervisors did not consciously use any theories of client change and self-change during their supervision. Some of the interns were exposed to unethical practices, and their professional development suffered owing to this inadequate supervision. Similarly, the site supervisors reported that they were overburdened by having to take full responsibility for the interns' training. This was because the university supervisors — who were tasked by their education institutions to perform clinical supervision — did not deliver on their mandate. Despite these challenges, the study findings indicated that the site supervisors endeavoured to create culturally infused and friendly relationships with their interns and supported those interns who experienced difficulty working with clients with values different from theirs. The site supervisors also inducted the interns into the various organisations, allocating tasks to them, creating learning opportunities for them, and giving them performance feedback. Against this background, it is recommended that education institutions provide academic leadership to guide the workplace learning experiences of interns. Further research is also needed to better understand the current status of workplace learning at higher education institutions in Uganda.

KEY WORDS: administration of internship, intern counsellors, site supervisors, supervisor training, Uganda

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Chapter One
Overview of the Study

1.1   INTRODUCTION

This instrumental case study sought to provide an in-depth understanding of how intern counsellors are supervised at four purposively selected internship sites in Uganda. This was done by interviewing site supervisors and intern counsellors at the four sites. Internship training of counsellors in Uganda forms part of the academic programme for counsellors, and it takes place in a variety of contexts including hospitals, correctional centres, non-government organisations that support victims of torture and people living with the human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS), and schools. The undergraduate counselling degree in Uganda is three years and the interns are expected to do practicum during the May-July recess for a minimum of 12 weeks. In the following section, I frame the research by positioning it within global advances, and I also foreground the unique challenges of the counselling profession in Uganda.

1.2   FRAMING OF THE RESEARCH PROBLEM

Supervised clinical practice during counselling internships is a training requirement in counselling programmes, which are regulated by professional bodies in most countries (Corey, Haynes, Moulton & Muratori, 2010; Watkins, 2017). University supervisors and supervisors at internship sites usually share the training of interns in the counselling profession at the internship sites (Campbell, 2006). Site supervisors assume various roles in their endeavours to ensure high quality training as they impart their professional knowledge and skills to interns (Bernard & Goodyear, 2014; Milne & Watkins, 2014). These roles include mentoring interns, monitoring the services they provide to the public, and ensuring that unworthy candidates do not qualify as counsellors (Bernard & Goodyear, 2014).

As part of their training responsibility, intern supervisors are required to identify interns' personal and professional development needs and adopt supervision strategies to address these needs (Inman et al., 2014; Stoltenberg & McNeill, 2011; Timm, 2015; Wheeler & Richards, 2007). Supervisors are required to have undergone comprehensive training in their profession as well as in clinical supervision to facilitate the transfer of knowledge and skills to interns (Borders, 2014; Borders et al., 2014). Such training in clinical supervision and related psychotherapeutic work enables supervisors to impart the norms and ethos of the profession effectively (Bernard & Goodyear, 2014).

Most of the research on intern counsellor supervision has been conducted in Australia, Europe, and North America (Borders et al., 2014; Bordin, 1983; DeKruyf & Pehrsson, 2011; Falender

& Shafranske, 2012; Falender, Shafranske & Ofek, 2014; Johnson & Stewart, 2000; O'Donovan, Halford & Walters, 2011; Watkins, 2012, 2014b, 2015). The major focus in this research has been on the formulation of supervision guidelines and best practice in clinical supervision with the emphasis on the supervisory working alliance, supervisor training, supervisor self-efficacy, interns' supervision experiences, and supervisor and intern development.

Studies on the importance of competent and evidence-based supervision have also been done (Falender, 2014; Falender & Shafranske, 2007, 2012, 2017; Falender et al., 2014; Milne & Dunkerley, 2010; Milne & Reiser, 2012; Milne, Sheikh, Pattison & Wilkinson, 2011; Watkins, 2012). Other studies have concentrated on the identification of common factors in supervision based on existing clinical supervision models (Barth et al., 2011; Crunk & Barden, 2017; Morgan & Sprenkle, 2007; Watkins, 2017).

In the developing countries in Africa, research on clinical supervision is slowly emerging with several studies emanating from South Africa (Nel & Fouche, 2017; Cooper & Moodley, 2013; Watkins & Milne, 2014). For example, Cooper and Moodley's (2013) study on the training of psychologists summarises the guidelines laid down by the Health Professions Council of South Africa (HPCSA) to foster quality professional training. These guidelines include the need to stipulate the qualifications a supervisor should possess to train intern psychologists successfully.

In the South African context, Bantjes, Kagee, and Young (2016) and Cooper and Moodley (2013) state that clinical supervision is a statutory requirement overseen by the HPCSA. These authors also indicate the criteria for competent supervision and specify the qualifications supervisors should have. The value of supervision is underscored by Nel and Fouche (2017) who found that the supervisees in their research regarded the supervisory relationship and emotional support from supervisors as crucial for their personal and professional development.

In other African countries such as Egypt, Kenya, francophone West Africa, and Zimbabwe, researchers have reported on the current status of the counselling profession in their respective countries (Amer, 2013; Kiarie, 2016; Kpanake & Ndoye, 2013; Richards, 2000). These authors have highlighted the fundamental role of supervision in the training of counsellors and have, at the same time, raised awareness about the effects of inadequate supervision (Amer, 2013; Kpanake & Ndoye, 2013). Amer (2013) and Kpanake and Ndoye (2013) attribute inadequate supervision to the absence of nationally recognised regulatory structures in the different countries. A study done in Zimbabwe found that counsellor supervision was Eurocentric in nature and that the supervision practices during training were often not culturally appropriate (Richards, 2000). On a more positive note, a Kenyan study revealed that supervisees perceived clinical supervision as helpful in managing burnout and enhancing professional growth (Kiarie, 2016).

While an increasing number of empirical studies are appearing on ethical and effective clinical supervision practices, other studies are reporting on inadequate and harmful supervision practices (Ellis, 2017b; Ellis et al., 2014; Magnuson, Wilcoxon & Norem, 2000). Inadequate supervision includes judgemental feedback, failure to validate the strengths of supervisees, failure to recognise the changing needs of supervisees, and inadequate preparation for supervision sessions (Ladany, 2014; Ladany, Mori & Mehr, 2013). Such inadequate supervision can compromise the hands-on training of interns thereby affecting the quality of care they provide to clients (Magnuson et al., 2000). In the long term, inadequate supervision may inhibit supervisees' counselling competency development (Magnuson et al., 2000).

Closely related to inadequate supervision is harmful supervision (Ellis, Siembor, Swords, Morere & Blanco, 2008). Harmful supervision has been defined as supervision practices that result in psychological, emotional or physical harm to supervisees (Ammirati & Kaslow, 2017; Ellis et al., 2014; Magnuson et al., 2000). Harmful supervision practices as described in the abovementioned studies include sexual impropriety between supervisors and supervisees, violation of supervisees' personal or professional boundaries, and critical and vindictive behaviour towards supervisees (Ellis et al., 2014; Ladany et al., 2013; Magnuson et al., 2000). Harmful supervision can undermine supervisees' professional functioning as well as their clients' wellbeing. In countries such as the United States of America (USA), Australia, and the United Kingdom (UK), supervision guidelines have been laid down by professional regulatory bodies to mitigate the occurrence of inadequate and harmful supervision (American Psychological Association, 2015; Borders et al., 2014).

These professional regulatory bodies have also instituted measures to promote ethical supervision practice and to reduce harmful and/or inadequate supervision (Borders et al., 2014; O'Donovan et al., 2011). The measures include ongoing training for clinical supervisors and supervision of supervisors. In extreme situations, the regulatory bodies may withdraw accreditation or practising licences from counselling training programmes and/or the supervisors involved (American Psychological Association, 2015). These interventions have been adopted to ensure the maintenance of the integrity of the profession and the achievement of the goals of clinical supervision as a fundamental form of instruction in the training of counsellors (Borders et al., 2014).

Developing countries such as Egypt, Uganda, and Francophone West Africa (FWA), however, do not have functional professional regulatory bodies (Amer, 2013; Kpanake & Ndoye, 2013; Senyonyi, Ochieng & Sells, 2012). The absence of such bodies can compromise the quality of intern counsellor training resulting in incidences of inadequate and/or harmful supervision (Kpanake & Ndoye, 2013). Stupart, Rehfuss, and Parks-Savage (2010) have accordingly called for research on clinical supervision at counselling internship sites in developing countries in order to inform the administrators of counsellor training programmes about the adequacy of the clinical supervision interns receive.

In Uganda, the counselling profession is just emerging, and guidelines and statements regarding clinical supervision have therefore not yet been developed and formalised (Senyonyi et al., 2012). The Uganda Counselling Association (UCA)—the umbrella organisation for professional counsellor—was established only in 2002 and has yet to obtain a legal mandate to oversee the profession (Senyonyi et al., 2012). The UCA can consequently not officially regulate counsellor supervision and practice standards. Because registration with the UCA is voluntary at this stage (Senyonyi et al., 2012), the UCA receives only minimal recognition and support from universities that train counsellors because they are not legally obliged to comply with any professional requirements stipulated by UCA (Senyonyi et al., 2012). This situation is limiting the growth of the counselling profession in Uganda (Senyonyi & Ochieng, 2013).

Currently, from the mid-1990s when professional counsellor education at university level commenced in Uganda until now, three studies (that I am aware of) featuring clinical supervision for interns in Uganda were published. Two were position papers on raising awareness of the history and status of the counselling profession in Uganda. In these two papers, Nsereko (2017b) and Senyonyi et al. (2012) discuss clinical supervision and call for major practice improvements as well as further research.

The third study was a qualitative study by Hall, Kasujja, and Oakes (2015). In this study, 12 interns from a clinical psychology programme were interviewed as part of a focus group discussion on their clinical supervision experiences at a psychiatric hospital in Kampala. Hall et al. (2015) found that through supervision the interns were able to discuss their emotions during the training and how they dealt with them. The interns stated also that through supervision, and more specifically through observing their supervisors, they learnt a great deal on how to be competent clinical psychologists in the Ugandan context. The interns expressed a need for more meetings with their supervisors to equip them with the skills they needed to function efficiently in the psychiatric hospital. The above research thus offers an overview of the state of clinical supervision at this hospital, with the empirical data relating exclusively to the experiences of the clinical psychology interns.

Although Hall et al. (2015) provide insight into the supervision experience of intern clinical psychologists, the findings do not shed light on how intern counsellors are supervised in Uganda. There is therefore a pressing need to investigate the supervision of intern counsellors at diverse sites to get a clear picture of how they are supported to acquire the values, attitudes and norms of the counselling profession. Scholars such as Falender and Shafranske (2004) argue that in order to be able to understand the actual practice of supervision, research needs to be conducted in real-world settings focusing on supervision as it occurs every day.

1.3   PERSONAL RATIONALE FOR THE STUDY

My interest in this study started when I was a trainee counsellor between 2003 and 2005. The counselling programme I was enrolled on at the time determined that a university supervisor had to provide clinical supervision while a site supervisor had to provide administrative supervision. A university supervisor was a qualified professional counsellor while a site supervisor did not require this qualification. During my internship, I met the university supervisor once a week for individual supervision and presented my cases for discussion in a group supervision session while the site supervisor allocated me a caseload and ensured that I delivered the counselling services according to the organisation's regulations. The site supervisor sat in on my counselling sessions on an ad hoc basis.

The supervision sessions with my university supervisor were based on the self-reports I handed her every week. It was therefore impossible for me to get immediate help from her when I encountered problems in my counselling sessions with clients because she was not at the site. I therefore believed that the supervision I was receiving was not adequate and that it was essential for my university supervisor to make time to attend my sessions with clients and give me feedback on my clinical practice. Furthermore, there appeared to be no formal connection between the learning outcomes at the university and those at the internship sites where I was placed. The validity of my self-reports was thus not checked by the site supervisor, the university supervisor, or the counselling programme coordinator.

I have also been a university supervisor since 2010, and, in this capacity, I have had to oversee the activities of interns placed under my supervision. I had to mentor 10-15 interns every academic year at different internship sites in several parts of the country. At the end of the internship evaluation and debriefing meetings, the interns often commented that their site supervisors were more helpful than some of the university supervisors in aspects of role modelling and teaching them how to deal with issues in sessions with clients. I decided to engage with my colleagues (university supervisors) and discovered that most of them supervised interns at sites scattered across the country and that they could not be at every internship site as and when needed by interns under our supervision. Like our own experiences as interns, the interns under our supervision too relied more on their site supervisors at the most critical times when they needed co-therapy or other immediate interventions during and after counselling sessions.

Later, as a university supervisor in Uganda, I identified the following issues as contributing to the slow growth of effective clinical supervision practice at internship sites in Uganda. During a personal conversation with the counselling programme coordinator at my university, I learnt that due to limited funds the university could not adequately fund university supervisors' movements to oversee interns' clinical practice in different parts of the country. Furthermore, our counselling programme did not formally connect with internship sites regarding site

supervision of interns. This was because the administrators of the counselling programme anticipated that if they formally asked the site supervisors to oversee their interns' clinical work, there would be financial implications, which would include remunerating the site supervisors for the supervision services they rendered and funding their in-service supervision training.

The role of the site supervisor was restricted to administration, which included ensuring that the interns adhered to the organisation's service provision mission. This role raised many questions in my mind such as how internship site supervisors could conduct supervision satisfactorily without having a professional counselling background and no formal training in supervising intern counsellors.

1.4   PROBLEM STATEMENT

As mentioned earlier, few research studies have been done on the counselling profession in Uganda in general. More specifically, no studies thus far have reported on how the supervision of intern counsellors is carried out at internship sites. There is therefore limited research-based information to assist us in understanding the quality of site supervision received by intern counsellors in Uganda. Exploration of how the site supervisors supervised the intern counsellors at the selected internship sites was therefore crucial. This instrumental case study was undertaken to provide in-depth insight into how supervision is conducted at four purposively selected counselling internship sites in Uganda.

1.5   PURPOSE STATEMENT

The purpose of this instrumental case study was to better understand how the site supervisors of interns is conducted at internship sites in Uganda. Supervision refers to the process in which a senior practitioner in the profession mentors, guides and supports a junior practitioner with an aim of facilitating a junior practitioner's professional development and ultimately clinical effectiveness (Bernard & Goodyear, 2014; Chang, 2013).

1.6   RESEARCH QUESTIONS

This study was guided by the following research questions.

1.6.1   PRIMARY RESEARCH QUESTION

- How are intern counsellors supervised at the four purposively selected internship sites in Uganda?

1.6.2 SECONDARY RESEARCH QUESTIONS

The following subquestions were asked in respect of the primary research question.

- What role do the educational institutions, internship organisations, professional regulatory and accreditation bodies play in the supervision of intern counsellors?

- What is the nature of the supervisory relationship between site supervisors and intern counsellors?

- What supervisory functions do site supervisors carry out in order to achieve the broad goals of supervision?

- How do site supervisors and interns use supervision models and/or theories of client change in supervision?

1.7 SIGNIFICANCE OF THE STUDY

Ugandans face various life challenges and psychosocial problems that can be effectively mitigated through interventions by competent professional counsellors (Senyonyi et al., 2012). Such life challenges include trauma, career indecision, school-based problems (bullying, strikes), teenage pregnancies, rape, child abuse, work and marital stress, domestic violence, and psychosocial problems associated with HIV/AIDS and other life-threatening illnesses (Hall et al., 2015; Senyonyi & Ochieng, 2013). These daily challenges experienced by Ugandans place the counselling profession at the forefront of care (Senyonyi et al., 2012), and, consequently, counsellors in both training and practice require adequate training and appropriate supervision of their clinical work. As stated earlier, clinical supervision of counsellors in Uganda is rudimentary—many clinical supervision practices need to be researched and clarified before they can be adopted in counsellor training programmes.

This investigation was an initial step towards understanding and explaining how intern counsellors are supervised at the four purposively selected internship sites in Uganda. The findings of the study reveal the strengths as well as the weaknesses of the supervision practices at these sites and provide useful information on practices that can be continued with and practices that need modifying. Firstly, the findings of this study foreground the significance of the various role entities such as educational institutions, internship supervisors as well as organisations where internships are conducted.

The findings can also help raise awareness about the challenges supervisors and counselling interns encounter at the selected counselling internship sites. More specifically, they can increase awareness about the training needs of the site supervisors and the importance of harmonising the counsellor training programmes at the different sites. The findings can

furthermore be used to enhance future clinical supervision practices such as providing support to interns experiencing personal problems, establishing a flexible supervisory working alliance, and creating learning opportunities for interns at the selected sites. The ultimate aim is to ensure that competently trained counsellors provide quality mental health services to vulnerable people in Uganda.

This study had significance for me as it helped answer the overarching, twofold research question—a question that I, as a counsellor and supervisor, had been grappling with for a long time, namely, what is the nature of the supervision provided by site supervisors to counselling interns?

1.8   OVERVIEW OF RESEARCH METHODOLOGY

In this section, I summarise the research methodology adopted for the study, which is discussed in more detail in chapter three. The study was driven by the research question: *How are intern counsellors supervised at the four purposively selected internship sites?* I situated the study in an interpretive paradigm in order to better understand the real-world experiences of the site supervisors and intern counsellors at the selected sites. I followed a qualitative research approach and adopted an instrumental case study design to gain a thick description of how the site supervisors supervised the intern counsellors at the sites (Cohen, Manion & Morrison, 2011). I purposefully selected four sites and chose participants who could provide the data needed to answer the study's research questions (Creswell, 2012, 2014). I used individual semi-structured interviews, the interns' reflective journals, and other available supervision documents as sources of data. Collecting data from multiple sources helped me gain in-depth understanding of the supervision strategies the site supervisors used to facilitate the intern counsellors' personal and professional development.

I collected data from the four research sites within the stipulated time frame for the study, namely May to August 2016. In agreement with Thomas (2006) the data from the audio-recorded individual face-to-face interviews were later transcribed and analysed inductively by condensing the extensive raw data using various methods. The data were organised and coded in a way that facilitated easy identification of categories, patterns, and themes regarding counsellor supervision at the four internship sites (Crowe et al., 2011a). In line with Creswell (2014), I then organised the findings from the data into shorter meaningful sentences under the topics identified from the literature reviewed. To ensure that the study's findings were credible, transferable, dependable, confirmable, and authentic, I used the quality criteria advanced by Lincoln and Guba (1985). A detailed description of the criteria used during the data collection and analysis is provided in chapter three.

The ethical guidelines regarding research with human subjects were followed in the preparation and execution of the study. The guidelines included obtaining ethical clearance

from the University of Pretoria's Ethics Committee and the Uganda National Council for Science and Technology. I also ensured that I obtained informed consent from the participants. Accordingly, the participants who took part in the study did so voluntarily. In addition, the details of the participants and what they discussed during the research process remained anonymous and confidential. Where I quoted the participants' verbatim responses pseudonyms were used.

1.9   CONCEPTUAL FRAMEWORK

In this study, I was guided by the contextual-functional meta-framework (CFM) for counselling supervision as proposed by Chang (2013). I agree with Harling (2012) that the role of theory in qualitative case study research is crucial because of the sense of direction it gives to various aspects of the research. A theory provides the researcher with a starting point and guides him or her in formulating relevant research questions. It also guides the researcher in filtering and analysing data. However, a researcher who uses a meta-framework or theory in qualitative case study research should guard against missing out on useful findings that may emerge from data outside such a framework or theory (Harling, 2012). I therefore pre-coded the data manually based on key words and statements from the participants' transcribed responses before referring to the key concepts of the CFM in the coding and theming process. Details on the data analysis in this study are provided in chapter three.

The CFM is a generic and practical supervision framework for supervisors (Chang, 2013). The development and conceptual background of the CFM was informed by developmental models of supervision, social role models, common factor approaches to supervision, psychotherapy-based models of supervision, and competency profiles in psychology and counselling (Bernard, 1997; Chang, 2013; Holloway, 1995; Morgan & Sprenkle, 2007; Stoltenberg & McNeill, 2011; Watkins, 1995). The CFM acknowledges the importance of contextual and organisational demands where supervision takes place, the working alliance, and the cultural factors in this alliance with respect to supervision. Furthermore, the CFM states that supervisors should carefully match their supervisory functions to the developmental needs of the interns to enhance their own personal and professional development.

The CFM guided me in understanding clinical supervision before going into the field. More specifically, it guided me in drafting semi-structured interview questions as well as probing questions. In the field, the CFM helped me focus on understanding the strategies supervisors adopt to meet the learning needs of the intern counsellors under their supervision in line with the requirements of the counselling programme, the importance of functional professional regulatory bodies, as well as the services provided at a given internship site. Lastly, the CFM was helpful in data analysis, especially during the identification of themes and subthemes. A detailed discussion of the conceptual framework is presented in chapter two.

1.10   CONCEPT CLARIFICATION

The aim of the study was to explore how clinical supervision was conducted at the selected research sites in Uganda from the supervisors and interns' point of view. It is accordingly important to explain the following concepts and how they applied to the research.

1.10.1   SUPERVISION

As stated in section 1.9, the CFM developed by Chang was adopted as the conceptual framework for this study. Chang's definition of supervision is based on several definitions that have been advanced over the past few decades (Bernard & Goodyear, 2009; Holloway, 1995; Milne, 2007). Chang defines supervision as a "sustained, purposeful interaction between a more proficient or senior practitioner and a less proficient or junior practitioner, undertaken to support the clinical and professional development of the latter, and directly and indirectly improve clinical effectiveness" Chang (2013, p. 72). Chang's definition assumes that clinical and administrative supervision cannot be separated, and he describes them as complementary to each other (Chang, 2013).

According to Kreider (2014) administrative supervision is "primarily concerned with the supervisees' functioning as an employee, evaluation of supervisee work practices and the clinical programs of the organisation within which the supervisor and the supervisee operate"(p.258). In other words administrative supervision is centred on the intern's job performance in line with the organisation's goals (Perera-Diltz & Mason, 2012).

Administrative supervision is also an ongoing process in which supervisors allocate tasks to interns, act as points of contact with training institutions, focus on interns' relations with co-workers, keep records and documents, and ensure that interns follow organisations' policies (Black, Bailey & Bergin, 2011; Nelson & Johnson, 1999). Furthermore, administrative supervision requires supervisors to be aware of the obligations they have to third parties, such as statutory bodies, the organisations in which they perform their duties, and the requirements of the education training programme (Chang, 2013).

Clinical supervision focuses on "the supervisees' functioning as a clinician including efficacy with counselling skills, the client-counsellor relationship, ethical issues, and case conceptualisation" (Kreider, 2014, p. 258). During clinical supervision, supervisors review reports, conduct audio/video-recorded counselling sessions, do case presentations, engage in direct observations, do summative evaluations, and promote interns' self-awareness in relation to the counselling profession (Tromski-Klingshirn, 2007; Ward, 2001). Clinical supervision thus aims at helping intern counsellors acquire the professional competence needed to take proper care of their clients (Gaete & Strong, 2017; Rieck, Callahan & Watkins, 2015).

In the past, administrative and, clinical supervision roles were considered complementary, scholars believed the two roles clashed with one another when a supervisor performed the duties associated with both roles (Kreider, 2014). Administrative supervision benefits the organisation rather than the professional development of the intern whereas clinical supervision does the opposite (Perera-Diltz & Mason 2012). In fact, current research indicates that the goals of administrative and clinical supervision are distinct and that supervisors should engage in only one role, not in both (McCarthy, Kulakowski & Kenfield, 1994). This means there are some scholars in the current literature whose view is that the administrative and clinical supervision roles should be fulfilled separately.

In this study, I followed Chang's (2013) definition of supervision as I also believe that the two supervision roles are complementary. However, the background of this study indicates that supervision in some developing countries does not always align with the standards as highlighted by Chang (2013) and other international scholars such as (Borders, 2014; Borders et al., 2014). This is most likely due to the emergent nature of the counselling profession in Uganda. It is nevertheless useful to compare the current supervision practices at the four selected internship sites with international benchmarks.

1.10.2 UGANDA COUNSELLING ASSOCIATION (UCA)

The Uganda Counselling Association (UCA) was established in 2002 and currently is the national umbrella body that brings together all professional counsellors with various levels of qualification as well as all trainee counsellors in Uganda (Senyonyi et al., 2012). The UCA is registered as a non-government organisation but has no legal mandate to regulate counsellor training and practice (Senyonyi et al., 2012). Although the UCA is in the process of seeking the legal mandate to regulate counsellor education and training in Uganda, it has already played a number of key roles. For example, in the absence of a statutory body to set training standards and regulations, the UCA has been instrumental in consolidating counsellor education in institutions of higher education by developing guidelines and procedures for accrediting counsellor training programmes (Senyonyi et al., 2012).

The UCA encourages undergraduate trainees to register with the UCA as counsellors once they successfully complete their training (Uganda Counselling Association, 2009, 2010). Thus, the UCA provides a forum for all professional counsellors in Uganda, promotes ethical practice in counselling, and provides counselling services. Lastly, the UCA has developed and published the counsellors' code of ethics, which is used in training institutions and by students as well as practising counsellors (Uganda Counselling Association, 2009). The UCA has thus helped set counsellor education and training standards, as I explain in more detail in the following section.

1.10.3 COUNSELLOR EDUCATION AND TRAINING IN UGANDA

Counsellor training in Uganda is offered by various institutions of higher learning, government aided as well as privately owned (Senyonyi et al., 2012). These institutions offer programmes ranging from diplomas and bachelor's degrees in guidance and counselling to postgraduate diplomas and master's degrees, which are accredited by the Uganda National Council for Higher Education (UNCHE) (Senyonyi et al., 2012). Counselling education and training in Uganda is currently regulated in terms of the accreditation guidelines issued by the UNCHE to all counsellor training universities (Uganda National Council for Higher Education, 2014). Accreditation accords educational institutions the authority to award professional qualifications in counselling (Uganda National Council for Higher Education, 2014).

Based on the accreditation guidelines provided by the UNCHE, all institutions engaged in counsellor training are required to follow the curriculum developed by the UCA and approved by the UNCHE (Senyonyi et al., 2012). The UCA actively engaged with the UNCHE in developing the current counsellor education curriculum to ensure that all student counsellors are exposed to and expected to complete the same curriculum during training countrywide (Senyonyi et al., 2012). The UCA recognises counselling services provided by individuals with a certificate in counselling, a diploma in counselling, a bachelor's degree in guidance and counselling, a postgraduate diploma in counselling, a master's degree in counselling psychology, and a doctorate in counselling psychology.

The UCA guidelines for certification of individual counsellors delineate three levels of certification, namely para-counsellors, counsellors, and counselling psychologists (Uganda Counselling Association, 2010). Para-counsellors are individuals who have a certificate in counselling and provide basic counselling services. Counsellors are individuals who have completed a diploma, a bachelor's degree, and a postgraduate diploma in counselling. Lastly, counselling psychologists are individuals who have completed a master's degree in counselling and have also the above qualifications (Uganda Counselling Association, 2010). In this study, I focused on the supervision of counsellors in training pursuing a bachelor's degree in guidance and counselling.

The UNCHE and the UCA expect the bachelor of guidance and counselling degree students who were the focus of this study to undergo theoretical training and, later in the programme, put what they have learnt into practice under the supervision of qualified professionals at various internship sites of their choice (Uganda Counselling Association, 2010). Once they have fulfilled the requirements of their respective counsellor training programmes as approved by the UNHCE, they can register with the UCA and practise as counsellors (Uganda Counselling Association, 2009, 2010).

1.10.4 COUNSELLING INTERNSHIP

Internationally, internship refers to an organised, structured, and programmed sequence of supervised training experiences preparing the student for licensure (American Psychological Association, 2015). The APA the organisation for psychologists in the USA expects counsellor education institutions to adhere to set standards during the implementation of the internship such as ensuring that the interns are adequately prepared for practice (American Psychological Association, 2015). The training experiences must be in accordance with the counsellor education programme (American Psychological Association, 2015).

In the bachelor of guidance and counselling degree programmes accredited by the UNCHE, internships are a prerequisite for a bachelor's degree in guidance and counselling (Uganda Counselling Association, 2010; Uganda National Council for Higher Education, 2014). Bachelor of guidance and counselling degree interns are accordingly required to complete an internship comprising 160 hours of supervised activities at their respective internship sites (Uganda Counselling Association, 2010; Uganda National Council for Higher Education, 2014). The counselling internship is a course unit and therefore a requirement for the award of an academic qualification. Education institutions engaged in counsellor training are tasked with preparing interns for practice and with organising, monitoring, and evaluating interns and the whole supervision process (Uganda Counselling Association, 2010; Uganda National Council for Higher Education, 2014).

The internship in this study and its structure as a course unit for successful completion of the bachelor of guidance and counselling can also be termed work integrated learning (WIL) and, more specifically, workplace learning (WPL) (Council on Higher Education, 2011). WIL refers to "an approach to career-focussed education that includes classroom-based and workplace-based forms of learning that are appropriate for the professional qualification" (Council on Higher Education, 2011, p. 4). This form of learning, which is common in professional qualifications, focuses on helping students develop academically, personally, and professionally (Hatcher et al., 2012; Kilminster, Cottrell, Grant & Jolly, 2007).

In Uganda, the terms practicum and internship are used interchangeably in most counsellor training university programmes. In this study, the term counselling internship and WIL were used interchangeably, and they refer to the supervised practical training that the interns at the selected counselling internship sites received as a requirement for obtaining a bachelor's degree in guidance and counselling.

1.10.5 COUNSELLING INTERNSHIP SITES

Corey et al. (2010) describe an internship site as an institution or organisation where interns integrate the theory of their education programme into practice. Counselling internship sites are places of initiation where interns begin assembling key features of what will become their

professional practice world and identity (Campbell, 2006). Internship sites are generally off-campus organisations or facilities where interns are placed for their experiential training (Bernard & Goodyear, 2014; Cooper & Moodley, 2013).

In Uganda, counselling internship sites are located at organisations that allow interns to practise their counselling skills within the specified internship period (Uganda Counselling Association, 2009). Organisations that serve as counselling internship sites include HIV/AIDS clinics, government-aided and private hospitals, community clinics and health centres, schools, university counselling centres, prisons, and police stations in rural as well as urban areas (Senyonyi & Ochieng, 2013). Some internship sites have professional counselling services and systems in place that regulate how services should be provided. Other organisations such as police stations do not have formal professional counselling services, which means interns at those sites must put services in place themselves. In this study, the term counselling internship sites refers to those organisations in which the study was conducted where professional counselling services were part of the formal service delivery plan and those organisations where professional counselling was initiated by the interns.

1.10.6 INTERNS

Bernard and Goodyear (2014) use the term supervisee to refer to all the recipients of clinical supervision. Their definition also includes interns. They further define interns as those supervisees who are still enrolled on a formal university counsellor training programme. The interns who were the focus of this study were first-level counsellors enrolled on the bachelor of guidance and counselling degree programme (Uganda Counselling Association, 2010; Uganda National Council for Higher Education, 2014). This category of students are required to pursue the guidance and counselling bachelor's degree for three years, which includes doing internships/practicums in the second and third academic years of their programme (Uganda National Council for Higher Education, 2014). The students then qualify as counsellors and can provide basic professional counselling services; they also work closely with counselling psychologists (Uganda Counselling Association, 2010). In this study, the term intern was used to refer to students enrolled for the bachelor's degree in guidance and counselling who were doing their internship and receiving supervision at the four purposively selected counselling internship sites.

1.11 ASSUMPTIONS

In Uganda, because internships take place at different sites, I assumed that each context might uniquely influence how site supervision was conducted. Secondly, I assumed that the site supervisors and the interns would be in the best position to relay information on how supervision was conducted at their respective internship sites. Thirdly, I assumed that all the interns were receiving supervision from site supervisors which was the phenomenon under

investigation. Lastly, I assumed that the interns and the supervisors would be genuinely interested in participating in the research and would not have any hidden motives such as expecting to be rewarded for agreeing to take part in the study.

1.12   SCOPE AND DELIMITATIONS OF THE STUDY

The study was delimited to investigating how the supervision of the intern counsellors at the four counselling internship sites in Uganda was conducted by the site supervisors. These sites are situated in the Wakiso and Kampala districts in central Uganda. There are counselling internship sites in other areas in Uganda, but they were excluded from the study because of the abovementioned delimitation. The primary data-gathering method was interviews, and the data were analysed inductively. I also used the interns' reflective journals and other supervision documents as sources of data. Data collection was delimited to these sources and methods.

The participants in the study were the site supervisors and interns who were at the selected organisations from May to August 2016 and who agreed to take part in the study. This selection of participants was geared towards obtaining rich, context-specific descriptions of how clinical supervision was conducted at the selected research sites. A wider scope would have required a lot of additional funding and other materials required for data collection. I adopted a conceptual framework whose key concepts were drawn from the contextual-functional meta-framework (CFM) for counselling supervision (Chang, 2013). The key concepts that underpinned the study related to the administrative context, the working alliance in supervision, supervisory functions, the theory of change, the services offered at a given site, and the interns' personal and professional development needs. The study was thus delimited to the abovementioned sample and methods.

1.13   SUMMARY

This chapter introduced the study and covered the framing of the research problem, the research problem itself, the research questions that guided the investigation, the purpose statement, the significance of the study, the research methodology, the quality criteria, the ethical issues considered, the conceptual framework in which the study was situated, the clarification of concepts, and the scope and delimitations of the study.

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Chapter Two
Literature Review

2.1   INTRODUCTION

In this chapter, I commence with an overview of research on the advancements in and current state of supervision practice globally. I review some of the milestones highlighted in the literature regarding the setting of standards for supervision through development and implementation of clinical supervision guidelines and best practices (Borders, 2014; Watkins, 2014a, 2017, 2018b). I also summarise the latest reports on the supervision of counsellors in Uganda. The description of the status of counsellor supervision in Uganda is followed by a review of the literature on the definition of supervision to show how the definition has evolved. More specifically, I focus on the definition of supervision to facilitate understanding of the critical factors that need to be considered in the supervision process, such as the role of the supervisor and the evaluative nature of the supervisory relationship. Closely linked to the definition of supervision, I discuss the objectives of supervision emanating from the reviewed definitions. The discussion of the objectives of supervision is followed by a review of extant research and related debates on the importance of supervisor competence and training in the counselling profession.

The review of the literature ends with a detailed discussion of the contextual-functional meta-framework (CFM) for counselling supervision, which underpins this study. More specifically, I explain how the CFM as a practical supervision meta-framework helped me understand how supervisors can develop a personalised approach to supervision in various contexts. The CFM covers key concepts such as the administrative context, the working alliance in supervision, supervisory functions, theories of change, and phases of supervisee development, which are also among the key areas focused on by international scholars in their research.

The literature review was a crucial part of the study. First, the review of the literature on counsellor supervision informed my early understanding of best practice in counsellor supervision. Second, it helped me identify the areas of research I wanted to explore further in the Ugandan context where there was no literature. Third, it helped me understand what the acceptable standards internationally were. Fourth, I gained insight into current research trends globally and could identify what was needed to build the knowledge base in Uganda. In other words, reviewing the literature helped me understand the critical areas that needed exploration in Uganda in terms of counsellor supervision at internship sites.

Fifth, the literature review helped me identify a conceptual framework for the study and conduct the data analysis, interpretation, and discussion stages of the research. More specifically, it helped me make sense of what the participants shared with me and how their experiences

resonated with as well as differed from existing findings. Lastly, reviewing the literature on the existing body of knowledge on counsellor training in Uganda indicated the need for this study.

2.2   STATUS OF COUNSELLOR SUPERVISION GLOBALLY

Supervision can be traced back to the work of Sigmund Freud at the beginning of the 20th century (Bernard & Goodyear, 2014). The supervision strategies Freud adopted such as implementing the parallel process and developing a working alliance with trainees are highlighted in the clinical supervision literature (Binder & Strupp, 1997; Driver, 2002a, 2002b; Watkins, 1997). Scholars recount how Freud took time to sit with his students for hours discussing the patients they were seeing, using the master apprenticeship model (Bernard & Goodyear, 2014; Binder & Strupp, 1997; Driver, 2002b). From the 1920s onwards, intern psychoanalysts were advised by their educators, notably Freud, to treat patients under supervision because it was a good way for them to acquire the functional competencies needed to achieve positive patient outcomes (Binder, 1999). This view is supported by Holloway (1995) who maintains that supervision is essential for preparing intern counsellors for the profession.

Although supervision has been used by therapist educators as a training method since the 1920s, little literature is available on the definition and implementation of supervision as a pedagogy (Bernard, 1979). The dearth of literature on what supervision is and how it should be conducted led to the first research endeavours that focused mainly on the supervisory relationship and working alliance and on defining and delineating the roles of supervisors, interns, and other stakeholders (Bordin, 1983; Loganbill, Hardy & Delworth, 1982; Stoltenberg, 1981). The research in the last quarter of the 20th century concentrated on how supervision was conducted and measured (Watkins, 2014a). In the first quarter of the 21st century, it focused on standardising supervision training and practice as a way of promoting competency-based supervision (Falender et al., 2014; Watkins, 2014a). Most of the research on counsellor education and supervision emanates from the USA (Bernard & Goodyear, 2014; Watkins, 2014a).

Several studies have been done on best practice and competence as part of an ongoing drive to advance competence-based supervision (Borders, 2014; Borders et al., 2014; Falender et al., 2014). The promotion of competence-based supervision has been spearheaded by professional regulatory bodies such as the American Psychological Association (APA), the British Association for Counselling and Psychotherapy (BACP), and the Health Professions Council of South Africa (HPCSA) (Borders, 2014; Borders et al., 1991; Cooper & Moodley, 2013; Milne & Watkins, 2014; Watkins, 2014a). The supervision of counsellors in mostly developed countries is based on standards that stipulate optimal competence and performance expectations that have to be met by supervisors (Gonsalvez & Milne, 2010;

Kaslow & Bell, 2008; Milne & Reiser, 2012; Watkins, 2012). In the developing parts of the world, the process of standardising supervision practice is just starting (Watkins, 2014a).

The supervision standards currently available in some countries are in the form of statements and guidelines issued by professional associations and accrediting bodies such as the Council for Accreditation of Counselling and Related Education Programs (CACREP), the Association for Counsellor Education and Supervision (ACES), the British Association for Counselling and Psychotherapy (BACP), the APA, and the HPCSA (American Psychological Association, 2015; Borders et al., 2014; Cooper & Moodley, 2013; Fleming & Steen, 2013). These standards are adhered to by supervisors in countries with regulatory bodies as a benchmark for the provision of quality supervision both at university training clinics as well as field placements (American Psychological Association, 2015; Bernard & Goodyear, 2014; Borders, 2014; Borders et al., 2014).

A lot of research is being done on the training of professional counsellors in countries such as Australia, the UK, and Canada (Carroll, 2009; Carroll, 1994; Chang, 2013; Gonsalvez & McLeod, 2008; Gonsalvez, Oades & Freestone, 2002; Johnson & Stewart, 2000; Milne, 2007; Milne, Aylott, Fitzpatrick & Ellis, 2008; Milne & Dunkerley, 2010). The supervision research in these countries has focused on defining supervision, refining theories and models of supervision, exploring the effectiveness of supervision, supervisor training, competence, and best practices in supervision (Gonsalvez, 2014; Gonsalvez & Calvert, 2014; Gonsalvez & Freestone, 2007; Gonsalvez, Hamid, Savage & Livni, 2017; Gonsalvez & McLeod, 2008; Gonsalvez & Milne, 2010; Milne & Watkins, 2014; Milne et al., 2011). However, in countries in Asia, Africa, and the Caribbean—where counsellor supervision is still in the early stages—little literature is available on the supervision of interns (Amer, 2013; Fang, Chi, Chen, Jiang & Ma, 2014; Stupart et al., 2010; Watkins, 2014a).

In India, South Korea, China, and Jamaica, clinical supervision is just emerging as an area of focus in the training of professional counsellors (Bhola, Raguram, Dugyala & Ravishankar, 2017; Fang et al., 2014; Son, Ellis & Yoo, 2013; Stupart et al., 2010). A study by Fang et al. (2014) in China revealed that most supervisors at the time were not formally trained and that the training that did exist was in the form of short courses, which did not enable supervisors to facilitate the clinical supervision process adequately. Studies on clinical supervision in India and Jamaica also revealed a shortage of trained supervisors (Bhola et al., 2017; Stupart et al., 2010). Furthermore, the supervisors who were supervising interns were often engaged in their own work, which resulted in inadequate supervision of the interns (Bhola et al., 2017; Stupart et al., 2010).

In the northern, western, and eastern parts of Africa, supervision of intern counsellors is also still in its infancy. Amer (2013) found that in Egypt, educational institutions do not have institution-based training clinics with the result that most of the training is theoretical. In

addition, counsellors-in-training are exposed to practical training at internship sites where they generally self-teach, and the few who are fortunate enough to have a supervisor are modelled by the practitioners they find at the sites who also have not received supervision training (Amer, 2013). Amer (2013) found also that Egypt has very few trained supervisors as well as very few formal structures to support effective clinical supervision at internship sites.

In their study on clinical supervision in Francophone West Africa (FWA), Kpanake and Ndoye (2013) found that supervised clinical practice is incorporated in the programme qualification requirements where a counsellor-in-training is expected to complete 800 hours of clinical practice before obtaining a counsellor qualification. Kpanake and Ndoye (2013) add that the quality of clinical supervision in FWA is poor because of the lack of qualified therapists at the training sites with the result that interns struggle to get individual supervision. Furthermore, due to the little research on effective clinical supervision and the few organisations that regulate supervision, many supervisors are not trained and have no guidelines for supervision, which necessarily compromises the supervision criteria and evaluation system in FWA (Kpanake & Ndoye, 2013).

As stated in chapter one, the key studies I have accessed on the clinical supervision of counsellors in Africa indicate that South Africa has supervision systems and standards in place for counsellor training (Cooper & Moodley, 2013; Nel & Fouche, 2017). Supervision in South Africa is regulated with clear guidelines regarding the roles and functions of supervisors, interns, and education institutions (Cooper & Moodley, 2013). In addition, the supervisors at internship sites have to be qualified senior psychologists (Cooper & Moodley, 2013). The supervision guidelines are functional and grounded in supervision competency with the focus on the professional background, training, and availability of supervisors to expose interns to the norms and ethos of the profession (Cooper & Moodley, 2013). However, it should be noted that HPCSA regulatory standards do not require supervisors to have received formal training in supervision. Despite the abovementioned studies, a gap remains in the literature on how site supervisors supervise intern counsellors at internship sites, specifically in Uganda. The status of counsellor supervision in Uganda is the focus of the next section.

2.3   STATUS OF COUNSELLOR SUPERVISION IN UGANDA

Uganda is a land-locked country in East Africa. It lies on the equator bordered by Kenya to the east, the Democratic Republic of Congo (DRC) to the west, South Sudan to the north, Tanzania to the south, and Rwanda to the south-west (Faye, McArthur, Sachs & Snow, 2004). Uganda has diverse ethnicities and several indigenous dialects but uses English as the national language (Kwesiga, 1994). Uganda experienced a number of civil wars in various parts of the country between 1980 and 2006. It has also experienced a HIV and AIDS pandemic in the last four decades and rising levels of unemployment and poverty leaving the population with serious psychosocial problems (Hall et al., 2015; Senyonyi et al., 2012). These problems

include trauma, a growing number of refugees, child abuse, work and marital-related stress, rape, and widespread depression (Hall et al., 2015). In the mid-1990s, higher education institutions in Uganda began training professional counsellors to meet the rising mental health needs of the population (Nsereko, 2017b).

As stated in chapter one, counsellor supervision in Uganda is part of professional counsellor training offered by different universities accredited by the Uganda National Council for Higher Education (UNCHE) (Senyonyi et al., 2012). The training of professional counsellors in Uganda began in 1997 at Makerere University with an MA course in counselling (V. Owens, personal commmunication 20th May 2015). This course replaced the master's degree in education guidance and counselling, which had been phased out in the mid-1990s (V. Owens, personal communication, 20th May 2015) and which had targeted teachers who had after their initial training worked as career mistresses and masters in schools [as they are referred to in Uganda] (V. Owens, personal communication, May 20th 2015). In 1997, with the support of an American academic and a Christian missionary at Makerere University, an MA counselling course was developed and rolled out for prospective students (V. Owens personal communication, 20th May 2015).

Unlike the MA in education guidance and counselling, the MA counselling course is not restricted only to those who have a professional teaching background but is open to individuals from diverse professional background (V. Owens, personal communication, 20th May 2015). This shift in admission requirements attracted many students who were not restricted to working only as career guidance counsellors in schools. Thus, graduates of the MA counselling course played a major role in establishing professional counselling in Uganda as some went on to start their own private practices and to promote professional counselling (V. Owens, personal communication, 20th May 2015). This advocacy of the pioneering students of the MA counselling course led to the formation of the UCA in 2002 and its registration as an NGO and umbrella organisation with the aim of uniting professional counsellors in Uganda (V. Owens, personal communication, 20th May 2015).

Since 2002, the counselling profession in Uganda has seen the establishment of the UCA and an increasing number of higher education institutions offering training to counsellors (Senyonyi et al., 2012). The UCA played a leading role in initiating the drafting of the ethical and accreditation guidelines that professional counsellors and supervisors are expected to follow during training and in practice. However, the profession is still facing challenges, for example, the UCA still has no legal mandate from the Ugandan parliament to regulate the training and practice of all counselling professionals in Uganda (Senyonyi et al., 2012).

Despite the achievements in establishing counsellor training in Uganda, as discussed in chapter one, only two papers have been published on the history and the current status of counsellor training and practice in the country (Nsereko, 2017b; Senyonyi et al., 2012). As

stated in chapter one, these papers were not evidence based but provided opinions on the current status of counsellor education and practice. Nsereko (2017b) and Senyonyi et al. (2012) highlight the challenges in counsellor training and practice including the lack of research and guidelines on the supervision of trainee counsellors. As mentioned in section 1.2, I chanced upon an empirical study by Hall et al. (2014) on intern clinical psychologists' experiences of supervision at a psychiatric hospital in Uganda. The above three studies highlight the gap in the literature on the supervision of intern counsellors at internship sites in the country.

The literature review on the status of counsellor supervision globally and in Uganda revealed variances in the levels of supervision research and practice. Thus, as mentioned earlier in section 2.1, definitions need to be reviewed to give direction to the critical responsibilities that must be fulfilled and accounted for in clinical supervision. This is especially important in parts of the world where supervision is still largely undeveloped. The following section reviews some of the most widely accepted definitions of supervision.

2.4   DEFINITIONS OF SUPERVISION

Scholars define supervision in varying ways. From a master-apprentice perspective, Loganbill, Hardy, and Delworth define clinical supervision as an "intensive personally focussed, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person" (Loganbill et al., 1982, p. 4). Similarly, Holloway defines supervision as "a process to 'oversee', to view another's work with the eyes of the experienced clinician, the sensitive teacher, the discriminating professional" (Holloway, 1997, p. 1). According to Michael Carroll, clinical supervision is "a forum where supervisees review and reflect on their work in order to do it better" (Carroll, 2007, p. 36). The definitions cover the roles of supervisors, the actions they must take, the one-on-one engagement between supervisor and supervisee, and supervision as a space created for experiential learning.

The following definition by seasoned scholars of supervision, Bernard and Goodyear (2009), seems to be the most widely accepted definition in the USA and the UK:

> *An intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession* (p. 7).

The diverse views on supervision indicate that the definition of supervision is still evolving as new ideas emerge. A more recent definition is the evidence-based definition of Derek Milne

(Milne & Watkins, 2014). Milne and Watkins believed that Bernard and Goodyear's definition was accepted uncritically by clinical supervision scholars (Milne & Watkins, 2014). They pointed out that Bernard and Goodyear's definition did not cover what a supervisor does during supervision, the objectives of supervision, and what instruments should be used to clarify what is to be measured during the supervision process (Milne & Watkins, 2014). In order to deal with these shortcomings, Milne systematically reviewed 24 empirical studies to come up with what he referred to as an evidence-based definition of supervision (Milne, 2007). It is important to note that Milne and Watkins did not discard Bernard and Goodyear's definition but rather refined it (Milne & Watkins, 2014).

Milne and Watkins' (2014) evidence-based definition of clinical supervision reads as follows:

> *The formal provision, by approved supervisors, of a relationship-based education and training that is work-focussed, and which manages, supports develops and evaluates the work of colleagues. It therefore differs from related activities, such as mentoring and therapy, by incorporating an evaluative component and by being obligatory. The main methods that supervisors use are corrective feedback on the supervisees' performance, teaching, and collaborative goal setting.* (p. 4)

Milne and Watkins elaborated on key issues such as who should supervise, how they should supervise, and emphasised that supervision was evaluative and obligatory (Milne & Watkins, 2014).

More recently, Chang (2013) defined supervision as a "sustained, purposeful interaction between a more proficient or senior practitioner and a less proficient or junior practitioner, undertaken to support the clinical and professional development of the latter, and directly and indirectly improve clinical effectiveness" (p.72). This definition underscores supervision as an ordered process that cuts across different contexts and stages in the career of a professional counsellor. Chang indicates also who should conduct supervision as well as the expected outcomes of supervision in professional counselling. Chang's view that supervision should be characterised by an evaluative relationship between a senior member and a more junior member of the profession is also supported by other supervision scholars (Bernard & Goodyear, 2014; Holloway, 1997).

The definitions discussed in this section indicate several key requirements in supervision. More specifically, they highlight the role of supervisors and the actions that supervisors and supervisees engage in during the supervision process. They also emphasise the importance of a one-on-one supervisory relationship in effective teaching and the acquisition of counselling competencies. In addition, the definitions describe the supervisory relationship as being evaluative and hierarchical aspects which may complicate the working alliance. The

supervisory relationship is evaluative because it involves giving corrective feedback to supervisees on their clinical practice for formative and summative evaluation purposes. Furthermore, the hierarchical nature of the supervisory relationship means that there are power differentials between the supervisor and the supervisee given the supervisor's position as an experienced practitioner and educator and the supervisee's position as a learner and inexperienced professional. The next section covers the objectives of counsellor supervision in more detail.

2.5   OBJECTIVES OF COUNSELLOR SUPERVISION

The objectives of counsellor supervision are categorised by most scholars as formative, normative, and restorative (Campbell, 2006; Kilminster & Jolly, 2000; Milne, 2007; Milne & Watkins, 2014). The formative objective of supervision is reached through teaching and requires the supervisor's assessment of interns' competencies—particularly their foundational and functional competencies (Falender et al., 2004). Foundational competencies are required of all counselling professionals and include being reflective and applying ethical and legal principles (Borders et al., 2014). Functional competencies include specialised skills such as those needed in clinical assessment, case conceptualisation, and treatment (Chang, 2013).

To achieve the formative objective, clinical supervisors are expected to clarify the performance standards that have to be met, negotiate objectives for learning, and address performance and skills deficits in interns' approaches to clients (Bernard & Goodyear, 2014). Giving feedback is therefore crucial in ensuring that interns are exposed to alternative views and perspectives by their supervisors regarding issues such as case conceptualisation and treatment plans. Interns can then improve their counselling practice and attend adequately for their clients' safety and welfare (Gonsalvez, Wahnon & Deane, 2017).

The counselling skills acquisition process during internship can be stressful due to the interns' experiences such as role ambiguity and the evaluative nature of supervision (Folkes-Skinner, Elliott & Wheeler, 2010). The restorative objective of supervision is therefore to support and encourage interns as they engage in self-exploration and emotional processing in the initial stages of their clinical practice (Bernard & Goodyear, 2014; Carroll, 2009). Supervisors should help interns recognise their personal limitations and work through them for their own wellbeing and ultimately that of their clients (Campbell, 2006). Supervisors should adopt modalities such as individual supervision to enable them to attend to interns' individual differences and professional developmental needs (Fernando & Hulse-Killacky, 2005; Gray, Ladany, Walker & Ancis, 2001). To achieve the restorative objective of supervision, supervisors need therefore to create a safe place for novice counsellors to discuss their work and personal issues and to give them the assurance that they are not alone in their counselling journey (Folkes-Skinner et al., 2010).

Closely related to the restorative objective of supervision is the normative objective where supervisors guide interns at all times to follow the norms and standards of the counselling profession regarding client care (Watkins, 2017). In addition, they should ensure that interns comply with ethical and legal considerations in clinical practice and adhere to agency and organisational procedures for client care and service delivery (Campbell, 2006). In a nutshell, the normative objective aims at enhancing best practice principles (Milne, 2007). Based on the available criteria for assessing interns' professional development, supervisors can determine interns' milestones as well as their skills deficits (Falender, 2014; Falender & Shafranske, 2007, 2012).

Through gatekeeping, supervisors can identify incompetent trainee counsellors and design remediation plans for them, which may include intensified supervision to ensure that they achieve the desired personal and professional goals (Lambie & Ascher, 2016; Ziomek-Daigle & Christensen, 2010). In extreme cases, supervisors may defer interns' internship practice or even recommend their removal from a counsellor education programme to protect current and future clients from incompetent practitioners (Gizara & Forrest, 2004; Goodyear, Lichtenberg, Bang & Gragg, 2014; Goodyear & Rodolfa, 2012).

The fulfillment of the objectives of supervision discussed above must take place under the guidance of qualified and competent supervisors. To be considered competent, supervisors must be well trained, knowledgeable, and skilled in the practice of their profession and in clinical supervision (Bernard & Goodyear, 2014; Falender & Shafranske, 2017; Falender et al., 2014). Supervisors require formal training in supervision to gain the competencies needed to fulfil their supervisory roles and responsibilities (Borders, 2014; Falender & Shafranske, 2004; Falender & Shafranske, 2007). The following section reviews the literature on the importance of supervisor training and competence.

2.6   SUPERVISOR TRAINING AND COMPETENCE

As noted earlier, counsellor supervision is conducted by supervisors who use supervision strategies, specific knowledge, and skills to facilitate the acquisition of the desired counselling skills by intern counsellors (Falender & Shafranske, 2007; Kaslow, 2014). The supervision of intern counsellors therefore involves the intentional transfer of knowledge and skills (Campbell, 2006). The supervision role requires supervisors to possess various skills and competencies acquired largely through formal training (Uellendahl & Tenenbaum, 2015). The following section commences with a discussion of what the training of counsellor supervisors involves and how it is conducted. This is followed by a discussion on the importance of supervision competencies.

2.6.1   SUPERVISOR TRAINING

Supervision as a professional skill requires formal training through which supervisors acquire declarative knowledge also referred to as supervision competency (Borders, 2014; Borders et al., 2014; Falender & Shafranske, 2004; Falender & Shafranske, 2012). Supervisor training refers to a formal process through which supervisors are equipped with knowledge and skills to mentor and evaluate trainee counsellors' clinical practice (Bjornestad, Johnson, Hittner & Paulson, 2014; Gonsalvez & Milne, 2010). Many scholars maintain that the training of supervisors is crucial in facilitating the development of supervisor competence [(Borders, 2014; DeKruyf & Pehrsson, 2011; Falender et al., 2014; Milne et al., 2011; Neuer Colburn, Grothaus, Hays & Milliken, 2016; Stupart et al., 2010). Research shows also that supervisors who have received training in supervision have stronger supervisor self-efficacy beliefs (DeKruyf & Pehrsson, 2011).

To fulfil their role as educators, supervisors require training in areas such as theories of learning and teacher education (Goodyear, 2014; Watkins, 2016). Goodyear (2014) discusses a common framework based on four strategies to facilitate the learning that supervisors need to master if they are to use supervision as a pedagogy effectively. These strategies are modelling, giving feedback, direct instruction, and self-directed learning through reflective practice (Goodyear, 2014).

An issue raised by scholars is what constitutes education and training in supervision and how it should be structured as well as when it should be conducted (Falender et al., 2004). Early debates focused on whether supervision training should be incorporated in the general curriculum of graduate training and also whether there should be supervision of supervision (Falender & Shafranske, 2004). Trainees at postgraduate level are introduced to supervision training theoretically followed by practicum experiences in which they receive supervision of supervision.

Several scholars have called for an organised curricular supervision approach to supervision training (Falender et al., 2004; Falender & Shafranske, 2007, 2012). The abovementioned training approach covers broad areas such as theoretical models of supervision, supervision competencies, supervision outcomes, and ethical and legal issues (Borders, 2014; Borders et al., 2014). Some scholars maintain also that theoretical training should be followed by experiential training where novice supervisors receive supervision on supervision to enhance their development as supervisors (Falender & Shafranske, 2012). Supervision of supervision is intended to ensure that they have acquired the supervision competencies needed to transfer counselling values, knowledge and skills to their supervisees (Falender & Shafranske, 2004).

Over two decades ago, scholars such as Holloway and Carroll (1999) argued that supervisors who received formal supervision training were better equipped to identify interns' supervision needs and address them successfully. Research also suggests that if interns receive adequate

supervision, the overall wellbeing of the clients they are consulting with may also improve (Wheeler & Richards, 2007).

Literature studies accessed from developing countries show, however, that formal training in clinical supervision is still lacking in these countries (Bhola et al., 2017; Fang et al., 2014; Kpanake & Ndoye, 2013; Stupart et al., 2010). Most developing countries are at the stage of recognising the importance of supervision but have not yet standardized supervision practice in training programmes (Montgomery, 2015; Kpanake & Ndoye, 2013; Stupart et al., 2010). The section below covers the literature on supervisor competency and how training develops such competency.

2.6.2   SUPERVISOR COMPETENCY

Supervisor competency refers to the ability or skills, values, and acquired knowledge needed to be an effective supervisor (Falender & Shafranske, 2007). In the past, it was believed that every effective therapist made an effective supervisor, and many practioners were supervising with no formal training in supervision (Falender et al., 2004; Kaslow, Falender & Grus, 2012). However, this belief had several limitations that led to the emergence of competence-based supervision models and framweworks (Falender & Shafranske, 2004; Falender & Shafranske, 2007, 2012, 2017; Falender et al., 2014). Such frameworks emphasise supervisors' need to have adequate knowledge on how to conduct effective supervision in real-world settings with attention to performance and outcomes as criteria (Falender & Shafranske, 2012, 2017; Falender et al., 2014). Loganbill et al. (1982) state that clinical supervision in counsellor training is a crucial and complex process that should be facilitated only by competent supervisors.

Supervision competency refers to how supervision should be conducted and at what level (Falender & Shafranske, 2004). Such competency includes a supervisor's assessment and intervention capabilities during the supervision process (Falender et al., 2004). Some of the supervision competencies highlighted in the literature include the ability to apply principles that foster learning, to promote ethical practice, to work from a multicultural stance, and to work in line with the service delivery structure of a given internship site. They include also the ability to establish and sustain a good supervisory relationship, to conduct supervision in a structured way, to help supervisees collect and present clinical information, to develop reflective skills, to use diverse methods to give accurate and constructive feedback, and to assess the interns' level of competence (Falender et al., 2004; Falender & Shafranske, 2004; Pilling & Roth, 2014). If supervisors have the supervision competencies mentioned above, it is believed they will be able to transfer counselling skills to interns effectively (Falender & Shafranske, 2012).

Competent supervisors should also be familiar with supervision models and research, hold values such as responsibility for clients, respect to supervisees being sensitive to all forms of diversity and lastly possess meta-competence (Falender et al., 2014; Pilling & Roth, 2014).

Meta-competence is defined as "the ability to assess what one knows and what one does not know" (Falender & Shafranske, 2007, p. 232). Supervisor competence is believed to impact on the personal and professional development of supervisees and the wellbeing of their clients (Falender & Shafranske, 2017; Gonsalvez & Calvert, 2014; Watkins, 2012). Supervisor competence is being increasingly acknowledged as a core ethical requirement for supervisors of professional psychology interns (Watkins, 2012). Supervisor competence is assessed by how supervisors apply their competencies in real-world supervision settings (Falender & Shafranske, 2012).

As noted earlier, the ultimate beneficiary of competent supervision is the client (O'Donovan et al., 2011). Supervisors play a key role in showing intern counsellors how their practice can impact on their clients (O'Donovan et al., 2011). Supervisors need the time and capacity to observe interns' counselling practice, facilitate their self-assessment, and help them acquire the desired level of theoretical and practical skills through instruction, mutual problem solving, and role modelling (Borders et al., 2014; Falender & Shafranske, 2012). A survey in the USA revealed that supervision training is essential for the rigorous supervision of interns (Genuchi, Rings, Germek & Cornish, 2015). Despite this finding, the results from a survey of 147 site supervisors of school counselling interns in Oregon and Washington states in the USA revealed that most of the site supervisors lacked adequate supervision training (DeKruyf & Pehrsson, 2011).

Falender et al. (2014), Goodyear et al. (2014), and Goodyear (2014) also maintain that competent supervision is largely a product of formal supervision training. Findings from a phenomenological study highlighted the importance of supervisors' ability to identify the unique supervision needs of interns and adopt appropriate strategies to facilitate their holistic growth (Jacobsen & Tanggaard, 2009). However, research indicates that some site supervisors conduct supervision with limited knowledge of how to support their interns' personal and professional development (Amer, 2013; Dotson & Hui, 2013; Fang et al., 2014; O'Donovan et al., 2011; Stupart et al., 2010).

Despite the emphasis on supervisor competence as a key ethical requirement, studies show that some supervisors believe that their work experiences and their experiences during their own supervision qualify them as supervisors (O'Donoghue & Tsui, 2012). A study on what informs supervisors' practice revealed that supervisors adopt the same skills and techniques they themselves use in their clinical work to supervise their interns (O'Donoghue & Tsui, 2012). However, relying on one's own supervision and work experiences may not enhance supervisor competence so supervisors are ethically required to be formally trained to effectively practise within their area of competence (Falender et al., 2004).

The literature discussed in this section, which is mainly from developed countries, has indicated that supervisor competence is largely achieved through supervisor training. The

dearth of literature from developing countries on supervisor competence and supervision competencies indicates a gap in the literature. The next section covers the conceptual framework that underpinned this study.

2.7 CONTEXTUAL-FUNCTIONAL META-FRAMEWORK FOR COUNSELLING SUPERVISION (CFM)

As stated earlier, this study was guided by the contextual-functional meta-framework (CFM) for counselling supervision of Chang (2013). According to Chang (2013), the CFM is informed by the assumptions of postmodern and pragmatic philosophical perspectives as well as common factors in supervision (Chang, 2013). Postmodern and pragmatic philosophical perspectives focus on solving the problem rather than the method used to solve the problem (Creswell, 2014). The CFM as "a practical approach to supervision that is sensitive to contextual and organizational demands, the various 'hats' that supervisors wear, focuses on what works, attends to the life stage of the supervisee, and sees supervision as a medium of lifelong learning" (Chang, 2013, p. 72). However, Chang added that the CFM is not a model of counselling supervision but a meta-framework for supervisors to enable them to develop a personalised approach to supervision to organise their supervisory functions (Chang, 2013).

Conceptually, the development of the CFM was informed by an extensive review of extant research on developmental or stage models of supervision, social role models of supervision, common factors models of supervision, model-based approaches to supervision, psychotherapy-based models, and competency profiles (Chang, 2013). The CFM is trans-theoretical, which means it can be used by supervisors regardless of their counselling theory orientation (Chang, 2013). The common factors approach to supervision (explained below) is characterised by several commonalities adopted in conducting supervision (Crunk & Barden, 2017; Watkins, 2017). The shared features in the common factors approach to supervision include, but are not limited to, supervisor roles and tasks, supervisor attributes, as well as supervisee tasks (Crunk & Barden, 2017; Falender, 2014; Watkins, 2017). The CFM, in my opinion, has the hallmarks of a common factors approach to supervision, which emphasises a common core of supervision strategies and principles.

As stated earlier, the CFM contains several key concepts including the administrative context, the culture-infused supervisory working alliance, supervisory functions, theories of change, isomorphism, and phases of counsellor development (Chang, 2013). Chang (2013) argues that each of these concepts directly or indirectly impacts the supervisor, the intern, and the client who come with their own attributes in the supervision context. Thus, the supervisory roles, functions, and supervision modalities adopted are influenced by the demands and constraints of the internship site, coupled with the supervisor's and the intern's professional and personal strengths and needs. The aforementioned precepts make the CFM an intentional

and practical framework to help supervisors clarify and organise their supervision practices in relation to each component of the CFM.

Although the CFM has not yet been adopted to study supervision in agency work settings and diverse contexts such as hospitals, schools, and NGOs I used it to formulate this study's conceptual framework because its formulation was based on extant and researched models of supervision (Chang, 2013). Thus, I chose the CFM because it offers a practical approach to supervision in various agency settings and elaborates on key stakeholder's roles and functions. These key stakeholders include the internship site, the education institutions, and the professional regulatory bodies involved. These key CFM stakeholders are crucial in understanding the supervision strategies adopted by adopted by site supervisors at internship sites, as I discuss in the next sections.

2.7.1   ADMINISTRATIVE CONTEXT

According to Chang (2013), the administrative context is an essential pillar in the planning and implementation of the supervision of intern counsellors at internship sites or agencies. The administrative context includes the internship site where counselling services are offered, regulatory and accrediting bodies, and education institutions (Chang, 2013). The CFM delineates the roles and responsibilities of the above stakeholders to ensure that the supervision of intern counsellors at internship sites is effective (Chang, 2013). Various studies support Chang's view on the fundamental role of the administrative context in intern counsellor supervision in work settings (Hatcher, Grus & Wise, 2011; Hatcher, Wise & Grus, 2015; Hatcher, Wise, Grus, Mangione & Emmons, 2012; Lewis, Hatcher & Pate II, 2005; Pitts, 1992a, 1992b; Pitts, Miller, Poidevant & Meyers-Arvin, 1990). In the paragraphs below, I discuss how the various elements of the administrative context influence supervision at counselling internship sites. I contend that the internship site, the regulatory and accrediting bodies, and the education institutions directly and indirectly influence how supervision is conducted at sites.

2.7.1.1   Organisation (internship site) or context in which supervision occurs

One of the factors that influences how clinical supervision is conducted is the organisation where the internship takes place (Goodyear & Bernard, 1998; Magaletta, McLearen & Cramer, 2015). Several scholars maintain that in order to understand how the supervision of interns is conducted, one must first understand the characteristics and organisational dynamics of the particular supervision context. This includes the services that are offered and the general setup of the organisation (Holloway, 1995; Milne & Reiser, 2012; Watkins, 2014a). The primary commission of a given organisation or supervision context also influences how supervision is conducted (Chang, 2013; Egan, Maidment & Connolly, 2016).

Most internship sites outside university settings offer counselling services in line with their primary service delivery goal or commission (Carrola, DeMatthews, Shin & Corbin-Burdick,

2016). More specifically, Chang (2013) states that supervisors must be aware of the primary commission of an organisation as this will ensure the effectiveness of their service delivery. The literature stresses that supervisors and therapists should know who the commission giver is as this will, in turn, help them know to whom they are accountable (Chang, 2013; Egan et al., 2016). Thus, supervisors' knowledge of the organisation's primary commission will help them serve the organisation effectively as well as meet the learning needs of intern counsellors.

The primary commission of an organisation depends on the context in which services are rendered, which in the end influences how supervision is conducted. For example, hospitals, clinics, and schools have different primary commissions. These differences in context influence the types of learning experience and supervision interns are exposed to (Egan et al., 2016). Furthermore, Hair (2012) found that supervision in various field placements is often based on the stipulated roles that are implemented procedurally rather than through professional mandates. The above finding is supported by the findings of Eisenhard and Muse-Burke's (2015) survey where they compared clinical supervision strategies adopted at a forensic facility, an in-patient psychiatric hospital, and a college counselling centre as internship sites. They found that at the college counselling centre, the supervisors paid more attention to personalisation skills whereas the supervisors at the forensic/correctional centre paid more attention to professional behaviour skills (Eisenhard & Muse-Burke, 2015).

Carrola et al. (2016) point out that counselling supervision in specific settings is challenging due to the bureaucratic mechanisms in organisations that have led to supervisor role ambiguity. For example, Carrola et al. (2016) maintain that correctional settings have unique administrative mechanisms involving security issues that make counselling supervision in such settings challenging in terms of what the supervisors and the interns can discuss. The organisation setup thus strongly influences supervisors' roles and functions, and ultimately the strategies they adopt to oversee the interns' practice.

Scholars such as Smith, Cleak, and Vreugdenhil (2015) and Lewis et al. (2005) found that some internship sites limit interns' learning to activities that are more time efficient and appropriate for their service delivery model, which puts the interns' training needs secondary to client care of a given site. Kahr (1999) argues that in agreeing to work at an agency or internship site, interns should not assume that the supervisor will be in a position to meet all their learning needs. Various studies show that one of the ways to manage this uncertainty is to enter into a supervision contract in which supervisors and interns agree on ways to maximise the supervisees' learning opportunities and minimise difficulties during supervision (Hatcher et al., 2011; Hatcher et al., 2015; Hatcher et al., 2012).

Contracting also helps supervisors and supervisees formulate supervision objectives, which may include personal learning goals as well as expectations regarding supervision sessions

(Kilminster & Jolly, 2000). Supervision contracts in addition cover practicalities such as the frequency and duration of sessions, suitable days and times for supervision, as well as the procedure to be followed when sessions are cancelled (Falender & Shafranske, 2004). Supervision contracts can also stipulate the responsibilities of supervisors and supervisees, how assessment and evaluation will occur, how feedback will be managed, and the legal parameters within which supervision will be conducted (Falender et al., 2004; Kilminster & Jolly, 2000). Likewise, contracts may delineate the supervisors' accountability to the organisation where the supervision takes place and also to the supervisees, as well as how the supervision will be managed (Falender & Shafranske, 2004). Ultimately, supervision contracts can make supervisors' and supervisees' time together more productive if they both fulfil their stipulated tasks and responsibilities (Bowles & Young, 1999).

Apart from the organisations where supervision takes place, counsellor educational institutions are also stakeholders in supervision as they produce the interns who are placed at different internship sites (Hatcher et al., 2015). More specifically, counsellor educational institutions thus play a major role in designing, implementing, and monitoring the supervision process. The next section deals with the roles and responsibilities of counsellor education institutions during the supervision of intern counsellors in different supervision contexts.

2.7.1.2 Counsellor educational institutions

Internship sites and educational institutions share the responsibility of training counsellors (Lewis et al., 2005). Educational institutions in particular are expected to fulfil several responsibilities to ensure that interns are exposed to adequate training experiences and, ultimately, supervision (Kaslow, Pate & Thorn, 2005). Where internships are directly linked to academic programmes, institutions have the responsibility to ensure placement of interns at appropriate sites and to monitor and evaluated their progress (Lewis et al., 2005). They also have to identify appropriate sites and establish working agreements with them as training partners (Hatcher et al., 2011; Hatcher et al., 2015; Hatcher et al., 2012).

Secondly, education institutions stipulate the qualifications supervisors should possess, delineate the number of hours of supervised clinical activities as well as the total number of hours spent at the counselling internship site (Kaslow et al., 2005; Lewis et al., 2005). Counsellor education institutions should work closely with internship sites to address the evaluative nature of supervision by indicating the counselling competencies that interns should acquire at the end of the internship (Hatcher et al., 2015; Hatcher et al., 2012). More specifically, training experiences should be appropriate and consistent with education institutions' training goals and objectives (Lewis et al., 2005). Education institutions should therefore provide supervisors at internship sites with adequate information regarding what site supervisors should focus on (Lewis et al., 2005).

Thirdly, another role of counsellor educational institutions is to oversee internships by conducting regular site visits to ensure that the site supervisors are qualified among others (Lewis et al., 2005). Because of the diversity of internship sites interns can choose from, scholars such as Lewis et al. (2005) and Hatcher et al. (2011) argue that counsellor education programmes should approve internship sites whose primary comissions are aligned with their training goals and objectives.

Lewis et al. (2005) and Hatcher et al. (2011) maintain also that education institutions should have training agreements stating the training expectations, requirements interns are expected to meet, and the preferred training activities that facilitate competence development. To achieve the agreed-upon training goals, Lewis et al. (2005) suggest that counsellor training institutions should provide free in-service training and continuing professional development for supervisors at the sites where their interns are placed.

Fourthly, educational institutions support supervisors at training sites by arranging for university supervisors to visit sites regularly (Hatcher et al., 2011; Hatcher et al., 2015). In addition, it is the role of education institutions to provide site supervisors with the best possible professional and continuing development (Gizara & Forrest, 2004).

Education institutions play a central role in upholding the counselling profession and in countries such as the USA they receive accreditation certificates from statutory bodies that are valid for a limited number of years (Hausman, Quetsch, Luebbe, Martin & Bell, 2017). The educational institutions' accreditation certificates are renewed based on their adherence to the stipulated accreditation guidelines as indicated in the programme review reports. The review process includes counsellor training institutions submitting documents to the accreditation board, and board members meeting with students and site supervisors to ascertain if what the university says it is doing is, in fact, what it is doing. In the event of inconsistencies, accreditation can be revoked (Hausman et al., 2017). Statutory bodies thus play a major role in ensuring that novice counsellors receive adequate and appropriate supervision during their internships.

2.7.1.3 Professional counselling regulatory bodies

In countries with established professional and regulatory bodies, supervised practice is subject to guidelines from these bodies (Borders et al., 2014). Several countries around the world have professional bodies that regulate the clinical supervision practice (Bernard & Goodyear, 2014; Borders, 2006; Brear, Dorrian & Luscri, 2008; Cooper & Moodley, 2013; Ellis, Creaner, Hutman & Timulak, 2015). Statutory bodies are legal entities responsible for setting and enforcing standards that education institutions and practitioners have to adhere to as a primary way of advancing professionalism and ensuring that the public is protected from incompetent practitioners (Bernard & Goodyear, 2014; Borders et al., 2014). The guidelines from ACES and

the APA in the USA and the HPCSA in South Africa are examples of how supervision is regulated by professional bodies (Borders et al., 2014; Cooper & Moodley, 2013). The standards set by the these bodies are adopted as benchmarks for the quality supervision of counsellors and are acknowledged globally (American Psychological Association, 2015).

Counselling, accrediting and mental health regulatory bodies such as the HPCSA in South Africa and the ACA and CACREP in the USA play a key role in laying down counselling internship training guidelines for education institutions. Accordingly, to be certified and licensed to practise as a counsellor in the USA, for example, prospective counsellors have to attend academic programmes accredited by the respective regulatory bodies (American Psychological Association, 2015). Accredited education institutions must also ensure that their students engage in internship at counselling internship sites. Professional bodies in countries such as South Africa accredit the internship sites interns are assigned to and the programmes they undergo (Health Professions Council of South Africa Form 160, 2015). Legislation thus plays a major role in streamlining strategies that enhance the gatekeeping function of supervision.

Among the issues statutory regulations cover is the credentialing of counselling supervisors (Nate & Haddock, 2014). Professional background, training, and years of experience are taken into consideration before a supervision role can be assumed (Cooper & Moodley, 2013; Kemer, Pope & Colburn, 2017). For example, in the USA and South Africa, a clinical supervisor for professional counsellors has to be a trained and competent counsellor (Bernard & Goodyear, 2014; Cooper & Moodley, 2013). Statutory regulations do, however, vary from country to country and statutory organisation to statutory organisation.

In some states in the USA, for example, supervisors have to indicate their supervision philosophy and approach, supervised supervision evidence as well as undergoing an interview with their local accreditation board (American Psychological Association, 2015). Other boards may require a supervisor's curriculum vitae, a copy of his or her licence and philosophy of supervision which are in line with the context-specific supervision standards. Education institutions are tasked with ensuring that supervisors adhere to legal and ethical standards as they oversee interns' clinical practice (Sellers, Alai-Rosales & MacDonald, 2016). Furthermore, educational institutions can seek licensure board intervention if there is serious ethical breach from the supervisors (Sellers, Alai-Rosales, et al., 2016).

Furthermore, to promote the effective transfer of skills, regulatory bodies such as the APA, ACA, and CACREP in the USA and the HPCSA in South Africa stipulate how clinical supervision should be conducted (Borders et al., 2014; Cooper & Moodley, 2013). The literature is replete with empirical evidence showing the usefulness of supervision modalities such as group, individual, and triadic supervision (Borders, Brown & Purgason, 2015; Borders et al., 2012; Field, 2016). Supervisors in the USA, for example, are mandated to conduct

weekly sessions, which should be in either individual or group format (Borders et al., 2014). Accrediting bodies also recommend interventions supervisors can adopt such as co-therapy, reviewing of tapes, and observations (Borders et al., 2014). Interns are expected also to attain conceptualisation, case management, and performance skills during internship.

Internship sites, education institutions, and regulatory bodies work together to ensure that interns have a productive counselling internship by enforcing the minimum standards set for supervisors and interns (Borders et al., 2014; Cooper & Moodley, 2013). The administrative context is thus crucial in the supervision of intern counsellors at various sites as it influences supervisory functions and supervisor competence, which directly determine the standards of supervision.

At the beginning of the literature review under the heading global perspective of clinical supervision, I explained that in developing countries such as Egypt, Francophone West Africa, Uganda, and Jamaica there are no active statutory bodies. By implication, supervision by education institution supervisors as well as internship site supervisors may go unmonitored, which may compromise the quality of clinical supervision interns receive. This may, in turn, lead to less competent practitioners putting recipients of their services at risk (Falender & Shafranske, 2017).

2.7.2   SUPERVISORY FUNCTIONS

Supervisors perform specific tasks to facilitate the process of equipping interns with the skills and techniques needed for them to see clients independently (Borders, 2014; Spence, Wilson, Kavanagh, Strong & Worrall, 2001). The roles and strategies that supervisors adopt are influenced by their life experiences, their own supervision experiences, their supervision training, and interns' supervision needs (Falender & Shafranske, 2017; Stoltenberg & McNeill, 2011; Watkins, 1995, 1997). A supervisor can adopt the role of a teacher, coach, consultant, collegial peer, monitor, case reviewer, model, mentor, and administrator depending on the needs of the supervisees (Bernard & Goodyear, 2014; Rønnestad & Skovholt, 2003). A detailed explanation of supervisors' functions follows in the sections below.

2.7.2.1 Clinical educator

The first supervisory function is being a clinical educator who facilitates interns' perceptual and conceptual development (Watkins, 2012). Jacobsen and Tanggaard (2009) report that the interns in their study were dependent on the supervisor and preferred directive supervision concerning case conceptualisation, theoretical considerations, support, affirmation, and structure. Thus, in the clinical educator role, the supervisor identifies interns' learning needs and strengths and transfers appropriate knowledge for practical use and professional growth. In the same vein, the supervisor guides interns on case conceptualisation and choosing appropriate counselling interventions (Bernard, 1997). Furthermore, through a collaborative

interaction with interns as consultants, the supervisor explores options and alternatives with interns but does not give direct answers to challenges in order to facilitate the development of interns' own conceptualisation skills (Bernard, 1997).

Hart and Nance (2003) conducted a survey on the styles counsellor supervisors use as perceived by supervisors and supervisees at a large urban university in the USA. The four styles of supervision were the supportive teacher, the directive teacher, the consultant, and the counsellor. Their study revealed that the supervisors as well as the supervisees preferred the counsellor/supportive teacher style of supervision for the initial stages of supervision where supervisees needed high direction and high support (Hart & Nance, 2003). This finding buttresses one of the fundamental principles in the developmental models of supervision where supervisors use supervision interventions based on interns' personal and professional developmental needs (Stoltenberg, 2005; Stoltenberg & McNeill, 2011). Hart and Nance (2003) argue that, although interns are usually dependent on the supervisor and prefer to be taught, some interns may have a strong need to assert their independence necessitating supervisor flexibility to meet their particular professional and personal needs. However, there is still a dearth of literature in developing countries, particularly in Africa, on the strategies of site supervisors to facilitate supervisees' perceptual and conceptual development.

2.7.2.2 Skills development coach

As a skills development coach, a supervisor adopts different supervision formats to ensure that interns receive proper performance feedback during their clinical practice (Falender et al., 2014). Feedback on skills development is particularly useful for interns because key among their professional development needs at this stage is the attainment of counselling skills and competence (Chang, 2013). Supervisors should therefore conduct a supervision needs assessment to assist them in their choice of appropriate supervision strategies to meet the identified personal and professional supervision needs of intern counsellors (Bernard & Goodyear 2014).

From a survey of N=123 external practicum site coordinators in the USA, Hatcher et al. (2012) found that most sites used neither direct observation nor audio or video recordings for clinical supervision as supervision strategies. Instead the supervisors depended on student self-reports, which, according to Hatcher et al. (2012), was not a good practice at this level since most intern counsellors do not yet have the capacity to critique their work objectively. Intern counsellors' audio- and video-recorded counselling sessions would therefore be very helpful in promoting reflective practice as well as presenting an opportunity to track intern counsellors' ongoing skills acquisition process (Hill, Crowe & Gonsalvez, 2016). It is important to note that in addition to acting as a skills development coaches, supervisors also act as ethics consultants, as discussed in the next section.

2.7.2.3 Ethics consultant

Ethical supervision involves clear communication between supervisors and interns on pertinent practice issues that have to be adhered to and are outlined in ethical codes and accreditation guidelines endorsed by context-specific associations charged with overseeing counsellor training (Borders et al, 2014). Supervisors are expected to help interns practise and make decisions in accordance with what is set out in the professional counselling ethical codes of conduct (Barnett, Erickson Cornish, Goodyear & Lichtenberg, 2007; Borders, 2014). Ethical practice is emphasised to ensure that clients and interns are safe and that counselling internship sites, particularly their service provision, are not brought into disrepute (Falender et al., 2014). Chang (2013) maintains that supervisors should aim at supporting interns to develop proactive patterns of thought and action with respect to adhering to ethical issues such as confidentiality.

Confidentiality is a fundamental issue in the supervision of interns as personal and confidential information may be shared among interns during group supervision and between interns and site as well as faculty supervisors during supervision sessions (Goodyear & Rodolfa, 2012). Supervisors are also expected to observe the limits of confidentiality and may break confidentiality when the need arises to protect interns and their clients from potential harm (Borders et al., 2014). Most of the authors referred to in this section are in favour of guidelines from professional counsellors associations or statements concerning clinical supervision but do not always explain how supervisors and interns should practically deal with the issue of confidentiality at counselling internship sites.

The need for supervisors to be adequately prepared in supervision methods and techniques is another ethical issue highlighted in clinical supervision literature (Watkins, 2012, 2014a). Supervisors require formal training to conduct clinical supervision effectively (Falender & Shafranske, 2012). Practising without formal training in supervision is therefore considered unethical (Borders, 2014; Borders et al., 2014). Supervisor availability is also considered an ethical obligation requiring supervisors to make sufficient time available to supervise interns properly (Borders et al., 2014). Novice counsellors often have issues during internships that require timely and adequate attention from supervisors. Clinical supervision that is conducted by an individual who is not formally trained in supervision and also has little time to supervise is contrary to clinical supervision ethical standards (Ellis et al., 2014).

Respecting supervisory relationship boundaries is also considered crucial in maintaining ethical supervision practice standards (Herlihy, Gray & McCollum, 2002). Ethically speaking, supervisors should not have dual relationships with interns; for example, a supervisor should not supervise personal friends or relatives (American Psychological Association, 2015). Falender (2014) asserted that it is important for supervisors not to exploit the relationship

established with interns through sexual intimacy or otherwise, and in turn ensure that the interns do not abuse their therapeutic relationships with clients at sites.

If a supervisor is unable to attend a given supervision session, ethical supervision requires him or her to call the intern within 24 hours and arrange another qualified supervisor to do the supervision (Ellis, 2017a). This is done to safeguard clients' welfare as well as to minimise any frustration interns may experience as a result of changes in supervision schedules. From an ethical perspective, during internship, interns' clinical practice is the full responsibility of the supervisor who is licensed to practise at all times (American Psychological Association, 2015).

In a national survey of Irish psychologists' supervision practices, McMahon and Errity (2014) found that the interns in the survey preferred more and frequent supervision for the fulfilment of their learning needs. However, the findings further revealed that this was not possible for some of the psychologists because of the limited time and low priority given to supervision at some of the counselling internship sites that were surveyed (McMahon & Errity, 2014). This is unethical as indicated in the supervision guidelines of bodies such as the APA and HPCSA, which stipulate that supervisors must make time to conduct clinical supervision (Borders et al., 2014; Cooper & Moodley, 2013). At some counselling internship sites, interns end up with supervisors who are not grounded in the roles and functions of a professional counsellor let alone in the ethical standards governing professional counselling (Herlihy et al., 2002; Stupart et al., 2010).

2.7.2.4 Professional gatekeeper

Professional gatekeeping is one of the major objectives of supervision that supervisors fulfil on behalf of education institutions and counselling regulatory boards and associations (Bernard, 1979; Borders et al., 2014; Watkins, 2014a). Gatekeeping starts from at the time students are admitted into the programme until they complete the programme or are advised to leave counselling for another profession (McCaughan & Hill, 2015; Ziomek-Daigle & Christensen, 2010). Gatekeeping thus involves identifying and addressing intern impairment to ensure that interns meet the necessary requirements to continue as trainees and later to qualify to practise as professional counsellors (Gizara & Forrest, 2004; Hutchens, Block & Young, 2013). Gatekeeping is fundamental in counsellor supervision and is an ethical responsibility for all counsellor educators and supervisors (Brear et al., 2008). Gatekeeping is therefore key in upholding the counselling profession (McCaughan & Hill, 2015). If properly implemented, gatekeeping ensures that only those who are competent can qualify to be licensed as counselling practitioners (Ziomek-Daigle & Christensen, 2010). Closely related to the gatekeeping function is the organisational or administrative supervisor function, which is dealt with in the section below.

2.7.2.5 Administrative supervisor

An administrative supervisor is an employee of an organisation who may be a professional counsellor or a non-professional counsellor who is tasked with allocating the interns' clinical work at the organisation (Campbell, 2006). An administrative supervisor ensures that intern counsellors are familiar with the work environment, document counselling sessions, adhere to ethical requirements, and abide by the working hours of the organisation (Campbell, 2006; Holloway, 1995). According to Chang (2013), administrative supervisors help interns to understand an organisation's primary commission and to deliver services accordingly. Interns can then perform their tasks effectively and at the same time remain accountable to the organisation. Competent site supervisors are therefore needed who can support novice counsellors attached to their organisations regarding caseload management, time management, and record keeping.

As discussed in chapter one, supervisors' roles in administrative supervision are viewed by scholars such as Perera-Diltz and Mason (2012) and McCarthy et al. (1994) as separate from clinical supervision. Other scholars such as Chang (2013) argue that administrative supervision and clinical supervision are complementary roles. The roles and responsibilities of supervisors in clinical supervision are dealt with in the first four supervisory functions discussed in this section, namely clinical educator, skills development coach, ethics consultant, and professional gatekeeper. In these supervisory functions, supervisors focus on developing interns into competent clinicians.

The role of a clinical supervisor is discussed in chapter one (section 1.10.1). Clinical supervisors may engage in functions such as skills coaching and clinical education and allocate tasks to interns in the organisation. As such, if an administrative supervisor is also a professional counsellor, he or she may do both administrative and clinical supervision as the need arises. I agree with Chang (2013) that site supervisors may engage in both clinical and administrative supervision. A supervisory function, which in my view should be performed by supervisors in administrative as well as clinical capacities, offers personal support to supervisees, as explained in the next section.

2.7.2.6 Personal supporter

As a personal supporter, a supervisor facilitates interns' personal growth by helping them deal with any negative (anxiety) reactions they experience in their initial interactions with clients (Bernard, 1979; Chang, 2013). Thus, in his or her role as a personal supporter, the supervisor helps interns function more effectively as professionals while also preventing burnout and impairment.

Many interns have personal needs such as low self-awareness, which are often manifested in the initial stages of their development. If not addressed adequately, these needs can lead to frustration and burnout (Folkes-Skinner et al., 2010; Karel, Sakai, Molinari, Moye & Carpenter,

2016). The literature on models of supervision reveals that these intern developmental needs may influence the interventions and ultimately the overall supervision strategies a supervisor adopts in a given context. Bernard (1997) and Luke and Bernard (2006) maintain that a supervisor can engage in a counsellor role if a supervisee experiences personal difficulties that may interfere with his or her clinical practice. Conversely, in the recent literature the supervisor may not counsel the interns directly but may discuss with them the best ways they can prevent burnout and impairment (Callender & Lenz, 2018; Can, 2018; Lenz & Smith, 2010).

2.7.2.7 Advocate or system agent

As part of their supervisory functions, supervisors advocate for changes in policies, organisation structures, and clinical practices to improve the supervision contexts (Egan et al., 2016). To fulfil the advocate supervisory function, Chang (2013) argues that a supervisor should balance the needs of the organisation with those of interns to ensure that services are delivered promptly and that interns develop professionally. The supervisory functions the supervisor concentrates on include skill development coaching and clinical education. However, this is possible only in organisations that have flexible policies and where the supervisor holds a position where he or she can influence the changes that need to be made (Eisenhard & Muse-Burke, 2015).

2.7.3 SUPERVISION THEORY (THEORY OF CHANGE)

The supervision of intern counsellors is conceptualised and practised following supervision models (Bernard & Goodyear, 2014). Leddick (1994) describes such models or theories as a systematic way of applying specific knowledge about supervision. This knowledge includes practices, routines, and beliefs that are important in understanding how counselling skills can be transferred to interns effectively. The decision of a supervisor to use a model is the most fundamental decision a supervisor can make upfront because it guides interns' transition from novices into well-grounded professionals (Borders, 2014). The literature identifies four broad categories of supervision models: psychotherapy-based supervision models, developmental models of supervision, social role or process-based models, and competency-based models (Gonsalvez, Hamid, et al., 2017). There is also an emerging model of supervision referred to as the common factors approach to supervision, which advocates a trans-theoretical approach to counsellor supervision (Crunk & Barden, 2017; Morgan & Sprenkle, 2007; Watkins, 2017).

Psychotherapy-based supervision models focus on supervisors transferring tenets of a particular theoretical orientation such as psychoanalytic, humanistic, or cognitive behavioural to interns through teaching (Binder, 1999; Norberg, Axelsson, Barkman, Hamrin & Carlsson, 2016; Watkins & Scaturo, 2013). In support of this description, Bernard and Goodyear (2014) argue that because supervisors are first therapists or counsellors, they initially view their supervisory roles and functions from their respective practice-theoretical orientations when

conducting supervision. A supervisor's theoretical orientation influences his or her decisions, directions, and interventions during supervision. Moreover, supervisors are most effective when they understand how their values, beliefs, and orientations impact on their use of supervision interventions, particularly on those whom they supervise.

The developmental models have been popularised by the work of Stoltenberg (1981); Stoltenberg (2005); Stoltenberg and Delworth (1988); Stoltenberg and McNeill (1997, 2011), and they have centred on describing the stages interns go through as they attain a counsellor identity. Developmental models of supervision have received attention in supervision research, particularly in relation to their use and efficacy during clinical supervision in the training of counsellors and other psychologists (Bernard & Goodyear, 2014; Stoltenberg & McNeill, 2011; Thomas, 2010).

The social role models emphasise the intentional nature of supervision by delineating the roles and tasks of supervisors and interns (Bernard, 1997; Bernard & Goodyear, 2014). Examples of social role models are the discrimination model and the systems approach to clinical supervision (SAS) advanced by Janine Bernard and Elizabeth Holloway respectively (Bernard, 1997; Bernard & Goodyear, 2014; Carter & Duchac, 2013; Holloway, 1995; Van Lith & Voronin, 2016). The supervisor roles highlighted in the social role models include being a teacher, counsellor, and consultant in a supervision session depending on the learning or personal needs interns present with at a specific time (Bernard & Goodyear, 2009). Thus, in agreement with Gonsalvez and Calvert (2014), supervisors may choose the content and methods of supervision as well as how interns' practice is evaluated based on the interns' developmental needs. Following the social role models are the competency-based supervision models, the fourth broad category of clinical supervision models.

Competency-based supervision is "a meta-theoretical approach that delineates the knowledge, skills and attitudes that comprise clinical competencies, informs learning strategies and procedures, and meets criterion-referenced competence standards consistent with the professional regulations and the context-specific clinical setting" (Falender & Shafranske, 2007, p. 233). Competency-based models are intentional, systematic, and comprehensive in all components essential to clinical supervision such as developing a training contract with interns and delineating the distinct competencies they should attain and the means to attain them (Falender & Shafranske, 2007, 2012, 2017; Falender et al., 2014). (Borders, 2014; Falender & Shafranske, 2012). Closely related to the competency-based models are the common factors approaches to supervision.

Regarding the common factors approaches to supervision, Barth et al. (2011), Crunk and Barden (2017), Morgan and Sprenkle (2007), and Watkins (2017) describe common factors as non-specific factors that are universal to the supervision experience. Watkins (2017) added that common factors refer to relational variables such as the working alliance that cut across

psychotherapy and psychotherapy supervision. Watkins (2017) says also that interventions adopted for psychotherapy are many and vary according to therapeutic approach but that interventions adopted for clinical supervision are few and trans-theoretical.

Adopting a given model of supervision is technically an intentional application of a theoretical framework that informs the content and understanding of the clinical supervision process (Lampropoulos, 2003; Roberts, 2017). Kilminster and Jolly (2000) contend that, in the final analysis, the supervision styles and strategies supervisors adopt may be influenced by the model or theory of supervision a supervisor follows. Ladany, Walker, and Melincoff (2001) found in their study that supervisors adopt either a collaborative, interpersonally sensitive, or task-oriented style depending on the outcome they want from the supervision process. The supervision tasks and roles are simplified in the discrimination model of clinical supervision where a supervisor can take on the role of a teacher, counsellor, or consultant depending on the presenting need of the intern (Bernard, 1979, 1997).

Bernard and Goodyear (2014), Campbell (2006) and Chang (2013) also found in their studies that having a theory of change influences the professional development of interns positively. For example, integrating counselling theory into other models of supervision gives supervisors valuable information that can enhance their understanding of their supervisory style. Furthermore, knowledge of supervision theory/models may help supervisors to identify blind spots and adopt a more self-aware informed and fully integrated model of supervision (Crunk & Barden, 2017; Watkins, 2017; Watkins & Scaturo, 2013). Supervisors should therefore articulate a personal philosophy of supervision or a theory of change that they can follow to facilitate the clinical supervision process. Such a theory can be effectively applied when there is a solid supervisory working alliance between supervisor and interns.

What I gleaned from the literature on models of supervision is that supervisors are expected to follow at least one model of supervision in their supervision practice (Milne et al., 2011). Thus, like Chang (2013), I believe that supervisors should adopt a particular theory or model in their clinical supervision practice. Supervisor competencies including the use of models of supervision can be implemented successfully if supervisors and interns have a good working alliance that supports effective transfer of skills, as explained below.

2.7.4   THE WORKING ALLIANCE IN SUPERVISION

One of the earliest studies on supervision in counselling, and more specifically on the supervision working alliance, was by Edward S Bordin (Bambling, King, Raue, Schweitzer & Lambert, 2006). Bordin (1983) maintained that the working alliance has three components namely; bond, goals and tasks. The working alliance is the lifeline of the clinical supervision process and client clinical change according to several scholars (Bordin, 1983; Hauer et al., 2014; Ladany et al., 2013; Nelson, Barnes, Evans & Triggiano, 2008). As stated earlier, clinical

supervision aims at ensuring that interns apply acquired theoretical knowledge appropriately into their practical work.

Supervision is change oriented in that interns' personal and professional growth milestones are achieved within the supervisory relationship (Bordin,1983). At the commencement of supervisory relationships, supervisors are encouraged to be warm, empathic, and helpful to interns, and to encourage them to seek help when they need it (Folkes-Skinner et al., 2010). The best supervisors are often described by interns as being knowledgeable, genuine, respectful, and supportive during supervision (Folkes-Skinner et al., 2010).

Findings from a mixed-methods study by Egan et al. (2016) revealed that supportive supervision provides a space for interns to work through burnout caused by heavy caseloads and stressful experiences during their practice. Similarly, a qualitative study on becoming a community clinical psychologist by Gibson, Sandenbergh, and Swartz (2001) showed that a supportive supervision environment helps interns discuss stressful experiences in their community work.

In their survey on psychologists' satisfaction with supervision, McMahon and Errity (2014) found that if trust, understanding, and support are prized in the supervisory relationship, the promotion of self-awareness and growth in interns is inevitable. Conversely, if a supervisory relationship is characterised by blame, criticism, and judgement, it can lead to confusion, conflict, and misunderstanding (Sangganjanavanich & Black, 2009; Sellers, Valentino & LeBlanc, 2016). In order to reduce the effects of inadequate supervision, emphasis should therefore be placed on the adoption of clinical supervision strategies that enhance a good supervision relationship.

Chang (2013) describes the working alliance in supervision as a key element in the CFM, and Bordin (1983) argues that it is within the supervision working alliance that teaching and learning occurs, particularly the giving and receiving of feedback regarding interns' counselling practice. Supervisors' ability to establish, develop, and nurture a supervisory working alliance with interns is thus a valued clinical supervision competence (Borders et al., 2014; Bordin, 1983).

The literature shows that when building a working alliance, supervisors usually follow their own unique style, which is partly shaped by their own training experiences, and personal attributes (Watkins, 2014b). Spence et al. (2001) explain supervisory style as supervisors' consistent and unique manner of relating with interns. For example, some supervisors are facilitative in the way they conduct supervision whereas others are primarily didactic and structured. Interns' experiences within the working alliance may consequently be based on whether their supervisors adopt a task-oriented, an expert, a directive, or a facilitative style of supervision (Spence et al., 2001).

Many scholars equate a weak supervisory working alliance with inadequate supervision because a weak alliance may limit intern self-disclosure and adequate dissemination of constructive feedback from the supervisor (Ellis et al., 2008; Ladany et al., 2013). Clinical supervision as described by Ellis et al. (2014); Page and Wosket (2013); Worthen and McNeill (1996) should be focused on ensuring the safety of clients as well as interns' growth on a personal and professional level. A weak working alliance ultimately exposes interns as well as clients to a high risk of harm.

Regardless of the supervisory style, what is critical in effective clinical supervision practice is ensuring that the working alliance supervisors have with interns provides the transformational space interns require during counselling internships. In a good working alliance, the supervisor and supervisee have a bond, set goals of supervision and each of them knows and accomplishes his or her tasks. In a nutshell, nurturing the supervisory relationship helps increase the overall effectiveness of clinical supervision, especially where supervisors collaborate with interns to attain the desired skills (Bambling et al., 2006). The next section covers the developmental needs that supervisors may point out as they interact with supervisees.

2.7.5   INTERNS' DEVELOPMENTAL NEEDS

Interns' developmental needs determine the supervision strategies that supervisors will employ during supervision (Bernard, 1997; Chang, 2013; Kaufman & Schwartz, 2004). Interns' ability to utilise the acquired theoretical counselling skills and techniques to perform accurate case conceptualisations and devise appropriate treatment plans for clients is one of the most important professional requirements during the initial training experience (Borders, 2014). In this phase of training, novice counsellors transition into independent, competent counsellors, a process that is accompanied by many personal and professional changes (Corey et al., 2010; Folkes-Skinner et al., 2010).

Translating theoretical concepts and factual knowledge into practice during internship is an exciting phase that presents opportunities for growth, but it also comes with feelings of vulnerability and uncertainty (Bernard & Goodyear, 2014). Research indicates that many interns have minimal technical knowledge, doubt their ability to do counselling, and fear being judged. Some interns resist criticism made and recommended changes about their practice which supervisors have to help them overcome (Calvert, Crowe & Grenyer, 2016; Gonzalez, Ivers, Cristina Noyola, Murillo-Herrera & Davis, 2015; Grant, Schofield & Crawford, 2012). These doubts and fears can overwhelm some interns, making them dependent on their supervisors (Furr & Carroll, 2003).

Research also reveals that the kind of supervision support interns receive at this stage is vital as poor supervision may intensify their anxiety regarding their clinical abilities and lead to poor

service outcomes (Clark, Jeff & Grames, 2016; Folkes-Skinner et al., 2010; Furr & Carroll, 2003). Over two decades ago, Bischoff (1997) commented on how interns reacted to different supervising approaches. He pointed out that interns were happy with supervisors who were non-judgemental because the interns' performance anxiety lessened when their supervisors reminded that they could not fix everything in moments of low counselling efficacy.

Bischoff and Barton (2002) and Knox, Caperton, Phelps, and Pruitt (2014) found in their studies that interns who received supervision that focused on their strengths described their supervision experience as good. Conversely, a qualitative study by Knox et al. (2014) revealed that some of the participants reported that the supervision they received made them feel bad about themselves because their supervisors concentrated only on their skills deficiencies in clinical practice. Stupart et al. (2010) and Vernon (2009) found in their research that interns experienced it as more helpful when their supervisors showed genuine interest in them and their work, willingly passed on counselling techniques and skills, accorded them sufficient attention and time, had good communication skills, and were respectful.

Chang (2013) states that supervisors should be able to say where interns are on a professional development continuum. More specifically, they should be in position to identify interns' developmental needs. In other words, supervisors should conduct supervision in a way that will enable interns to progress towards professional competency (Fernando & Hulse-Killacky, 2005). Spence et al. (2001) believe that all interns may require direct supervision approaches, particularly when they are tasked with learning a new skill.

Stoltenberg and Delworth (1988) and Stoltenberg and McNeill (1997, 2011) describe professional development progress in relation to motivation, autonomy, and self- and other-awareness. Stoltenberg and McNeill (1997, 2011) point out also that before autonomy is attained, interns are dependent on supervisors for major decisions in their clinical practice. Drawing on the integrative developmental model of supervision, Stoltenberg and McNeill (1997, 2011) argue that supervisors adopt supervision interventions depending on the developmental level characteristics interns present. Stoltenberg and McNeill (2011) maintain that level one interns exhibit anxiety before they see clients and have many theoretical learning needs, which makes them dependent on supervisors for teaching and modelling purposes.

In the discrimination model, Bernard describes the roles supervisors play in meeting the presenting personal and professional needs of interns (Bernard & Goodyear, 2014). As discussed in section 2.7.3, a supervisor can engage with interns as a teacher, counsellor, or consultant depending on the need the intern counsellor presents with. For example, a supervisor may teach interns who are less experienced in functional skills and in which case the interns are dependent on the supervisor (Bernard & Goodyear, 2014). In the more advanced stages, the supervisor may engage with the supervisee in a consultant role because the supervisee may have acquired most of the foundational and functional skills and may

therefore be less dependent on the supervisor (Bernard & Goodyear, 2014). Like Stoltenberg and McNeill (1997, 2011) and Chang (2013), I believe that supervision should be structured in line with the developmental nature of interns' skills acquisition phases. In the initial stage of supervision, supervisors should provide support coupled with directive supervision approaches aimed at guiding interns to become competent and independent practitioners at the end of the internship.

2.8 SUMMARY

I contextualised the present study by reviewing studies that deal with the status of counsellor supervision globally and in Uganda, discussed the evolution of the definition of supervision, and set out the objectives of supervision. I also reviewed the literature on the importance of supervisor competence and training and ended the chapter with a detailed discussion of the conceptual framework adopted for the study. I elaborated on the following key concepts: administrative context, the working alliance in supervision, supervisory functions and theory of change. The literature reviewed showed that there is abundant information on counsellor supervision from developed countries but limited clinical supervision scholarship from developing countries. Thus, based on the literature reviewed in this chapter, the knowledge gap which is the focus of this study is how site supervisors conduct supervision at the selected counselling internship sites in Uganda. In an attempt to fill the contextual gap in the counsellor supervision literature, this study elicited information from the site supervisors and intern counsellors at four selected counselling internship sites in Uganda. Based on an interpretive paradigm, I adopted a qualitative research approach and an instrumental case study to answer the study's overarching question, as I discuss in chapter three.

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Chapter Three
Research Methodology

3.1   INTRODUCTION

This chapter presents and justifies research philosophy and the methodological perspectives of this investigation. This study is situated in the interpretive research paradigm. I begin by examining the ontological and epistemological considerations that underpin interpretive research and then provide my justification for adopting this paradigm and the rationale behind the methods I selected. I also explain the sampling criteria, the data sources, and the procedures followed during the data generation and analysis. Finally, I describe the quality criteria adopted and the ethical considerations adhered to throughout the research process.

3.2   PARADIGMATIC PERSPECTIVE

This study was situated in the interpretive world view. I start by discussing the assumptions on which the interpretive paradigm is based and explaining my decision for adopting this paradigm for this study. I then explain how the paradigm informed the research design and data collection strategies of the study.

3.2.1   INTERPRETIVISM

Interpretivism has its roots in hermeneutics, which is the study of the theory and practice of interpretation (Nieuwenhuis, 2014). The interpretive research position is based on the belief that human beings generate knowledge and meaning from the interaction between their experiences and ideas (Yin, 2016). Proponents of the interpretive paradigm postulate that what an individual knows about a particular phenomenon is entirely in his mind, and the researcher has to engage the individual verbally to access this knowledge (Dennis, 2013). Studies conducted according to the interpretive paradigm are characterised by the use of methods that give voice to research participants' views, which vary from individual to individual based on the lens through which each views the world around him or her (Creswell, 2014).

The interpretive perspective focuses on action or behaviour that has meaning (Creswell, 2014). Behaviour can be meaningful only if those involved explain the subjective intentions of their behaviour through sharing their experiences with the researcher (Cohen et al., 2011). The interpretive paradigm emphasises studying phenomena within participants' contexts so that the meaning and understanding of the activities participants are engaged in can be captured (Creswell, 2012). Moreover, within the interpretive paradigm, individual participants' interpretations of the world around them are accorded a special place (Creswell, Hanson, Plano & Morales, 2007).

Several propositions have been advanced regarding the interpretive paradigm, namely that the meanings people attach to a phenomenon are context-specific so the phenomenon can best be understood by exploring the meanings they attach to it in the context of their realities (Creswell, 2014). Furthermore, interpretivists believe that reality is not determined objectively but, rather, is socially constructed. Researchers therefore have to engage with people in their contexts in order to understand their perceptions of their own activities (Silverman, 2013). In addition, interpretivists believe that there are multiple explanations of phenomena and that these explanations differ across time and contexts. Researchers should therefore give individual research participants the opportunity to express their diverse subjective realities (Nieuwenhuis, 2016b).

Interpretivists contend that the social world does not exist outside the knowledge of the researcher and those being researched (Creswell, 2012). More specifically, interpretivist researchers understand phenomena through the lens of others and describe the phenomena through the filters of their own knowledge and experience because meaning making is personal (Nieuwenhuis, 2016b). The interpretive paradigm is guided by several assumptions that are discussed in the paragraphs below.

Firstly, interpretive researchers believe that multiple realities or multiple truths exist based on each individual research participant's perception of reality (Nieuwenhuis, 2016b). This belief relates to understanding the nature and essence of a particular phenomenon by exploring the subjective meaning attached to it by the people in the context where the phenomenon is being studied (Creswell, 2014; Nieuwenhuis, 2014). Thus, interpretive researchers embrace the idea of multiple realities because they believe multiple meanings are also attached to the phenomenon under investigation (Creswell, 2014; Nieuwenhuis, 2016c). It follows then that interpretive researchers, the research participants being studied, as well as the consumers of qualitative research each subscribe to different realities. Cohen et al. (2011) maintain that the findings of a study carried out in accordance with the interpretive perspective should include the meanings and purposes of those who conducted it.

Secondly, at the epistemological level, the interpretive paradigm is guided by the belief that human knowledge is in the mind and is observable in the daily activities of people (Cohen et al., 2011). Accordingly, human life can be understood only from within, requiring interpretive researchers to study participants' subjective experiences and interpretations as well as their interaction with their social environment (Silverman, 2013). Interpretive researchers therefore have to get close to participants to elicit the subjective evidence from their individual views (Creswell, 2014).

Thirdly, interpretive researchers argue that specific research methods should be adopted to access participants' subjective reality (Nieuwenhuis, 2016c). Interpretive methodology is geared towards understanding phenomena from an individual's viewpoint and investigating the

interactions among people as well as the different contexts and settings that people inhabit (Creswell, 2014). Accordingly, interpretive researchers can adopt research designs that include the case study, ethnography, grounded theory, phenomenology, and narrative study.

Proponents of interpretive research believe also that ideas, concepts, and propositions about phenomena exist only in the mind and can be accessed by adopting qualitative research methods (Nieuwenhuis, 2014). Several research methodology scholars recommend the adoption of methods that rely on text data to unravel participants' subjective realities (Creswell, 2012). Such methods include semi-structured interviews, focus group discussions, and the use of relevant documents (Cohen et al., 2011).

The fourth assumption is that the social world does not exist independently of human knowledge. People's prior knowledge, values, beliefs, and intuition influence the way they understand reality (Nieuwenhuis, 2014). Consequently, research conducted from the interpretive research paradigm may be value laden because the researcher and the entire research process are inextricable (Cohen et al., 2011; Silverman, 2013). As such, authenticity and reflexivity are processes that every interpretive researcher should engage in during the research process to ensure that the research findings are credible (Anney, 2014). More specifically, interpretive researchers are expected to record all the events occurring in the field as one way of ensuring the authenticity of their findings (Yilmaz, 2013). As part of ensuring authenticity, interpretive researchers are encouraged to do member checking to test participants' data and interpretations thereby also reducing researcher bias (Anney, 2014). However, these four assumptions, which are fundamental to interpretive research, have also been criticised by several schools of thought, especially the positivists, as discussed below.

3.2.2   CRITICISM OF THE INTERPRETIVE AND NATURALISTIC APPROACH

The naturalistic approach to research has attracted criticism, especially from the positivists who argue that it is not precise and has no agreed terms; consequently, the results from naturalistic studies cannot be generalised (Cohen et al., 2011; Nieuwenhuis, 2016d). Semi-structured interviews are the main data collection method used in interpretive research, and the researcher is in most cases the lead interviewer thus making findings from interpretive studies largely subjective and difficult to generalise (Silverman, 2013).

Critics of the naturalistic paradigm argue further that because interpretive researchers are emotionally and physically involved in the research process, findings can be biased (Dennis, 2013). Morrow (2005) points out that all research has an element of bias in it but that interpretive researchers, as co-constructors in the collection and interpretation of data, can monitor their bias. To mitigate the effects of researcher subjectivity and bias on this study's findings, I took careful note of my personal biases throughout the research. In my reflective journal, I am frank about where my past experiences as a supervisor and as a counselling

student came into my mind in during the data analysis process and how I dealt with this (see Section 3.6.4).

Despite the criticisms of the interpretive research paradigm, its philosophical assumptions emphasise the centrality of individual participants in the generation of data, which makes it suitable for this inquiry as discussed in more detail in the section below.

3.2.3   JUSTIFICATION FOR THE INTERPRETIVE PARADIGM

As stated earlier, interpretive researchers believe in the existence of multiple realities because they assume that every participant's experiences are unique to him or her. Similarly, in this study, I assumed that each participant had his or her own experiences of supervision or of being a supervisor and that these experiences were inherently influenced by the organisational dynamics of the internship site in which the supervision took place. I also believed that the reality of each participant in the study was informed by his or her own personal experiences. Thus, I adopted the interpretive paradigm because I believed the participants' clinical supervision experiences were related among other things to the set-up and services provided at the four internship sites, the intern level of training, the intern learning needs, and the internship site supervisor's competence.

I also subscribe to the interpretive view that human knowledge is created in each individual's mind thus requiring the researcher to get as close as possible to the participant to make sense of his or her subjective reality. In-depth understanding of participants' experiences can be achieved only through directly engaging with the participants. I was convinced that if I could converse with each participant, I would get rich and detailed multiple perspectives about counselling supervision in the selected internship sites as each participant had his or her own story, which I could adequately capture through the interpretive paradigm.

Methodologically, I was aware that knowledge about the clinical supervision at the internship sites would emerge only through a dialogue between me and participants in their respective contexts. To access the participants' subjective reality about the clinical supervision, I had to use strategies such as face-to-face individual interviews and the interns' reflective journals to collect the desired information effectively. These data collection methods are considered appropriate for qualitative studies situated in the interpretive paradigm. I therefore remained in the field for a prolonged period of time to enable me to obtain rich descriptions of the clinical supervision in the selected internship sites. I was aware that, as the supervisors and interns reflected on their supervision experiences, they disclosed their subjective realities, which was the purpose of this investigation.

3.3   METHODOLOGICAL PARADIGM

In order to access rich and in-depth information on clinical supervision at the selected counselling internship sites, I adopted a qualitative research approach in the belief that this approach would reveal the participants' subjective perspectives (Bradbury-Jones et al., 2017; Creswell, 2014; Lincoln, Lynham & Guba, 2011; Welman, 2007). Qualitative research focuses on gaining comprehensive understanding of how participants interact with each other in a particular context and also of their subjective reality regarding a particular phenomenon (Creswell, 2014; Willig, 2008). A qualitative researcher therefore attempts to answer questions such as the why, the what, and the how about a given phenomenon (Nieuwenhuis, 2016b).

Mason (2002) describes three broad assumptions of qualitative research. First, qualitative research is based on interpretive assumptions, that is, how participants understand and interpret their social world. Second, qualitative researchers can adopt data collection methods that suit the participants in the research context. Third, qualitative researchers adopt data analysis methods that involve understanding detail and context to enable proper contextualisation of findings. The choice of a qualitative approach for this study was guided by the need to capture the context-specific multiple perspectives of the supervisors and interns at the selected counselling internship sites.

A qualitative research approach values the context, interpretation, subjectivity, and non-neutrality of the researcher as key aspects of the inquiry process (Ravitch & Carl, 2016). Many scholars maintain that interpretive researchers should conduct their studies in the participants' natural setting so that they can better interpret and understand the findings based on the meanings the participants attach to particular phenomena (Cohen et al., 2011; Creswell, 2012, 2014). A qualitative approach enables researchers to obtain in-depth understanding of the multiple meanings participants attach to their experiences as they occur in their natural setting (Higginbottom, 2009; Mason, 2002; Ravitch & Carl, 2016).

In this study, I gave the participants a chance to share their realities through individual semi-structured interviews and their reflective journals. I took time to listen, transcribe, and read the conversations I had with the participants, and I believe I was able to capture their subjective reality regarding supervision from their site supervisors. For example, the interns in the study had very specific experiences based on where they were located, and I needed to understand how those experiences occurred for each individual intern. The supervisors, too, had experiences, and for me to understand their experiences, I had to adopt a qualitative approach to unravel their multiple realities regarding supervision in their natural setting. Table 3.1 below summarises the characteristics of the qualitative research in the present the study.

Table 3.1:   Characteristics of qualitative research (Creswell, 2014; Ravitch & Carl, 2016)

Characteristic	How the characteristics of qualitative research featured in the study
Data are collected at the site where participants experience the issues under investigation.	I visited each of the selected counselling internship sites during the internship period between May-August 2016 and, collected data from the supervisors and interns, who were at the sites and in a supervisory relationship.
The researcher is a key research instrument because he or she personally collects data directly from participants.	I personally conducted all the face-to-face interviews with the participants, collected the available documents used during supervision and the intern reflective journals.
Data sources.	The data sources included semi-structured individual interviews, supervision documents, and the interns' reflective journals.
Thematic data analysis.	Data were carefully coded leading to categories and themes. This process culminated in a rich and in-depth description of how clinical supervision at the selected internship sites in Uganda occurs.
Meanings participants attach to the phenomena being researched.	This study focused on eliciting the meanings the supervisors and interns attached to clinical supervision at the selected research sites. To this end, I interviewed four supervisors and seven interns. I perused the data repeatedly to see if the categories, explanations, and interpretations made sense.
Reflexivity involves researchers reflecting on how their role in a study and their personal background, culture, and experiences can influence their interpretation of data.	I kept a researcher's journal in which I recorded my feelings and thoughts during the data collection and analysis.
Holistic account that involves reporting multiple perspectives, identifying the many factors involved in a situation, and generally sketching the larger picture that emerges.	I interviewed the counsellor supervisors and interns in diverse internship settings. The participants expressed the meaning they attached to clinical supervision in their natural setting.

The above table outlines the characteristics of qualitative research and how these characteristics were reflected in the study. The next section covers criticisms of qualitative research.

3.3.1 CRITICISMS OF QUALITATIVE RESEARCH

Qualitative research has been criticised for using small samples in order to obtain thick and rich descriptions of a given phenomenon (Cohen et al., 2011). The findings of studies conducted following a qualitative approach can therefore not be generalised to wider populations because of the small size of the samples (Nieuwenhuis, 2014; Seale, 1999). However, this limitation did not affect this study because its purpose was not to generalise but rather to gain in-depth insight into the participants' experiences of clinical supervision at the selected research sites.

In qualitative research, the researcher takes a leading role during the data collection and in the transcription, analysis, and interpretation of interviews and related documents, and, as a result, personal bias can occur throughout the research process (Cohen et al., 2011). To address this criticism, I used multiple data collection sources to give a holistic picture of site supervision at the selected internship sites. In addition, my supervisor continuously reviewed my research write-ups to identify any areas of bias.

3.4 RESEARCH DESIGN: INSTRUMENTAL CASE STUDY

An instrumental case study design was adopted for the study. Such a design is preferred when the boundaries between phenomenon and context are not clear, and the researcher intends using multiple data sources in the investigation (Yin, 2014:16). A case is described as a functioning system with specific or defining characteristics—examples of cases that can be studied include a person, a programme, an organisation, and a country (Creswell, 2014; Silverman, 2013). Baxter and Jack (2008) maintain that a case is characterised by the activity the researcher hopes to investigate and the time frame in which it takes place—the researcher thus chooses a case because of its boundaries. This study's overarching research question centred on gaining insight into how intern counsellors are supervised by site supervisors at the four selected counselling internship sites. I purposively selected several participants from several sites (see Section 1.11) to gain an in-depth understanding of how site supervisors conducted the supervision of intern counsellors.

An instrumental case study design is preferred when the researcher wishes to gain in-depth insight into the phenomena under investigation (Taylor, 2013). Such a design in qualitative research facilitates the generation of rich and in-depth data from real-life and naturally occurring contexts (Yin, 2014). Furthermore, using multiple data sources renders the results from instrumental case studies more reliable and robust, and reveals the issues across diverse circumstances more effectively than a single data source can (Andrade, 2009; Baxter & Jack, 2008).

The present case study was situated in the interpretive paradigm, so I focused on interpreting what the participants at the four counselling internship sites said regarding how counsellor

supervision was conducted there. The study was conducted in the participants' real-life contexts where the supervision was taking place. In this study, I thus reported on my interpretations of the supervisors' and interns' understanding of clinical supervision as it occurred at the four sites. I was aware that each case was a complex entity located in its own environment and situation with a unique context and background. These context-specific factors helped me uncover how clinical supervision took place at the selected counselling internship sites and to describe what was common in findings from the four selected counselling internship sites and what was unique to a given internship site.

As stated in chapter one, I concur with Harling (2012) that theory may be a starting point in research as it gives direction to the researcher in designing various aspects of a study such as the research questions and how the researcher analyses and interprets the data. The use of theory also helps researchers filter and organise data (Harling, 2012). Following Harling (2012) and Yin (2017), I opted to use a framework—in particular the CFM advanced by Chang (2013)—to help me focus the study in terms of setting the research questions as well as the data analysis and the organisation of the study's findings. I also indicated in chapter one (1.9) my awareness that some scholars believe that interpretive studies should have data-driven findings and no theory upfront (Creswell, 2012, 2014). Creswell, for example, argues that the use of theory upfront in a qualitative study may interfere with the interpretation of the data.

However, scholars such as Harling (2012) and Yin (2017) maintain that qualitative case study researchers can use theory upfront effectively to guide them in formulating research questions and analysing data. Harling (2012) nevertheless cautions researchers who use theory upfront to be aware of the paradoxes that may arise between the theory and the findings from a qualitative case study. In response to the limitation of using theory upfront highlighted by Creswell (2012, 2014) and Harling (2012), I did the initial coding and theming independently of CFM precepts in order to capture unique findings from the data.

Furthermore, in accordance with Shenton (2004) regarding the credibility of findings from qualitative studies, initial coding and theming enabled me to ensure that the study's findings were congruent with the reality as expressed by the participants at the selected internship sites. I also recorded in my reflective journal some of the major issues that emerged from the data collection sessions. The initial coding done with limited reference to key CFM precepts coupled with my reflective notes helped me present findings as they occurred in the research settings. I thus ensured that the participants' subjective realities were adequately reflected in the study findings.

3.5   SAMPLING STRATEGY

Purposive sampling was used in the selection of the research sites and participants. Purposive sampling involves choosing research sites and participants because they possess specific

characteristics that make them suitable for a given study (Cohen et al., 2011; Creswell, 2014; Nieuwenhuis, 2014; Wahyuni, 2012). In the same vein, purposive sampling allows the researcher to collect data from multiple sources on the basis of which comparisons can be made (Cohen et al., 2011; Silverman, 2013). There are many types of purposive sampling, but, for this investigation, I used maximum variation or heterogeneous purposive sampling. Maximum variation purposive sampling is used when a researcher wishes to understand how a phenomenon is understood by different people in diverse settings (Crossman, 2017; Fletcher & Plakoyiannaki, 2012).

Crossman (2017) and Fletcher and Plakoyiannaki (2012) state that when maximum variation purposive sampling is used for an inquiry, the researcher should select a small number of research sites in order to maximise diversity of research contexts and participants. I therefore selected four counselling internship sites for this study and set the criteria that had to be met by the four counselling internship sites that had been selected as the research sites for the study.

3.5.1 SELECTION OF COUNSELLING INTERNSHIP SITES

The selected internship sites were organisations that accepted interns for counselling internships and provided various services to the public. The selection of counselling internship sites for this study was informed largely by my experiences as a supervisor and as an assistant counselling internship coordinator at a counsellor training university in Uganda. While serving in this position, I discovered that the interns preferred organisations that provided essential services to the public. The most preferred organisations included hospitals, community clinics, police stations, and HIV/AIDS clinics. For this research, I selected a hospital, a community clinic, an HIV/AIDS clinic, and a police station to ensure that I generated rich and in-depth data as each organisation was unique regarding the services it delivered to the public.

The selection of the four organisations was informed also by my assumption that although supervision was taking place at all the organisations, there would be variances in how it was conducted given the uniqueness in organisational structure and service delivery plans. By selecting organisations that offered unique services to the public, I would obtain robust findings regarding counsellor supervision in the different contexts. Secondly, I also had to bear in mind that because I was going to conduct this study alone, I had to keep the data manageable by selecting a limited number of organisations.

The selected internship sites (organisations) were in the Wakiso and Kampala districts in the central region of Uganda mainly because most of the organisations interns choose for counselling internships are concentrated in this area, which meant that I could easily access the necessary interns and supervisors. Furthermore, six out of the 10 counsellor-training universities in Uganda are in these districts. Such universities whose main campuses are not

in these districts have campuses in Kampala. Some students at the four remaining universities outside the Wakiso and Kampala districts did their counselling internships in these districts because it was easier for them to get placements there. Figure 3.1 below is a map of the Wakiso and Kampala districts where the study was conducted.
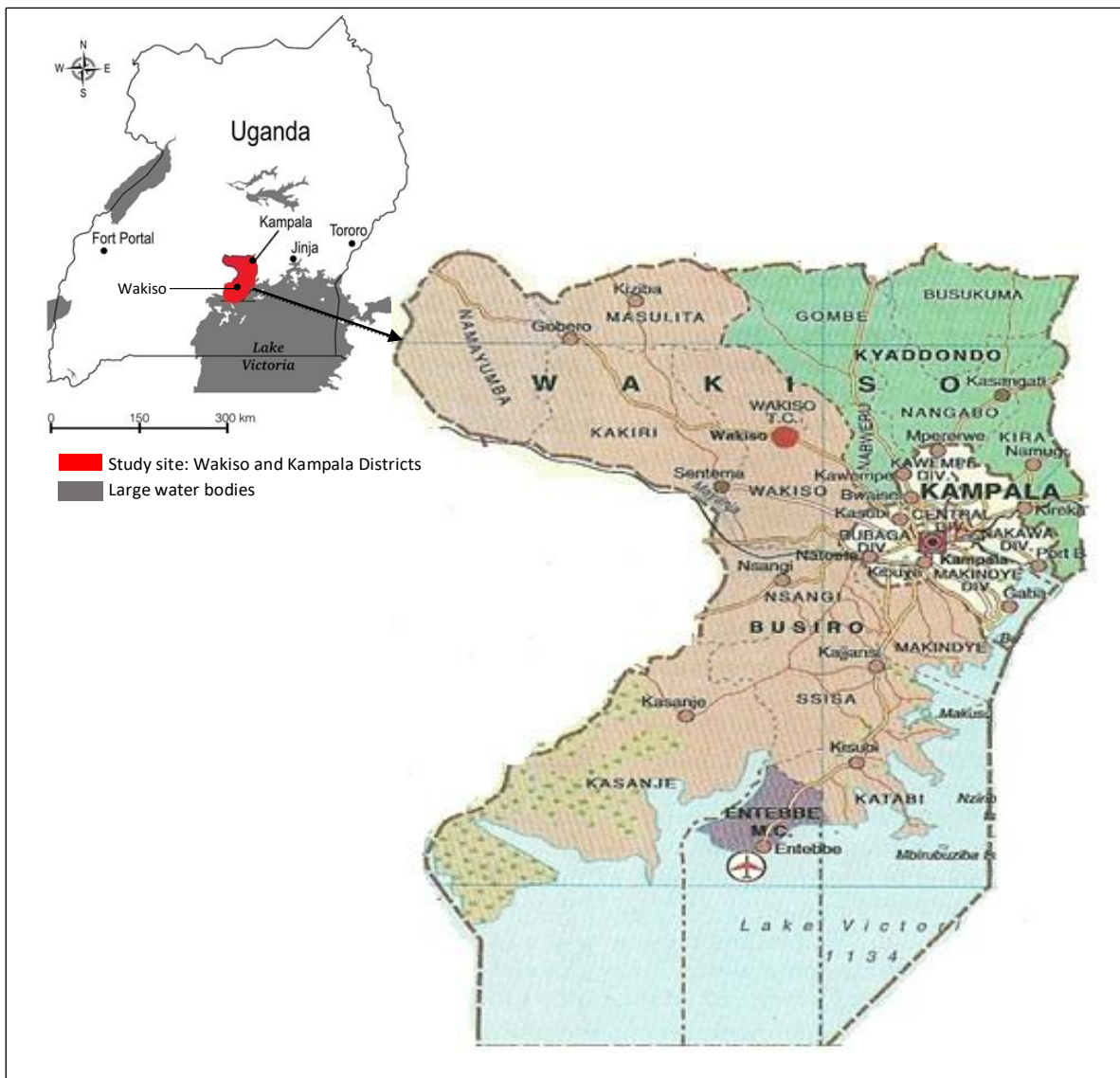
Figure 3.1: Map showing the geographical boundaries of the Wakiso and Kampala districts in Uganda where the research was conducted

A detailed contextual description of the research sites is provided in Appendix P.

3.5.2   UNIT OF ANALYSIS

The unit of analysis in this case study was how supervision of interns at counselling internship sites was conducted. The supervisors and undergraduate intern counsellors at the four organisations were selected as participants to provide rich and in-depth data on how supervision of intern counsellors was conducted at the different organisations. My choice of

the unit of anlysis is in line with the argument fronted by Falender and Shafranske (2004) which stated that, to be able to explain the actual practice of supervision, research should be conducted in real world settings focusing on supervision as it occurs every day. Following Cohen et al. (2011) and Creswell (2014), a supervisor and an intern(s) in a supervisory relationship were selected because in my view they could best provide the data needed to achieve the study's purpose. The supervisors would be able to describe how they conducted the supervision, and the interns would be able to describe how they were supervised in the different contexts. I accordingly approached the prospective participants individually and arranged for an initial meeting with each of them regardless of age, tribe, gender, or religion.

Against this background, I selected participants who met the following criteria: site supervisors and undergraduate guidance and counselling interns who were in a supervisory relationship and were willing to participate in the study. Details of the supervisors and interns who took part in the study at the selected research sites are provided in Appendix Q.

3.6   DATA GENERATION

The data for the study were generated using a combination of semi-structured individual interviews with supervisors and interns as well as documents used in the supervision process (Houghton, Murphy, Shaw & Casey, 2015). These documents included the evaluation form used by the site supervisors and the interns' reflective journals. I was actively involved in the data collection as the lead interviewer, accessing and analysing documents, and taking notes. I collected data from the selected research sites within the stipulated time frame for the inquiry, namely May-August 2016. The data were documented in the form of recorded interviews and the transcription of the interviews, and the interns' reflective journals. Figure 3.2 summarises the data sources of the inquiry.
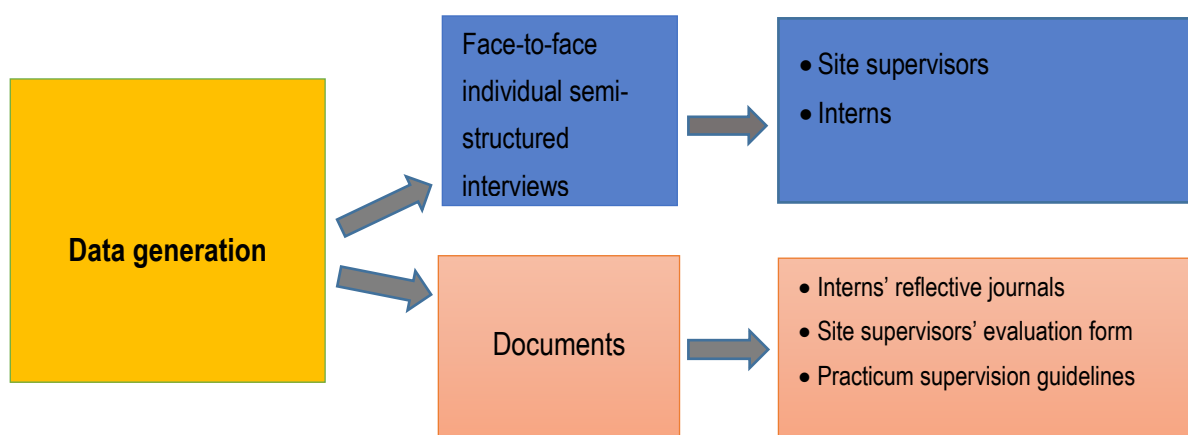
Figure 3.2: Sources of data

3.6.1 FACE-TO-FACE INDIVIDUAL SEMI-STRUCTURED INTERVIEWS

Interviews are guided conversations considered one of the most important sources of case study data (Yin, 2016). Semi-structured interviews are crucial in qualitative research because, besides the set questions, the researcher can also ask probing questions to elicit rich data (Cohen et al., 2011). The participants' responses provide descriptions and narratives or texts the researcher then interprets and reports on (Ravitch & Carl, 2016; Ravitch & Riggan, 2012). Baskarada (2014) states that semi-structured interviews are flexible in nature allowing the researcher to refocus the questions or prompt for more information as interesting issues emerge. Face-to-face individual interviews were appropriate for this study because they helped uncover the supervisors' and interns' subjective experiences regarding supervision.

In constructing the interview guide for the study, I followed my conceptual framework, which guided me on the issues to be investigated. I accordingly asked the supervisors how they practically supervised the interns and the interns how they experienced and benefited from their supervisors' strategies. Appendices A and B contain the semi-structured interview guidelines for the supervisors and the interns respectively.

Before I started collecting the data, I piloted the interview questions. Following Cohen et al. (2011) prescriptions, I used opportunity sampling to pilot the semi-structured interview guide. I conducted a pilot interview with a colleague involved in counsellor supervision and an intern at a health centre not selected for the study to check whether the questions elicited the required information. The pilot interview responses indicated that the questions were clear to the pilot participants. I therefore adopted the proposed interview guide for the face-to-face interviews in the study.

I established rapport with the participants from the first information meeting as part of a process to promote the development of trust and cooperation throughout the study. Following Silverman (2013), I gave a lot of thought to the timing and location of the interviews to avoid any interruptions. All the interviews took place on the counselling internship premises, and the supervisors and interns were interviewed individually and separately. I conducted the interviews at the end of the internship period for each organisation, which meant that some interviews were conducted at the end of July and others in August. I opted to conduct the interviews at the end of the internship period after the interns had undergone the whole supervision process. The idea was to capture the rich and in-depth subjective reality of the participants regarding counselling supervision as they experienced it first-hand throughout the internship.

The supervisor interviews were conducted in their offices at each internship site, and the intern interviews were conducted in the particular organisation but in a private and secure location

the interns preferred. The interviews with supervisors lasted between 20 and 40 minutes and those with the interns between 10 and 25 minutes. Although in this study I preferred the semi-structured interview since it includes systematic steps for data collection, there is a move towards informal conversational interviews and standardised open-ended interviews, as supported by (Cohen et al., 2011). I attempted to pursue a consistent line of inquiry, but the actual questions during the interviews were fluid rather than rigid and gave me in-depth understanding of the participants' experiences. One of the interviews transcribed verbatim is attached as Appendix U to show the initial questions asked as well as the clarification of questions that arose as the interview progressed.

Semi-structured interviews also have limitations; for example, participants may have a poor recall of events, their responses may be biased, and they may struggle articulating their views (Baskarada, 2014; Creswell, 2014). To ensure that such limitations did not jeopardise obtaining valuable information in the present study, documents from the supervisors as well as the interns' reflective journals were used to corroborate the data gleaned from the semi-structured interviews.

3.6.2 DOCUMENTS AS SOURCES OF DATA

Documents refer to materials recorded in different forms that are relevant to a particular study and used as data sources (Bowen, 2009). Documents are important for enhancing the accuracy of information and for corroborating and augmenting data from other sources (Willig, 2008). Documents provided key information for this study and new parameters for further research. However, the documents as source of data have some limitations.

Using the interns' reflective journals to collect data was problematical. According to Bowen (2009), the information a researcher obtains from documents may be insufficient to answer the research questions as the documents are often not designed for research purposes, and at times it is difficult to retrieve them. At some internship sites where I interviewed more than one intern, I was handed only one reflective journal. The interns who did not keep reflective journals explained that the internship was so demanding with so many write-ups to do such as session notes, case notes, and their log books, they did not have time for their reflective journals.

During data collection, I became frustrated because the interns' reflective journals did not help me collect data as I had hoped. I noted in my researcher journal on 1 July 2016: *I can't believe this. I wish I had left out the interns' reflective journals because it looks like I am not going to get anything using this method.* The limitations of using documents as a source of data were overcome by adopting other methods such as face-to-face, semi-structured individual interviews. Thus, the documents used to generate data for this study included the interns' reflective journals, my reflective journal, a site supervisor's evaluation form, and the supervision guidelines from Y University.

3.6.2.1 Interns' reflective journals

Willig (2008) maintains that encouraging participants to keep reflective journals or diaries is a good way of gaining access to their subjective views on the phenomena under investigation. This method was chosen to elicit further data from the interns because of the limitations associated with the interviewing method. I asked the interns to keep a reflective journal to record their supervision experiences on a weekly basis. During the information meeting, I discussed the journal writing guidelines with the participants.

I drew on the reviewed literature to outline the reflective journal writing guidelines for the interns. The fundamental aspects of these guidelines included: a) frequency of supervision received from their supervisors; b) strategies used by their supervisors to supervise them; c) good supervision experiences; d) poor supervision experiences; and e) lessons learnt from their supervision experiences (see Appendix L). The interns were scheduled to be actively involved in reflective journal writing between May and August 2016. However, as can be seen from the journals, many of the participants wrote their reflective thoughts only in the last two weeks of the internship.

3.6.2.2 Evaluation form and supervision guidelines

During the one-on-one individual interviews, I asked the supervisors to hand me the supervision documents that were available such as the site supervisor's evaluation form which participants referred to during the interviews. Moreover, it was incumbent on the supervisors to send completed evaluation forms to the coordinators of Y University psychology department. Similarly, the interns had supervision guidelines and instructions which they received from their Y University which I photocopied. Table 3.2 below lists the documents I was able to collect from the supervisors at the four sites.

Table 3.2:   Supervision documents analysed

Document title	Author	Content regarding supervision
• Interns' reflective journals	Interns	The reflective journal guidelines were structured in line with the semi-structured individual interview questions for purposes of corroborating the inquiry findings (Appendix L).
• Counsellor training university form used by site supervisors to evaluate interns	Educational institution	The site supervisors' evaluation form has four areas of importance: assessing an interns' ability to work with others, commitment to work, punctuality, and willingness to learn (Appendix N).

• Practicum supervision guidelines	Educational institution	The practicum supervision guidelines were handed to the interns outlining their supervisors' expectations of them as well as the interns' expectations during supervision (Appendix M).

3.7   DATA CAPTURING

All the individual semi-structured interviews were audio-recorded and later transcribed verbatim. The interns kept a separate book as a reflective journal specifically for this study and they handed it to me at the end of the internship. The data from the interns' reflective journals, evaluation forms, and supervision guidelines were extracted following the themes that had emerged from the interview data. All the audio-recorded interviews, photocopies of the supervisors' evaluation forms, practicum guidelines, and the interns' reflective journals used in the study were submitted to the University of Pretoria where they will be stored for 15 years. The audio recordings and documents used as data sources were stored for quality purposes and to ensure that there is accessibility to this study's audit trail.

3.8   DATA ANALYSIS

This was a qualitative instrumental case study, so data were analysed thematically. As shown in Figure 3.3 below, the data were analysed according to an inductive thematic approach. I analysed the data by condensing the extensive raw data collected from the semi-structured individual interviews, the relevant documents, and the interns' reflective journals.

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Data Analysis Process

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⬇

1. Familiarisation with data

2. Generation of initial codes and categories.

3. Merging codes to form categories with predetermined subthemes and themes drawing on the key concepts of the Contextual-Functional Meta-Framework for Counselling supervision (CFM).

4. Reviewing themes

5. Defining and naming themes

6. Reporting
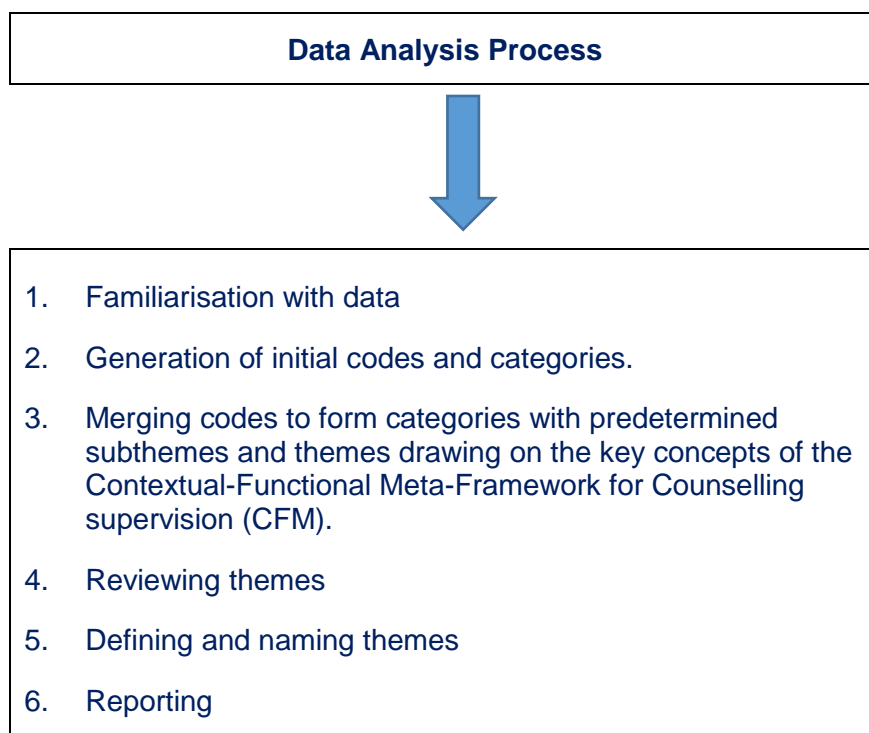
Figure 3.3: Data analysis process

3.8.1 THEMATIC ANALYSIS PROCESS

The textual data (individual semi-structured interviews, interns' reflective journals, supervision evaluation forms, and supervision guidelines from one of the counsellor training programmes) were analysed thematically. I began with the transcribed data from the participants' semi-structured interviews. This was followed by analysis of the data extracted from the five interns' reflective journals accessed as well as other supervision documents which were shared by the participants. Thematic analysis includes identifying recurring themes or words that reflect core meanings (Silverman, 2014; Vaismoradi, Turunen & Bondas, 2013). The process of identifying recurring patterns from data enables the researcher to explore in detail the phenomena under investigation (Cohen et al., 2011; Nieuwenhuis, 2016a). I searched the data for evidence of what the supervisors and interns described as constituting clinical supervision at each internship site. I approached all the data in terms of the six steps described in the section below.

3.8.1.1 Step 1: Familiarisation with data

All the data in each case were carefully transcribed and read and re-read, noting initial ideas. Vaismoradi et al. (2013) stress the importance of reading through all the data sources in their entirety several times. Familiarising myself with the data enabled me to gain a sense of my sources in all the data sets. I read and studied the transcribed data from the semi-structured interviews repeatedly while identifying and highlighting keywords and responses from each of the interview transcripts and noting them in the margin of each data transcript under the heading I had marked as 'reflective notes.' What I recorded in the margin were basically my general thoughts about the data. I also kept on re-listening to the audio-recordings while reading the transcribed interviews to ensure accuracy during the data analysis and interpretation. I must mention here that my experiences as an intern and later as counsellor supervisor influenced my data analysis and interpretation, as I said in my role as a researcher (see Section 3.8.5). I had my good and bad experiences counselling as a student and later as a counsellor supervisor. There were instances during the analysis when I encountered issues such as supervisors establishing rapport and supervisors not adhering to the supervision timetables, so I could easily identity the good and not so good supervision practices and experiences.

3.8.1.2 Step 2: Generation of initial codes

During this phase, I systematically coded all the meaningful aspects of the data I found to be in line with what the supervisors and interns at each internship site had said about how clinical supervision was conducted across each data set and arranged data relevant to each code as pointed out by Vaismoradi et al., (2013). The data applicable to each identified code were then

categorised based on shared meaning (Crowe et al., 2011b; Patton, 1999). Coding aims at organising transcribed data into chunks before attaching meaning to the chunks of information. It is therefore crucial to get a general sense of the information and to reflect on its overall meaning (Silverman, 2014). Cohen et al. (2011) stress the importance of knowing the contextual settings in which face-to-face interviews were conducted. During the generation of the initial codes, I identified the recurring ideas and language and knowledge patterns about how clinical supervision is conducted at each counselling internship site. According to Crowe et al. (2011b), the generation of codes is critical in data analysis because it paves the way for the generation of themes, subthemes, and categories. Examples of how codes were generated from the data are given in Figure 3.4 below.

Figure 3.4: Generation of initial codes from the data

The qualitative analysis literature indicates that researchers may code their data based on but not limited to "Acts of behaviour, events, activities, strategies, practices or tactics, states,

meanings, involvement or adaptation to something new, relationships, conditions and constraints, consequences, settings and reflexivity" (Fade & Swift, 2011, p. 108). Drawing on the key concepts of this study's conceptual framework, I analysed the data through coding, which involved labelling texts (paragraphs, sentences) with an appropriate term of what I construed to be the participants' views on clinical supervision at the selected internship sites (Braun & Clarke, 2006). This coding process revealed new insights from the data as I analysed the data across the data sets. I engaged in closed and open coding which facilitated labelling of concepts, and later on identification categories derived from the various data sources. I ensured that there was a strong relationship between the derived code and the key concepts in the study's conceptual framework.

3.8.1.3 Step 3: Merging codes to form categories in line with the predetermined subthemes and themes

The themes for this study were predetermined. More specifically, they were drawn from the key concepts of the Contextual-Functional Meta-framework for counselling supervision (see Chapter two) in which this investigation is anchored. As such during this phase, I started merging the codes to form categories. I started linking the generated codes and categories to the predetermined subthemes and themes. An example of how codes and categories were linked to the predetermined themes is presented in Figure 3.5 below.

Figure 3.5: Linking the codes, categories to the predetermined themes

3.8.1.4 Step 4: Reviewing themes

In this stage of the research, I explored to what extent the identified themes were supported by the data. I checked repeatedly to see whether the themes were in alignment with the coded evidence. However, the themes could be reviewed, and this occurred in the data analysis process in two stages. Following Braun and Clarke (2006), I read the compiled data several times to establish whether there was a logical pattern in the data's relationship with the each theme. During the aforementioned review process I discovered that this study's conceptual framework has six key concepts but it is only five concepts which were used as themes for this study because the sixth concept could not be supported by the available data. Secondly, as recommended by Braun and Clarke (2006), I read all the data in relation to the themes as well the overarching and secondary research questions. The aim of the interpretive paradigm is to enable the researcher to achieve a deep understanding of participants' subjective reality so that he or she is able to answer the research questions. I accordingly reviewed the themes with this interpretive research assumption at the back of my mind.

3.8.1.5 Step 5: Defining and naming themes

During this stage, I defined each theme in terms of the captured data and how the data provided answers to the research questions. More specifically, I did ongoing analysis to refine the details of every theme to ensure that the themes were in line with the overall story revealed by the data analysis. This process involved generating definitions and names for every theme (Vaismoradi et al., 2013). Each theme name and definition were partly informed by the key concepts and definitions provided in the CFM advanced by (Chang, 2013). In the next two chapters, I discuss the data under the themes with evidence from the participants as well as my interpretations of the findings. This is followed by a literature control where I compare the findings of this study with those of past research for similarities, differences, and silences. I do this bearing in mind that this was a qualitative study based on an interpretive paradigm, which required me as the researcher to create and make meaning of the findings which is also supported by Ponelis (2015).

3.8.1.6 Step 6: Reporting

In this stage, I outlined the themes that in my view contributed meaningfully to understanding what the data were saying. I further examined the summarised data to establish whether they cast light on the clinical supervision as it took place at the selected internship counselling sites. In agrement with Crowe et al. (2011b) the process involved comparing the analysis with the literature. The data were thus organised in a way that facilitated easy identification of critical themes derived from the literature to enable me to situate the data emerging from this study in the existing literature. In my conceptual framework, I stated that the clinical supervision strategies that emerged from the data would be plotted against those found in the existing

clinical supervision literature globally. This was done to ascertain what the literature confirmed and disconfirmed as adequate clinical supervision for interns at the selected counselling internship sites. Similarly, the process of comparing this study's findings with those of the extant literature can enhance our understanding of the idiosyncratic nature of the clinical supervision at each of the selected counselling internship sites in Uganda.

3.9   QUALITY CRITERIA

Quality criteria in research refers to the detailed description of the standards of evidence that guide the planning and implementation of qualitative research to ensure that the end-users of research findings can trust the methodological rigour of a given study (Darke, Shanks & Broadbent, 1998; Hadi & José Closs, 2016; Hendricks, 2013). A qualitative study is considered rigorous when researchers provide a detailed description of the procedure followed during data collection (Golafshani, 2003; Hendricks, 2013; Houghton et al., 2013; Yin, 2016). In the following section, I discuss how I dealt with key issues regarding the methodological rigour of the study according to Lincoln and Guba's (1985) measures of trustworthiness, namely credibility, transferability, dependability, and conformability.

3.9.1   CREDIBILITY

Credibility is the degree to which a study's findings are considered true if they accurately represent aspects of the phenomenon that a study is intended to describe or explain (Cutcliffe & McKenna, 1999). In agreement with Creswell (2014) from a qualitative research perspective, it is assumed there is no universal truth and, accordingly, the focus in this study was on describing and understanding the diverse interpretations that participants accorded to clinical supervision practice at the four counselling internship sites.

I ensured that the study's findings were credible by, first, building rapport and keeping in touch with the participants at least once a fortnight during the data collection process (Casey & Murphy, 2009). Second, following Cutcliffe and McKenna (1999) and Hadi and José Closs (2016), the study's design comprised the use of multiple data collection methods such as individual interviews, document analysis, and reflective journals—this was based on the view that data collected from several sources could reveal the truth (also known as triangulation) about clinical supervision in the selected counselling internship sites in Uganda. Bowen (2008) maintains that using several data sources can produce rich and robust findings through a confluence of evidence. Accordingly, I adopted multiple data collection methods to achieve triangulation and comprehensive understanding of how site supervisors supervised intern counsellors at the selected sites. For example, in the study I identified several similar issues from data which emerged from the individual semi-structured interviews and documents.

Peer debriefing occurs when a researcher who is not involved in the research process examines both the process and the product of the research process (Creswell, 2014). The

external audit for this study was done by my supervisor who highlighted the codes which I had left out for inclusion and scrutinised the extent to which the findings, interpretations, and conclusions were supported by the data (Hadi & José Closs, 2016; Shenton, 2004). The process contributed significantly to the validity of the themes emerging from the data.

In addition, I employed the member-checking technique by discussing the transcribed data and emerging themes with the participants to determine whether the recorded findings represented their subjective reality regarding supervision at the counselling internship sites. Secondly, to ensure that I did not report anything in my conclusion or quote the participants' words verbatim especially if they did not agree with something or could not recognise it, I engaged them in the member-checking process. The participants who engaged in member checking read through their transcribed interviews, which I made available to them, and to which they did not suggest any changes apart from identifying grammatical and spelling mistakes.

3.9.2   TRANSFERABILITY

Transferability is defined as the degree to which a study's findings can be transferred to other contexts and settings (Cohen et al., 2011). From a qualitative research perspective, transferability is the responsibility of the person who wishes to transfer a study's findings to a different context or setting (Cohen et al., 2011). A clear account/description of each stage of the research process, the demographics of the participants, and of the research site must be given (Welman, 2007). In the present study, a detailed description of the counselling internship settings where the research was conducted is given under appendix P. It was essential to ensure that the specific meanings, interpretations, and findings of the study were preserved. I focused on the themes arising from the participants' submissions, not for generalisation purposes but to obtain in-depth information how clinical supervision is conducted at the four purposively selected research sites. A detailed description of the study's research sites was given also to enable the end-users of the findings to determine whether the results were transferable to settings and contexts of interest to them.

3.9.3   DEPENDABILITY

Dependability is defined as the degree to which a qualitative inquiry's findings are considered consistent and can be repeated (Leedy & Ormrod, 2014). Following the guidelines explained by Hadi and José Closs (2016), I documented and recorded several activities I engaged in during the research process so that other researchers who wanted to conduct the same study could follow the steps I followed. However, it is also possible that they could get different results because of contextual differences and that this study's grounding in an interpretive epistemological stance. Interpretive researchers contend that understanding a particular phenomenon is co-created and as such there is no objective truth or reality with which the results of a study can be compared (Hadi & José Closs, 2016; Houghton et al., 2013; Shenton,

2004). I have discussed in detail my reasons for adopting the research approach and design in which this study was situated (see Sections 3.3 and 3.4). I have also included in this report a detailed description of the activities I was involved in during the data collection such as interviewing, recording, interpreting, and, most importantly, how I handled the ethical issues. As reflexivity is a key strategy for ensuring dependability, I kept a reflective journal on how I collected and analysed the data and on the emergence of research themes. I also noted thoughts that came to me during the research process.

3.9.4 CONFIRMABILITY

Confirmability refers to the extent to which the findings of a study are shaped by the participants' responses and not by researcher bias, motivation, or interest. In qualitative research, confirmability is equivalent to objectivity (Houghton, Casey, Shaw & Murphy, 2012). Following Darke et al. (1998) and Guba (1987) I ensured that the findings of the study were a product of the participants' experiences and ideas rather than reflections of the background, characteristics, and preferences of the researcher. In agreement with Creswell et al. (2007) regarding techniques of enhancing the confirmability of a study's findings, I adopted multiple data collection methods for triangulation purposes, which also served to reduce the effect of researcher bias. During the data analysis, I continually returned to and checked the original sources, which included re-listening to the audio-recorded interviews and re-reading the individual interview transcriptions and other documents used as data sources. In line with the views explained by Houghton et al. (2013) and Shenton (2004) on researcher reflexivity I discussed my own reflexivity as a researcher the aim of which was to enhance the confirmability of the study's findings (see Section 3.8.5). I particularly elaborated on how I kept my preconceptions and biases under check throughout the research process.

Table 3:3: Quality criteria adopted for the study (adapted from Houghton et al., 2013)

QUALITY CRITERIA	STRATEGIES USED TO ENSURE QUALITY CRITERIA IN THE STUDY
Credibility Demonstrating that the gist of the phenomena under study is being investigated.	• I adopted research methods that are well established in qualitative and instrumental case studies. • I endeavoured to achieve triangulation by adopting different methods to collect data from different sources and research sites. • I did member checking of the data collected and conclusions reached. • I provided thick descriptions of the phenomena under investigation.

Dependability	• I provided an in-depth methodological description to allow the study to be repeated.
Confirmability Steps to show that the findings emerged from the data and not from the researcher's preconceptions.	• I used triangulation to reduce the effects of researcher bias. • I acknowledged the limitations of the study methods. • I provided an in-depth methodological description to allow scrutiny of the integrity of the research results.
Transferability Usability of the results.	• I provided sufficient details of the background data to enable other researchers to decide whether this context was similar enough to allow them to transfer the findings of this study to their own context. • I provided a detailed description of the phenomenon in question to allow comparisons to be made.

3.9.5   MY ROLE AS A RESEARCHER

Authenticity involves fairness where the researcher discusses differences in values, views, and conflicts during the research process (Shenton, 2004). In qualitative investigations, the researcher is an integral part of the research process (Creswell, 2014). I was actively involved in the data collection as the lead interviewer, accessing and analysing documents, and taking field notes to obtain an in-depth understanding of the phenomena under investigation and reporting on all the findings from the participants at the selected sites. I came into this study with supervision experiences that were probably like those of the participants. For example, I was an intern (10 years ago) while doing my master's degree in counselling internship. After completed my Master's, I became a university supervisor at one of the counsellor training universities in Uganda.

Regarding reflexivity, given my history as a counselling student and a university supervisor, I thought disclosing this to the counsellor supervisors and interns would reduce their willingness to share supervision experiences because they might perceive me as one of them in a way. On the other hand, if I disclosed to the counsellor interns my role as a university supervisor, there was a possibility they would not talk openly about their experiences given the nature of the supervisor-intern relationship. I went into the field with these thoughts at the back of my mind. Following Berger (2015), I isolated my supervision experiences from the participants as a means of enhancing the rigour of the inquiry. I ensured that my biases did not interfere with

the participants' interpretations of the data and were not in any way imposed on the data. I used a reflective journal to capture my biases as they occurred during the research process.

3.10   RESEARCHER'S REFLECTIVE JOURNAL

A reflective journal is used by researchers to write down their experiences, feelings, and thoughts about a phenomenon under investigation (Houghton, Casey, Shaw & Murphy, 2013; Willig, 2008). Reflexivity is synonymous with qualitative research where experiences, opinions, thoughts, and feelings can be acknowledged and brought to life as part of data collection, analysis, and interpretation (Willig, 2008). Regarding this inquiry, I used this journal to acknowledge my values concerning the research process. This process helped me understand the context-specific aspects of data interpretation and understanding of counselling supervision at the selected internship sites. Methodologically, reflexivity is an acceptable practice in qualitative research as it enhances the rigour of a given study (Dowling, 2006; Malterud, 2001; Mruck & Breuer, 2003). Examples of what I wrote down during the data collection and analysis process:

> On 19 July 2016 I noted: *I have discovered that supervisees do not open up if I mention that I work at a university. So I will just say I am a PhD student in my introductory remarks. Maybe it will help them to say more about their supervision experiences.[1]*
>
> Similarly, on 4 September 2017, while writing my findings chapter, I noted: *It is difficult to comprehend that some site supervisors cannot articulate their theoretical orientations, but anyway I have to capture it as it is. Most supervisors have no knowledge about supervision theories.*

With regard to researcher bias in the study, I adhered to the values and beliefs on clinical supervision that I had inculcated based on my previous experiences as an intern myself, as a counsellor educator, and as an intern supervisor. Whenever I encountered differences between my beliefs and what the participants were saying, I engaged in reflective activities such as writing down my thoughts in my researcher journal and speaking to my supervisor. As I reflected on my thoughts and feelings regarding the whole research process, I was able to engage with the data in ways that put the participants' views first. My researcher journal helped to record the audit trail during this investigation.

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[1] The responses of the participants (and my own notes) in this chapter as well as Chapter four and five are verbatim with only very light editing in order to preserve the authenticity of the responses/notes.

3.11 ETHICAL CONSIDERATIONS

Because ethical issues can arise in all aspects of research, ethical guidelines have been put in place to protect the rights of human subjects or participants at all times (Hendricks, 2013). The ethical guidelines I followed included obtaining an ethical clearance from the University of Pretoria's Ethics Committee and from the Uganda National Council for Science and Technology. I also made sure that I obtained informed consent from the participants (who took part in the study voluntarily) and that they were protected from harm. Details of the participants and what they discussed during the research process remained anonymous and confidential.

3.11.1 ETHICS

First, I followed the rules and regulations laid down in the University of Pretoria's Code of Ethics for Research and obtained the ethical clearance letter from the University of Pretoria's Faculty of Education Ethics Committee (EP 16/03/01) and the Uganda National Council for Science and Technology (SS 4098) to conduct the study. I used the cover letters from these research ethics boards to introduce the purpose and intention of the research to the gatekeepers at the selected research sites to enable the data collection. The cover letters outlined the purpose and benefits of carrying out the research in the different organisations at the different sites.

Second, I applied for and received permission to conduct the research at the four selected sites (see Appendices F, G, H, and I). Once I had gained access to the sites, I established rapport with the prospective participants in order to facilitate obtaining informed consent from them. I held an information session with each and every participant in which an information letter and consent form detailing the purpose of the research and what was expected from them were handed to them and discussed (see Appendices J and K for examples of the information letters). Agreement to participate in the study was indicated through a signed consent form that detailed the participants' rights such as the assurance of privacy, confidentiality, voluntary participation, and their right to withdraw any time they wished to.

Third, by using pseudonyms, the participants were assured of confidentiality and security of their personal information and research site. Fourth, to ensure that the participants were protected from harm, neither the supervisors nor the interns knew who had consented to participate in the study. The data collection was done in such a way that no participant was aware of other participants taking part in the study. I also privately collected data from each participant making it difficult for the participants to know what each said to me during the individual interviews. Finally, pseudonyms were used for every participant and research site when taking notes in the field and throughout the data transcription and reporting of the findings. Based on my agreement with the participants only the research team (my supervisor and I) knew what the participants said and the research sites where the study was conducted.

3.11.2 Informed Consent and Voluntary Participation

The target population comprised supervisors and interns who were in a supervisory relationship. During the information meetings, I informed the participants about the purpose of the research and told them they could choose either to participate in or quit the research (see Appendixes J and K). I designed a consent form that was read and signed by the prospective participants before the actual data collection started. In addition, throughout the data collection process, I informed the participants that the decision to participate was voluntary and that they were free to withdraw from the study at any stage. At one of the selected counselling sites, two participants with whom I had held an information meeting and handed consent forms to returned them unsigned and left the study. I also continually reminded the participants that they were free not to answer a particular question if they did not want to. Protecting the dignity and rights of all the participants was taken very seriously.

3.11.3 Protection from Harm and Risk

Following Cohen et al. (2011), I made sure that the participants were protected from any potential psychological, physical, emotional, professional, and personal harm that could result from participating in the study. The interviews with the supervisors were accordingly conducted at the research sites in a counselling room and the interviews with the interns at a neutral venue chosen by the interns, which was usually a private room on the internship site premises. The participants could decide not to take part in a given phase of the study if they found it distressing. All the participants who consented to take part in the study continued to the end of the data collection process.

3.11.4 Privacy, Anonymity, and Confidentiality

Participants' right to privacy regarding anything they may reveal about themselves is mandatory in qualitative research (Silverman, 2013). All prospective participants in the study were given consent forms separately, and they were also collected separately. I ensured that the participants' identities were not revealed through the information they provided in the interviews and the documents they shared. In line with the recommendations of Christians (2011) and Welman (2007), an honest approach was maintained throughout the research process from the data collection to the report writing to avoid fabrication, falsification, or misrepresentation of data. All quotations used, and sources consulted were acknowledged using references. I replaced the names of the participants and the research sites with pseudonyms to ensure that information shared by the participants could not be traced to a particular research site or participant.

3.12   CONCLUDING REMARKS

In this chapter, I discussed the research paradigm in which the study was situated. I explained how in following a qualitative approach and an instrumental case study design, I purposively selected the research sites and the participants and generated data from multiple sources using several methods to answer the research questions raised. I elaborated on how I found data coding very helpful in the process of analysing the data. In the same vein, I described how the data generation and analysis strategies made it possible for me to answer the overarching research questions of the inquiry. I expounded on how trustworthiness and ethical issues were adhered to throughout the study.

The methodology I chose provided the best research tools to fully understand context-specific clinical supervision at the selected counselling internship sites in Uganda. In the next chapter, I present a detailed thematic analysis of the findings across the research sites and discuss the literature control and new insights.

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Chapter Four
Findings and Literature Control: Theme 1

4.1 INTRODUCTION

The findings of the study are presented in this chapter and chapter five. Both chapters attempt to answer the overarching research question, that is, how are intern counsellors supervised at the four purposively selected internship sites in Uganda? Chapter four covers theme 1 of the study, which is concerned with the first of the four secondary research questions. This research question relates to the role of education institutions, internship organisations, and regulatory/accreditation bodies in the supervision of intern counsellors. Chapter five covers themes 2 to 4 and aims at answering the second, third, and fourth secondary research questions. Theme 2 deals with the nature of the supervisory relationship between the site supervisors and the intern counsellors in the study. Theme 3 deals with the supervisory functions of the site supervisors in achieving the broad goals of supervision, and theme 4 covers the site supervisors and interns' use of supervision models and/or theories of client change in the supervision process. Furthermore, for each theme I provide the inclusion/exclusion criteria, present the data with verbatim quotes, and follow up with a literature control where the study's findings are positioned in the existing literature. At the end of every theme, I provide answers to secondary research question 1 and present the insights gained from the Contextual-Functional Meta-Framework for counselling Supervision CFM.

For ease of reference, an overview of the four broad themes (themes 1 to 4) and their related subthemes is given in figure 4.1 below.

Theme 3: Supervisory functions	→	Subtheme 3.1: Skills development coach
		Subtheme 3.2: Ethics/Risk management consultant
		Subtheme 3.3: Supervisor as a catalyst
		Subtheme 3.4: Supervisor as a professional mentor

| Theme 4: Theory of change | → | Subtheme 4.1: Theories of client change |
| | | Subtheme 4.2: Models of supervision |
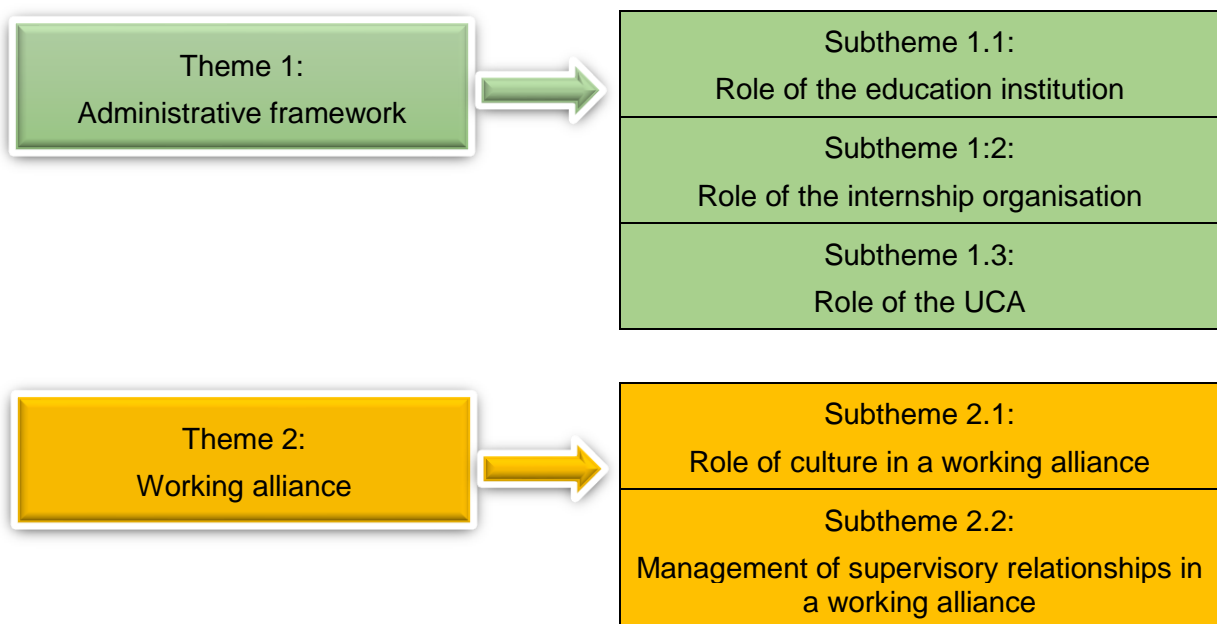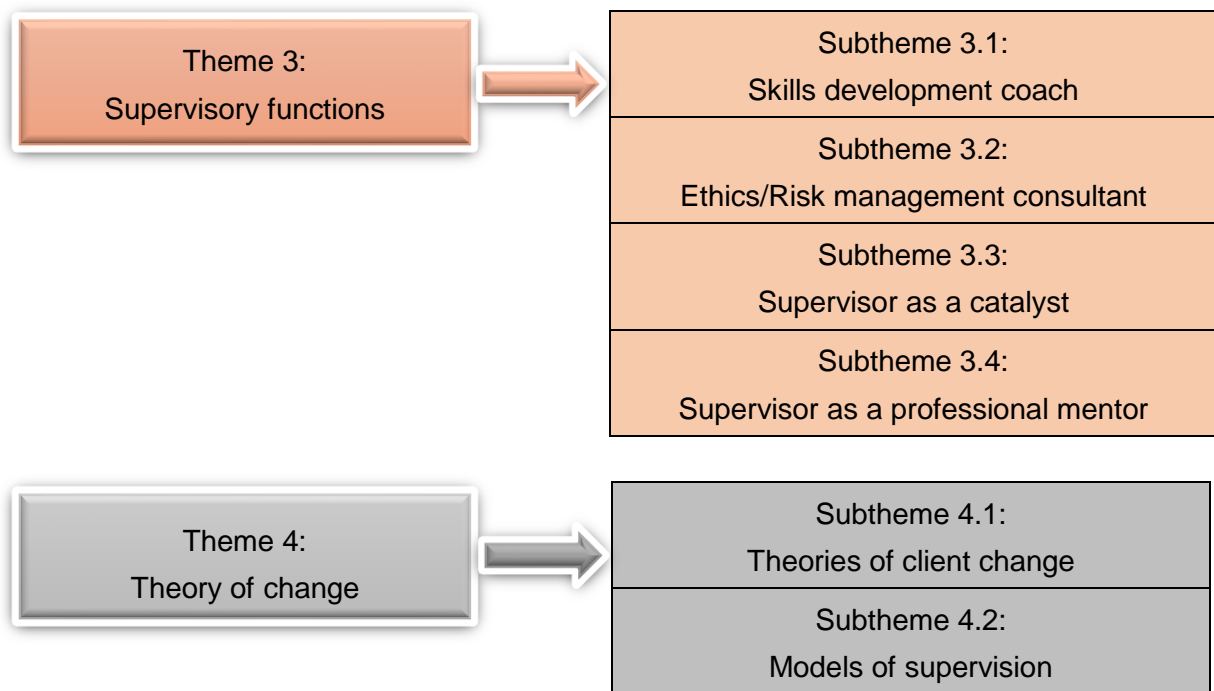
Figure 4.1: Overview of the four themes and their related subthemes

The findings of theme 1 are discussed in the following section.

4.2   THEME 1: ADMINISTRATIVE CONTEXT

As discussed in chapter two, Chang (2013) states that the administrative context "includes the organisation in which services are delivered, regulatory and accrediting bodies and in the case of internships the educational institution" (p. 75). Based on Chang's description of the administrative context, theme 1 therefore has three subthemes. Subtheme 1.1 focuses on the role of education institutions. Because this study focused on interns who were doing their counsellor internships as part of the requirements for obtaining their bachelor's degrees, the information on the role of education institutions as it emerged from the interviews with the site supervisors and interns forms part of this subtheme.

Subtheme 1.2 contains data on the role of the organisation where the internship is being done. In this regard, the scholar believes that the context in which supervision takes place is important and that it is necessary to clarify the organisational dynamics at such organisations. Subtheme 1.3 contains data on regulatory bodies, and, as stated earlier, there is currently no statutory regulatory body in Uganda that regulates and accredits counsellor training; however, the UCA as an NGO gives direction to professionals, the UNCHE, and education institutions in terms of ethical and training standards and thus plays a role in programme accreditation.

4.2.1 SUBTHEME 1.1: ROLE OF EDUCATION INSTITUTIONS

Education institutions are accredited institutions that award qualifications based on a purposeful and structured set of learning experiences that lead to a qualification (Department of Higher Education and Training Republic of South Africa, 2013). In the context of internships, the HPCSA, for example, defines a university as "the accredited higher education institution that provides academic/practical training within accredited psychology degree training programmes for psychology students" (Health Professions Council of South Africa Form 160, 2015, p. 119). Uganda has over 20 accredited institutions of higher education engaged in counsellor training (Senyonyi et al., 2012). All education institutions that offer UNCHE-accredited training programmes for counsellors are expected to adhere to similar minimum training standards (Uganda National Council for Higher Education, 2014). In this subtheme, education institutions refer to universities accredited by the UNCHE, which are engaged in the training of counsellors.

As stated in chapter one, the counsellors-in-training included in this study were first-level counsellors enrolled in a bachelor of guidance and counselling programme. Interns from government as well as private-accredited higher education institutions were invited to participate. These interns were therefore all presumably exposed to the curriculum framework for counselling programmes that was developed by the UCA and approved and adopted by the UNCHE (Senyonyi et al., 2012). As stated in section 1.10.3, the UNCHE accreditation guidelines stipulate that for interns to be awarded a qualification in counselling, they have to complete a specified number of hours in supervised practice (Uganda National Council for Higher Education, 2014).

Since internships in the bachelor degree programmes in Uganda are directly linked to training programmes, it is the responsibility of the education institutions to plan, monitor, and evaluate all internship activities since they form part of the programme requirements (Uganda National Council for Higher Education, 2014). The UNCHE accreditation guidelines do not state whether education institutions have to approve internship sites. Education institutions normally set guidelines for training that include, but are not limited to, setting the number of hours of supervision, the hours of client contact, the hours on site, as well as documentation and reporting requirements (Chang, 2013).

The findings discussed under this subtheme are based on the data provided by the interns and the supervisors regarding the role education institutions in Uganda play in structuring, monitoring, and evaluating the internships of various programmes. As it turned out, the data generated in the interviews with the supervisors and interns at the selected sites on the role of the education institution reflect information from only one accredited public university. This was something I had not foreseen going into the field, which I will address in the limitations section in chapter six. However, since all four supervisors and six of the seven interns were exposed

to the guidelines from the public university, this information is central to the present study as it represents the experiences of most of the study participants. It is also important to note that, although the preponderance of data came from the same public institution a private institution is also a data source. I acknowledge that supervisors and interns at other universities may have different experiences on the role of education institutions, and I will address also this limitation with recommendations for further research in chapter six.

Table 4.1 below shows the inclusion and exclusion criteria relating to the subtheme.

Table 4.1:   Descriptions of subtheme 1.1: Role of education institutions

INCLUSION CRITERIA	EXCLUSION CRITERIA
Inclusion criteria: Data that were included related to the participants' responses, which highlighted the role of education institutions in the internship in stipulating the role of supervisors, the number of hours of supervision, the hours of client contact, the hours on site, as well as documentation and reporting requirements.	**Exclusion criteria:** Data that were excluded related to responses that had nothing to do with the role of education institutions.

Although I did not ask specific questions about the role of education institutions, the data revealed that this was an important factor in the internship. I interviewed seven interns in total, six of whom were from a public university and one from a private university. As stated earlier, both kinds of university offer counselling programmes accredited by the UNCHE. All six interns from the public university indicated that they had received guidelines from their training university, one of them saying the following in this regard:

> ➢ *Yes, the university gave us some guidelines to follow when we were coming for practicum. When we were doing it for the first time, they gave us some papers that we were going to follow concerning needs assessment, weekly summaries and such things* (II4, Intern D1, Lines 27-29, p. 46).

Conversely, the intern from the private university reported that she had not received any internship guidelines or any supervision documents from her university:

> ➢ *Not really, I didn't receive any document or anything like that* (II6, Intern C2, line 22, p. 54).

All four supervisors confirmed that the interns from the public university had received information and evaluation forms from the education institution, which were in their possession when they arrived at the internship site. They said they had received these guidelines via their intern counsellors, and, in this regard, the site supervisors reported as follows:

> *So, we normally use the university form they come with* (SI1, Supervisor A, Lines 184-185, p. 6). Supervisor B added, *I also rely on the forms that are given to the interns by their institutions* (SI2, Supervisor B, Lines 193-194, p. 15). Supervisor C also reported that *the interns come with forms and what should be supervised is written there so I look at that as a guideline* (SI3, Supervisor C, Lines 67-69, p. 19). Lastly, Supervisor D reported that *they* [interns] *also have those forms where we rate and award marks* (SI4, Supervisor D, Lines 122-123, p. 28).

The six interns from the public university also gave written evidence regarding the guidelines they had received from their university (see Appendix M[2]). In the guidelines document (see excerpt below), the public university confirms that the internship is a course unit that counts towards the programme requirements:

> *This is to serve as a reminder that practicum is a full course unit that contributes to the award of a Bachelor's degree in Guidance and Counselling* (SD1, Lines 9-11, p. 1).

The public university also provided guidelines for the interns on the duration of the counselling internship and the number of hours the interns should spend at the site:

> *Practicum Hours: You must complete 10 hours per week at your practicum site(s) for the 12 weeks of the practicum/internship. A minimum of 180 hours of supervised practice for the semester* (SD1, Lines 49-50, p. 2).

The process students have to follow to secure an internship is also stated in these guidelines. Furthermore, they themselves have to secure an internship site and a supervisor:

> *Each student will find an external supervisor for his or her practicum placement(s)* (SD1, Lines 43-44). *He/she is based in the organization where you are doing practicum* (SD1, Line 46, p. 2).

The supervision guidelines further stipulate the role of a site supervisor as an administrative supervisor:

> *NOTE: This is an administrative supervisor and not a counselling supervisor* (SD1, Line 45, p. 2).

This is confirmed also by the assessment forms, which outline the role of the site supervisor in the assessment process as an evaluator of the administrative competencies of the interns. The evaluation form, also known as the external supervisors' assessment form, outlines four

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[2] Permission was granted by the public university programme coordinator to include the information document from his institution in this study.

general areas site supervisors are expected to assess. These include the ability to work with others, commitment to work, punctuality, and willingness to learn. Each of these four areas is allocated 25 marks (see Appendix N). The abovementioned assessment, according to the guidelines document, is done at the end of the internship, as indicated by the following excerpt:

➢ *At the end of the course, the external* [site] *supervisor will be asked to give an evaluation of you* (SD1, Line 47, p. 2).

As mentioned earlier, all four supervisors said they were aware of the university form, and, with specific reference to the assessment form, Supervisor D said the following:

➢ *They* [interns] *also have those forms where we rate and award marks* (SI4, Supervisor D, Lines 122-123, p. 28).

The guidelines stipulate further that the role of the site supervisor includes endorsing the number of hours an intern spends at the site, as can be seen from the following excerpt from Appendix N:

➢ *You will keep track of practicum hours by writing on a spreadsheet that will be kept in your file. Your site supervisor should endorse those sheets* (SD1, Lines 51-53, p. 2).

Regarding monitoring of the interns/students' internship activities by the site supervisor, one of the interns said the following:

➢ *Usually when you come in the morning you write your name at the gate and then you sign with the site supervisor* (II1, Intern A1, Lines 23-25, p. 32).

Supervisor A's response confirmed that he was engaged in allocating tasks and monitoring the interns' at the sites:

➢ *The role is to guide these students on what they are meant to do. I am meant to give them tasks. I am meant to follow up on what they are doing. Sometimes we get consent from the clients. I actively participate in their sessions. So that is what I do, I follow up sometimes* (SI1, Supervisor A, Lines 16-19, p. 1).

Supervisors C and D confirmed their role in the evaluation of the interns' work:

➢ *Evaluate? Yeah, like I said, the students have in most cases…they always come with sheets that entail every issue that you must work on during supervision; so there are always marks that are put on those papers, for example, is she respectful at work, is she hard working, can she maintain confidentiality. All those issues…so there are always those sheets that students come with that are used to score them* (SI3, Supervisor C, Lines 165-170, p. 23).

> *We try to give them assignments to practise for themselves to build confidence until we develop a daily schedule where they can document what they have learnt, what they have been able to do each day, and review it at the end of every week* (SI4, Supervisor D, Lines 55-58, p. 26).

The internship guidelines from the public university also delineate the role of university supervisors, which includes supervising weekly peer group meetings of interns, allocating marks, and recording their attendance. University supervisors also have to assist interns with needs assessments of clinical cases to establish the counselling needs at the organisation and to approve interns' practicum projects based on these assessments. Furthermore, university supervisors' role includes facilitating case presentations, participating during lectures, and examining interns for the internship. They also oversee the personal counselling needs of interns and debrief the interns at the end of the internship. University supervisors' supervision of interns is more specifically spelt out in the following excerpt from the guidelines:

> *During the practicum, you will be expected to meet as a group at least once a week. Attendance will be recorded and awarded marks. Please agree with your supervisor* [university supervisor] *on time and venue. You are required to meet with your supervisor for at least once a week. Your supervisor will also be your examiner. Expect your supervisor any time at the site* (SD1, Lines 4-6, p. 1).

One intern (C1) indicated in her journal (see the excerpt below) that she received supervision from her university supervisor, but it was unclear how regular the supervision sessions were:

> *The university supervisor shares ideas and checks my weekly summaries* (IRJ2, Intern C1, Lines 20-21, p. 1).

Another intern, Intern A2, stated that she had thus far met only once with her university supervisor. It is noteworthy that the interview was conducted towards the end of the internship, which means that this intern received supervision only once near the end of her internship:

> *With the university supervisor we have so far met once that was last week on Monday* (II7, Intern A2, Site A, Lines 13-14, p. 59).

When the other five interns were asked about their supervision by university supervisors, they reported (see excerpts below) that they had not received weekly supervision and that visits from university supervisors to sites were infrequent or non-existent:

> *The supervisor from the university has supervised me once and he did not come back* (IRJ4, Intern D2, Lines 13-14, p. 1, August 2016).

> *It hasn't been weekly; in fact, we have met once with my university supervisor, and usually when the university supervisors meet with us, they give us a lot of work. We do not even know what to do about the needs assessment…you don't even know how you are going to begin because usually they have their different way, they do that* (II1, Intern A1, Lines 69-71, p. 32).

> *The university supervisor has never come to supervise me; he just communicates on phone and keeps promising to come* (IRJ3, Intern C2, Lines 8-9, p. 2).

> *The university supervisor has not come yet, but the site supervisor is very co-operative and a good mentor* (II4, Intern D1, Lines 12-13, p. 47*).*

> *My university supervisor has come only once. The site supervisor supervises me once every week* (IRJ2, Intern C1, Lines 5-6, p. 1).

Some of the interns expressed the following needs in terms of what they needed from the university supervisors:

> *But on the side of the university supervisor, at least he would have come in like two weeks or he comes during the sessions. He comes and sits in the session, but he has not done that because he found us doing some work. He called me aside and asked me some things and then he left* (II3, Intern C1, Site C, Lines 91-94, p. 46).

> *At least occasionally, but not in this general meeting where they meet us as a group. I think they should come and meet us as individuals. For example, this week the university supervisor should come and meet me and sit in on my session to see how I run that session. That will be very helpful* (II7, Intern A2, Lines 140-143, p. 62).

> *The university supervisor should at least be coming like weekly or after some period of time, because now the internship is almost coming to the end, but I have only seen him once. If he had come like three times or every after two weeks, it would be fair, but the site supervisor is okay* (II6, Intern C2, Lines 90-95, p. 58).

One of the interns believed that visits from university supervisors were just to ensure that interns complied with the requirements to produce progress reports (see excerpts below). Because these visits were impromptu, they placed pressure on interns to report on cases in accordance with the requirements:

> *So, they* [university supervisors] *just come and tell you, we want four reports because we have not been coming, and then immediately you must look for these cases and write them up* (II1, Intern A1, Lines 71-74, p. 32). She added; *the university supervisors should always be clear about supervision schedules. At times they just*

come; they should give us the specific time they are coming to the sites (II1, Intern A1, Lines 164-169, p. 36).

Similarly, the site supervisors also had specific needs regarding the university's engagement during the supervision process. Supervisor A, a qualified counsellor, said the following:

> *Supervisors supervising these interns from these educational institutions should have more time with us, because we have these students. They should have our contacts so that we can communicate always and even have enough time to come and sit in on these interns' sessions. They are not coming and asking us how an intern is performing* (SI1, Supervisor A, Lines 283-288, pp. 8-9).

Supervisor B, a policewoman in charge of the family and child protection unit, but who is not a qualified counsellor, said that she needs university supervisors to guide her on what to do since she does not know if she is doing what is expected of her:

> *Well, it is up to the university supervisors to tell me if what I have done is the right thing. And again, as I told you, I am not trained. I also need their guidance so when they are coming, they must tell me they want this at the end of the internship. My work is simplified when university supervisors or counsellor training institutions clearly outline the areas in which trainees should be helped to grow* (SI2, Supervisor B, Lines 96-101, pp.12-13).

Some organisations, such as the one at site A, require interns to pay for the supervision because they see it as extra work and actually the job of the university supervisors. In the words of Supervisor A:

> *We are now making these students pay money, do you know why? In the organisation there is no one to motivate us to do supervision because the university supervisor is coming once or twice in the whole two to three months. During the whole period the interns are under a site supervisor. Who motivates this site supervisor?* (SI1, Supervisor A, Lines 291-295, A, p. 9).

This practice was confirmed by Supervisor B:

> *I understand NGOs are making them pay, but here we accept them and their applications for free so that somebody's child does not miss doing internship when they are supposed to do it* (SI2, Supervisor B, Lines 49-50, p. 11).

During his interview, one intern at Site A said that the internship had caused him financial hardship:

It should be included in our practicum like facilitation, like transport, maybe even lunch. They give us lunch and maybe you find that by the end of the practicum these days you are not earning anything. It really strains my income. You find that you even have to borrow some money for transport and lunch on these days you are at the site because you are not working. I think that if they really met that need it would be good (II7, Intern D2, Site A, Lines 90-95, p.61).

In summary, the findings under subtheme 1.1 suggest that the counsellor internship in this study was linked to the academic programme and had to be completed successfully by the intern in order to obtain a bachelor of guidance and counselling degree. The findings imply that it was the interns' responsibility to secure an internship site as well as a supervisor at the site. Six of the seven interns who were interviewed at the four sites received written guidelines from their training institution. Their site supervisors were aware of these guidelines, but it appears that they received the guidelines from the intern counsellors and not directly from an education institution official or university supervisor.

In this study, the guidelines from at least one public university indicated that the role of the site supervisor was purely administrative in nature and that the site supervisor's task was to evaluate only the administrative functions of the interns. It was the role of the university supervisor to undertake the counselling/clinical supervision of the interns.

The study findings suggest that the interns were supervised daily by their site supervisors. These supervisors, among other tasks, oversaw and controlled their daily activities and allocated work to them. The findings further suggest that the university supervisors who were tasked with the clinical supervision of the interns on a weekly basis generally did not deliver on this mandate as stipulated in the university guidelines. The interns and the site supervisors in this study expressed a need for more on-site engagement, communication, and collaboration with the university supervisors.

Some of the site supervisors required the interns to pay for their internship because they had to take on the supervision responsibilities of the university supervisors who they felt performed their duties inconsistently. One intern said that the internship placed a financial burden on him in terms of having to pay for supervision, lunch, and travel expenses and that this should be addressed in the programme. In section 4.3, these findings are discussed against the background of other research studies and scholarly findings.

4.2.2   SUBTHEME 1.2: ROLE OF THE INTERNSHIP ORGANISATION

The internship organisations in the context of this study refer to off-campus organisations in Uganda where the interns secured a internship for themselves and where there was a supervisor who was willing to supervise them. More specifically, in this study, the internship organisations were four off-campus facilities where I interviewed participants from a hospital,

a police station, a primary healthcare centre, and an HIV and AIDS care organisation. Depending on the nature of their services, organisations differ in their institutional dynamics, particularly regarding service delivery (O'Brien, 2014). Institutional dynamics refer to the culture of an organisation and the organisational expectations in terms of what supervisors and interns do. Organisational expectations refer to the written and unwritten rules of an organisation, how the counselling plays out in practice in the organisation, how the organisation conducts its business, and how the expectations of the organisation are communicated to supervisors and interns (Johnston, Noble & Gray, 2016; Ronnestad & Skovholt, 1993).

A salient issue in relation to the role of an organisation is commissioning. According to O'Brien (2014), "commissioning refers to the need for clarity regarding whose service the professional is working within" (p.18). In this regard, a distinction should be drawn between a primary commission and a secondary commission. A primary commission refers to the main service goal of an organisation while a secondary commission refers to additional support or secondary service goals (O'Brien, 2014). As such, a secondary commission can be subsumed under any primary commission as long as it is in line with the organisation's primary commission (Chang, 2013). According to Chang (2013): "A primary commission (e.g. an agency that is funded to serve clients who have been referred by child protective services) subsumes any secondary commission (e.g, helping a parent to enhance his anger management skills)"(p. 77).

Chang (2013) points out the need to have organisational and supervision contracts in place to ensure that training and organisational needs are met and that the roles the supervisee and supervisor are expected to fulfil during the supervision process are clear (Morrell, 2008). Organisational contracts aim at ensuring that supervision is helpful to supervisors, supervisees, and clients and that it is conducted within a given profession's code of practice and policies (Morrell, 2008). Organisational contracts are particularly helpful in contexts where counselling is a secondary commission and it is necessary to stipulate how supervision should be conducted and the role each party involved in the supervision should play (Chang, 2013). In this study, I also had to consider that each site might have a primary commission for which it was set up to deliver services and that it might offer counselling services as a secondary commission.

Data presented under this subtheme relate to the nature of the organisation where the intern did his or her internship. I identified the primary commission and possible secondary commission of each organisation and what was expected of the interns. Insight was also gained into how the interns were inducted into the organisations. Table 4.2 below shows the inclusion and exclusion criteria for this subtheme.

Table 4.2:   Descriptions of subtheme 1.2: Role of the organisation

INCLUSION CRITERIA	EXCLUSION CRITERIA
Data that were included related to the nature of the services the four sites provided, the expectations of the organisation in terms of service delivery, how expectations were communicated to the interns, the primary commission of each site and the possible secondary commission, whether the interns and supervisors were clear about what was expected of them, and the environment that was created at the sites for the interns to do their internship.	Data that were excluded did not relate to the nature of the services the four sites provided, the expectations of the organisation in terms of the services the supervisors and interns provided, how expectations were communicated to the interns, the primary commission of each site and the possible secondary commission. Data that were not related to whether the interns and supervisors were clear about what was expected of them were excluded. Data were also excluded that did not relate to the environment that was created at the sites for the interns to do their internship.

As stated in chapter three and Appendix P, Site A is a private hospital with both in-patient and out-patient departments. Site A offers services such as hospitalisation for various medical conditions, voluntary HIV testing, and pre-test and post-test counselling. It offers also ARV treatment adherence counselling and bedside counselling for patients admitted to the hospital. The primary commission of the organisation is to provide medical care and hospitalisation. Counselling is a secondary commission. In this hospital context, counselling services are mostly short term, focusing on case management during hospitalisation and in preparation for patients' discharge from hospital.

Supervisor A indicated that interns who do their internship at this hospital can render counselling services unlike at other hospitals in Uganda where interns support the organisation by taking part in hospital duties such as counting drugs for patients:

> ➢ *Here at the hospital we give interns the chance to practise counselling not like at the other sites* [hospitals] *where students go for counselling training, but organisations give them other activities like being at the reception, counting drugs, and so on* (SI1, Supervisor A, Lines 67-67, p. 2).

Regarding the internship format, Supervisor A, a professional counsellor, explained that their internship plan has two components. The first component is described as internal work where interns have counselling sessions with clients who are hospitalised or who are treated as out-patients. In the excerpts below, Supervisor A explains what constitutes the internal work interns can engage in at the hospital:

> ➤ *Sometimes we have patients who are admitted with addiction. We have clients who have marital issues. We have clients who have suicidal tendencies, so generally it is our role to identify which room as seniors. We say now you go to Ward 2 where there is a lady who attempted to commit suicide, took poison, and so on. So, for us, we are aware that these clients are in this room* (SI1, Supervisor A, Lines 82-86, p. 3).

> ➤ *So, we go so in here they usually have clients…those who have conflicts, those who have stress* (SI1, Supervisor A, Line 81, p. 3).

However, Intern A1's response seems to contradict Supervisor A's response regarding internal work. In the excerpt below, Intern A1 indicates that things have changed at the site. Previously (during the previous year's internship), interns were allowed to counsel patients in the wards. However, currently this does not seem to be the case:

> ➤ *Last time we even used to see those in the ward, but now we are not allowed because the director talked to us. It's a woman, but she was so rough, so now we fear going to wards* (II1, Intern A1, Lines 152-153, p. 35). *If anyone is caught in the ward loitering around, you are going to explain. She was so tough with us, so last time we used to go to the wards and counsel, but now we are not going there. If they see me loitering around, what are they going to say? So, I am like…let me sit and wait for the client they will give me* (II1, Intern A1, Lines 156-159).

Intern A1 also reported that the interns at this site did not have enough exposure to clients:

> ➤ *We do not have a lot of clients. Usually you come and sit in the chapel and then you wait. You see one client a day and then you just go. Last year there were a lot of clients, but this time there is a decrease in the number of clients* (II1, Intern A1, Lines 142-144, p. 35).

Furthermore, in contrast to Supervisor A's statement that interns did not provide medical services, Intern A1 said that they were trained on how to test clients for HIV:

> ➤ *I can test, I have learnt how to test blood* (II1, Intern A1, Lines 122-123, p. 35). She added that, *when we go for outreaches, we test but usually we use uni-gold to test for HIV. They are strips, you prick the person and put the blood on the strip. When one strip appears that is always negative; when there are two that is always positive* (II1, Intern A1, Lines 126-134, p. 35).

Supervisor A described (see excerpt below) the second component of the internship as external work (external practicum), which consists of taking interns to other sites outside the hospital, such as schools, where they can practise their counselling skills:

> *Then we do external work where we do our requests; where we visit the adolescents in schools, but it is us who request, not the students. We request in the name of Site A HIV counselling department* (SI1, Supervisor A, Lines 78-80).

Both the interns at Site A provided more information (see excerpts below) about their experiences during the external work component compared to their internal work. They confirmed that they were involved in outreaches at nearby schools:

> *Now for us we just choose days. You choose maybe that I am going to work on Monday or Tuesday, and then from there we usually go to schools* (II1, Intern A1, Lines 29-30, p. 32). *I can do a number of things like maybe go out to the field and talk openly to a group of students in the class* (II1, Intern A1, Lines 123-124, p. 35).

> *Like the other week we were given an opportunity to educate the students on how to reach their dreams* (II7, Intern A2, Lines 100-101, p. 61).

Site B is a child and family protection unit at a police station whose primary commission, as mandated by law, is law enforcement relating to protecting the rights of women and children. The unit's primary commission includes investigating matters of domestic abuse, neglect of women and children, child labour, human trafficking, and sexual offences (Uganda Police Force, 2018). The unit's secondary commission is to create awareness of the rights of women and children, counselling women and children as victims of abuse, and delivering talks at schools with children and with teachers on child abuse (Uganda Police Force, 2018). In this regard, Supervisor B said the following:

> *Here, they see these things physically, like they are talking of abuse of women and children. Here they will see an abused child, they will see an abused woman, they will see an abused man* (SI2, Supervisor B, Lines 27-29, p. 11).

Supervisor B stated that she is a policewoman in charge of the child and family protection unit at site B:

> *I am the child and family protection officer at Site B* (SI2, Supervisor B, Lines 9-10, p. 10).

Supervisor B added that she had been in the division for five years and had been supervising interns over this period:

> *I have been in this division for five years now. I started supervising interns as soon as I joined this division* (SI2, Supervisor B, Lines 11-13 p. 10).

Supervisor B said she became a supervisor based on her organisation's view that she could supervise:

> *I am a supervisor, you know. Even in the police by the time they give you this, they look at you and know that this one can supervise other juniors* (SI2, Supervisor B, Lines 39-41, p. 11).

Supervisor B stated that she supervised interns in various courses and that she was also a supervisor for junior staff at the police station:

> *We receive students offering different courses, with some offering social work things to do with the children and women* (SI2, Supervisor B, Lines 18-19, p. 10).

> *So, when they come, I receive them and see how best you can supervise. Generally, I am a supervisor even with my juniors in the police* (SI2, Supervisor B, Lines 51-53, p. 11).

Supervisor B reported that her job as a policewoman was in line with the primary commission of the site, which was law enforcement:

> *As a police officer my duty is to take offenders to court* (SI2, Supervisor B, Line 201, p. 15).

Supervisor B also said that she was aware that her job was different from that of counsellors:

> *But the intern counsellors cannot take people to court. Their job is to do counselling* (SI2, Supervisor B, Line 202, p.15).

This awareness of the difference in the role of the supervisor compared to the role of the intern was confirmed by her intern who said the following:

> *We can't make arrests without any police officer; that is another issue* (II2, Intern B, Lines 219-220, p. 42).

However, if the previous excerpt is analysed more closely about the difference between her role as a counsellor compared to the role of a policewoman, that is, that she cannot make arrests without a police officer present, there is cause for concern, as role confusion is implied.

Intern B made several other statements (see excerpt below) during her interview in which she gave the impression that she might be engaged in activities that were not the responsibility of a counsellor:

> *She* [Supervisor B] *tells us to record statements and so we record statements* (II2, Intern B, Line 96, p. 39).

Balancing emotions and showing empathy to clients during counselling is an important skill for a counsellor to master. However, Intern B was advised by her supervisor not to become emotionally involved with clients:

> *She* [Supervisor B] *told us that we should not be emotional; we should remain as counsellors who are told that you are not supposed to show that you are emotionally involved with the client* (II2, Intern B, Lines 36-38, p. 37).

Intern B's interview also revealed that instead of facilitating clients' decision making, they persuaded clients to change their minds about autonomous decisions they had made:

> *There is a couple which was here…the man had sent away his wife to the village. He told her he needed three months space to sort himself* (II2, Intern B, Lines 85-87, p. 39). *We persuaded the man to the extent of almost kneeling to forgive the woman* (II2, Intern B, Lines 90-91). *We called one of them, we talked to him, and now the woman went back to her home* (II2, Intern B, Lines 92-94, p. 39).

Intern B's interview further revealed that at a certain point she considered it acceptable to take steps to ensure that the associated parties of clients came for counselling sessions (see excerpt below). She indicated that she relied on her supervisor's law enforcement powers to summon people to the police station who had not autonomously sought counselling and also referred to her clients as accused persons:

> *Someone may come and report a problem which may require you to make a phone call to get the accused person to come to the police station for that issue to be resolved. So, you need to inform the client that they may need to wait for the supervisor* [Supervisor B] *in case she is not in the office. I must wait for the supervisor to come to be the one to call being a police officer. Because if the other side hears that I am a police officer calling, the other person will respond, but if I say I am one of the female counsellors at the child and family protection unit, please you are needed here, they will not come, but when she says I am the officer in charge of the child and family protection unit, please come; if you don't come we shall arrest you, they normally come* (II2, Intern B, Lines 160-170, p. 41).

An ethical principle that is paramount in the counselling profession is confidentiality. Based on the information given by Intern B and her supervisor (see excerpt below), it appears this principle was not observed by the supervisor. In this regard, it seems as if Supervisor B communicated double standards to the interns in that only VIPs should be treated in a confidential manner:

> *We have files of MPs (members of parliament) here. When I see it is like that, I will not allow them to handle them because there are MPs here. I have an ambassador*

here. Can they keep quiet about that? We have a room down there. It is for children to sleep in…some sensitive matters, I tell them to relocate when they are handling sensitive issues and to go and talk with those clients from down there or carry chairs and go under the tree there…yeah (SI2, Supervisor B, Lines 184-190, pp. 15-16).

➢ *When it comes to handling complex issues like, for example, handling high-profile people…the people who come, we can't start counselling them in that office where everyone is, we must look for a place. A place which is secure, where there are no other people around* (II3, Intern B, Lines 8-11, pp. 36-37).

It appears also as if Intern B might have experienced some dissonance in this context and discomfort in practising what she was taught in her counselling programme. She also expressed the need (see excerpts below) to be given more time away from her supervisor to do what was expected of a counsellor:

➢ *I have also learnt that there are certain cases that we have to handle without using our…what you are teaching us* (II2, Intern B, Lines 184-186, p. 41). *You know us as counsellors, there are rules that we follow when we are counselling, but at times there are certain rules that don't work for us* (II2, Intern B, Lines 170-171, p. 41).

➢ *What I would want to be done if they could leave us in the office and these supervisors are not there. If they could give us that period so that we can interact with clients without our supervisors, I think we would become better counsellors* (II2, Intern B, Lines 223-228, p. 43).

She also said that she did not always agree with how her supervisor managed cases and that as a counsellor she would have wanted to do things differently:

➢ *Now like in that case of where a man had chased away his wife…that case needed time. The chance we had is that we were alone in the office, me and other fellow students. We gave it time and solved that issue. I mean had our supervisor been there…because at times she is not patient as in to start pleading with the man to forgive the woman in the hope that she will change…for her she cannot go into that nonsense, she cannot. I also realise that at times some people could have reconciled with their partners, but because they are not given time…. Because for her she will come and say now you tell me what do you want now? She may say for example, if the man is saying he no longer loves you, what do you want? Why can't you go? Do you think he is the only man on this planet? You know those things. I have also realised that at times these people are not given enough time to express their feelings, so at times they go away disappointed* (II2, Intern B, Lines 193-203, p. 42).

Site C is a government-funded primary healthcare centre where clients receive free and sometimes cost-shared services. Site C consists of several departments and offers pre-hospitalisation services such as regular medical check-ups and treatment for diseases such as malaria, HIV counselling and testing, HIV treatment, antenatal care, immunisation, teenage information and reproductive health, medical information, and preventive measures for potential health problems. The primary commission of Site C is therefore primary healthcare, with counselling services a secondary commission subsumed under the site's primary commission. The supervisor at Site C said the site had various departments where interns are given the opportunity to practise counselling:

> ➢ *There are different departments such as the anti-retroviral therapy clinic (ART), HIV counselling and testing (HCT)…those are the main and then there is the teenage health and information centre* (SI3, Supervisor C, Lines 43-44, p. 20).

Supervisor C, a social worker, indicated that her task at the site was to mentor staff. She added that she also extended her mentoring services to the interns at the site:

> ➢ *Mainly it is because of my job because I am here as a mentor. So, I am here to train, but my main job description is to mentor although I offer my services to students as well* (SI3, Supervisor C, Lines 10-12, p. 18).

Supervisor C reported that she started supervising interns at Site C in 2013:

> ➢ *I think it is three years now from around 2013* (SI3, Supervisor C, Line 7, p. 17).

Supervisor C also said that to ensure that interns received adequate supervision, she supervised a limited number of them so that she could give the required attention to each one (see excerpt below). She added that when the site accepted a lot of interns, she referred some to her colleagues in other departments for supervision and occasionally followed up on each intern's progress:

> ➢ *At the centre sometimes I can receive over five interns at a time, so what I usually do is I supervise one at a time, then I release others to other people. Then, like I said, I always sit with them to get to know what they know and what they do not know. I am always in the ART clinic, so I assign some to the HCT department, to the ART clinic and maybe to the teenage centre, and at the end of it all I follow up* (SI3 Supervisor C, Lines 239-244, p. 25).

Supervisor C believed that it was important to allow enough supervision time:

> ➢ *I need time with my students, sometimes I am overwhelmed with the different duties* (SI3, Supervisor C, Lines 232-233, pp. 24-25).

None of the interns at Site C specifically mentioned the activities they were engaged in at the centre. However, they confirmed that they were supervised daily. Interns C1 and C2 said the following:

➢ *After every counselling session, she* [Supervisor C] *comes and sees what we have learnt and does the same the next day (II3, Intern* C1, Lines 6-7, p. 43)*.*

➢ *In the case of the site supervisor actually at least every day after the activities we have done, she would at least assess and comment where we have gone wrong or what we have done right* (II6, Intern C2, Lines 4-6, p. 55).

Site D is an HIV/AIDS care organisation with a primary commission of offering counselling to those infected and affected by HIV/AIDS. More specifically, Site D offers services such as HIV counselling and testing, pre-test and post-test counselling, HIV treatment adherence counselling and positive living, and services to adolescents. Site D is also engaged in capacity building, psychoeducation regarding family planning, food and nutrition, dealing with HIV-related stigma, and providing youth friendly counselling services. The organisation has supervisors who have been trained in HIV counselling in accordance with a curriculum designed by staff at the site. Regarding the counselling services provided at Site D, Supervisor D said the following:

➢ *Working in a health-related field, our counselling is tailored to HIV issues* (SI4, Supervisor D, Lines 40-41, p. 28)*.*

Intern D1's response regarding her reason for choosing Site D for her internship confirms that this specific site trains interns on how to provide counselling services to patients with HIV:

➢ *As a professional counsellor, I decided to come to Site D because I wanted more knowledge and skills about counselling and about how to deal with HIV patients* (II4, Intern D1, Lines 8-9, p. 47).

Supervisor D, a qualified counsellor, has been tasked with mentoring interns since 2005 when he was formally employed by the organisation:

➢ *I started supporting and supervising intern students and other attachés to this organisation from the time I was employed here formally because the organisation believes so much in mentoring and trying to get other people on board. So, when I qualified and proved to be competent…so many people have been going through my supervision and are able to take on the expectations from 2005 until today* (SI4, Supervisor D, Lines 7-11, pp. 25-26).

Supervisor D said that, being an experienced professional counsellor himself, his role was to teach the interns the norms and practices of the counselling profession and to enhance their counselling knowledge and skills through mentorship:

> *My role basically ranges from guiding because they are students who come in probably with some knowledge, but they need some guidance to improve on how to do things better. The other is sharing more ideas so that I add skills to them and build their capacity to be more productive because I am skilled, and they need a few things to implement that they study at school and put it into practice. Things are different, so the practical bit we normally do here guides them on what to do…how to go about with the clients* (SI4, Supervisor D, Lines 14-20, p. 26).

> *We teach them the norms and practices of the counselling profession* (SI4, Supervisor D, Lines 51-52, p. 27).

Responses (see excerpts below) from Intern D1 and Intern D2 confirm what Supervisor D said regarding his role in helping the interns acquire counselling skills:

> *Mostly when you are doing it* [facilitating a counselling session] *he is always there, he is always guiding us…and any questions we want to ask him…because most of them, it is recording stuff. If you record the wrong information, it will be up to her, so she is always there, supposed to guide you on what to record* (II4, Intern D1, Lines 51-54, p. 48).

> *We sit with our supervisors and we happen to hear what they are talking about with clients, and then they ask us to comment on what we have got from the counselling sessions* (II5, Intern D2, Lines 10-12, p. 51).

Services provided by Site D were also extended to the community, according to Supervisor D:

> *Site D also extends its services to the community. I go into the community, train community volunteers, health workers* (SI4, Supervisor D, Lines 23-24, p. 26).

Intern D2 confirmed that Site D was involved in community engagement and that the interns also took part in the activities in the community:

> *We used to go to the community for HIV drug distribution to the patients registered with the organisation, which they call CDDP. We even used to do home visits for patients who had taken long to pick up their medicine and those who wanted moral support from the organisation in the form of blankets. The site supervisor would ask us to contribute when the client needed help and even when an idea about the client's needs and problems on how to solve them* (IRJ4, Intern D2, Lines 33-38, p. 2).

All four site supervisors reported that the interns received orientation (see excerpts below) to help them fit into the different organisations. This included introducing them to other staff members at the organisations, informing them about the rules and regulations of the sites, and telling them what was expected of them while they were at the sites:

> *Okay, the day they reach here we do orientation, tell them the standards, even we make them familiar with the place and show them the staff* (SI1, Supervisor A, Lines, 65-67, p. 2).

> *When the interns came, the first week I did orientation, telling them how the institution runs and the rules and regulations* (SI2, Supervisor B, Lines 137-139, p. 14).

> *For the first weeks it is observation first then later I can maybe tell them to do health talks under supervision and then sometimes they do group discussions as well; so I leave them to work with clients as I observe and then later one-on-one as well* (SI3, Supervisor C, Lines 20-23, pp. 18-19).

> *First, when they have just moved in, we do orientation and teach them how they should conduct themselves in the community, how they are meant to relate with the supervisors and other stakeholders like the clients we serve* (SI4, Supervisor D, Lines 51-54, p. 26).

Excerpts from two of the interns' reflective journals also indicate that there was intern orientation at Sites A and D:

> *Our supervisor told us in detail on what we are supposed to do…that is explaining to us how different activities we are supposed to do look like, how to write them up and report them. Second, we are given a chance to present our activities to our supervisor* (IRJ5, Intern A2, Lines 77-80).

> *We used to talk to our supervisor, most especially the supervisor from the organisation, about what we do not understand and when are we supposed to come and not to come. For example, on days he is not going to work he tells us not to come* (IRJ4, Intern D2, Lines 61-63).

Regarding the organisational environment, it seems that some internship sites did not have adequate facilities for interns to consult with clients privately. According to Intern A1:

> *Usually we do not even have counselling rooms here. So, like usually you get a client from outside then you sit somewhere on the chair and then you talk to them* (II1, Intern A1, Lines 11-13, p. 31).

Intern A1 elaborated on this point by saying that the site needed more structures to enable interns to counsel clients more confidentially:

> *Maybe they should even put…I don't know, put up more structures so that maybe we can talk to clients in a safer environment* (II1, Intern A1, Lines 102-103, p. 34).

Intern B's response (see excerpt below) regarding the counselling facilities at her site suggests that only high-profile people were consulted in private spaces during counselling. This suggests further that there were limited facilities such as counselling rooms:

> *Handling high-profile people…the people who come, we can't start counselling them in that office where everyone is; we must look for a place. A place which is secure, where there are no other people around or in an environment where it is hard to recognise them as high-profile people* (II2, Intern B, Lines 9-12, p. 37).

Having formal written supervision contracts/agreements is a fundamental ethical supervision requirement. Some of the interns indicated outrightly that they did not have written contracts with their supervisors:

> *No, they just gave us the acceptance letter containing all the months we are going to spend here. Maybe what they did when we came here, they gave us a supervisor* (II3, Intern C1, Lines 19-21, p. 44).

> *Not really, I did not receive any document or anything like that* (II6, Intern C2, Line 22, p. 55).

> *I have not seen the contract yet, but we got a letter from Site D which shows I am not in this place accidentally…yes, that is one of the documents I got from here* (II5, Intern D2, Lines 16-17, p. 51).

When I enquired about the contract, one of the interns seemed to confuse the practicum supervision guidelines they received from the public university with the contract. According to Intern B:

> *Yes, we have them. We have the documents of course because when we are going for internship at the university, they first call you and tell you what you are supposed to do.* **Interviewer:** *So, they are basically for the university and not this organisation?* **Intern B:** *Here in the organisation they also gave us terms and conditions that we shall follow…yeah* (II2, Intern B, Lines 46-51, p. 38).

In summary, the data in this subtheme suggest that the supervisors at all four of the internship sites were aware of the training needs of the interns at their sites and realised that they had to be exposed to counselling activities. All four of the supervisors endeavoured to ensure that

their interns received orientation at the sites where they worked; they were also familiarised with the organisational dynamics regarding what services were provided at the site, how supervision at the site was conducted, and how the interns would be monitored at the site. However, none of the sites or supervisors had any formal written agreements with the interns detailing their activities at the sites and during supervision.

At three of the four internship sites, counselling was not the primary commission of the site. It was, however, a secondary commission that was subsumed under the primary commission. One site's primary commission was counselling, and there was a registered counsellor who oversaw supervision at this site and who ensured that the interns followed the site's formal curriculum. At two of the three sites where counselling was not the primary commission, the interns worked in departments and engaged in activities related to counselling. Although both supervisors at these two sites were not qualified counsellors, the interns at the site with a social worker as a supervisor reported that they were supervised adequately on a daily basis.

One of the three sites where counselling was not a primary commission appeared to be problematic in terms of inducting the interns into the profession. The supervisor at this site was not qualified as a counsellor; however, she said she was committed to assisting the interns with their internships and to supervising them. It was clear from the response of the intern under her supervision that the behaviour she modelled was contrary to the norms of the counselling profession. Lastly, the environments and organisational dynamics at some of the sites made it difficult for some of the interns to consult with clients privately.

4.2.3   SUBTHEME 1.3: ROLE OF THE UCA

Professional regulatory and accrediting bodies are public authorities or government agencies tasked with exercising autonomous authority over some area of human activity in a regulatory or supervision capacity (Selznick, 1985). A professional regulatory body is established on the basis of a legal mandate, and its primary activity is therefore to protect the public (Selznick, 1985). Professional regulatory bodies in the health professions regulate matters pertaining to registration, education and training, professional conduct and ethical behaviour, continuing professional development, and compliance with healthcare standards (Health Professions Council of South Africa Form 160, 2015; Rodriguez-Menendez, Dempsey, Albizu, Power & Campbell Wilkerson, 2017). Professional regulatory bodies cannot oversee all the training goals single-handedly, so they work closely with councils of higher education and higher education institutions to deliver on their mandates to ensure the public is protected from harmful practices within their respective contexts (Rodriguez-Menendez et al., 2017).

As stated in chapter one and subtheme 1.1, the UCA and the UNCHE have worked closely to develop a counsellor training curriculum that is meant to be followed by all education institutions accredited by UNCHE to train counsellors in Uganda. It was also stated earlier that

the UCA in Uganda does not have statutory powers and is therefore not in a position to enforce standards (Senyonyi et al., 2012).

This subtheme focuses on the data that emerged from the interviews where reference was made to the role of the UCA in the training of counsellors. As mentioned earlier, the data used to support this subtheme were based entirely on the supervisors' and interns' views and the supervision documents in their possession. No members from any university, the UCA, or the UNCHE were interviewed as this was not the focus of the study, as stated earlier in chapters one and three. Furthermore, data relating to how the supervisors dealt with ethical issues in the internship training or to what extent the interns were aware of ethics in counselling are not covered in subtheme 1.3. I will deal with this in more detail under theme 3, subtheme 3.3.

Table 4.3 below shows the inclusion and exclusion criteria for subtheme 1.3.

Table 4.3:   Description of subtheme 1.3 – Role of accrediting and regulatory bodies

INCLUSION CRITERIA	EXCLUSION CRITERIA
Data included in this subtheme related to the awareness of or a need for the UCA's involvement in the training of counsellors in Uganda, specifically in internships, as expressed by the site supervisors.	Data that did not indicate awareness of or need for the UCA's involvement in the training of counsellors in Uganda, specifically in the internships, as expressed by the site supervisors, were excluded from this subtheme.

Supervisor A said the UCA should play a regulatory role in the standardisation of interns' training in Uganda and added that this should be done consistently across training institutions (see excerpt below). In an interview, the supervisor, a qualified counsellor, expressed his concern about the content of the university evaluation form that is sent to sites according to which site supervisors have to evaluate interns. Supervisor A said that the evaluation form did not make provision for the assessment of important counselling competencies such as those concerning ethics:

> ➢ *The content of the evaluation sheet they give them is problematic. I do use the evaluation sheet…but you may find that there is nothing like counselling ethics and intergrity…it is not there. You find that educational institutions use a universal evaluation form for social science students, procurement students, and counselling students. So, you might find that few of the parameters in that form involve counselling issues* (SI1, Supervisor A, Lines 194-198, p. 6).

This supervisor also expressed his concern about the readiness of the students/interns to do a counselling course:

> *We can advise that the way you admit these students is still lacking…to be admitted for counselling course requires a student to be mature, maturity must be there. Educational institutions must take the maturity of the prospective students into consideration, especially when they are admitting freshers* [students direct from secondary school] (SI1, Supervisor A, Lines 202-205, p. 6).

He further questioned the way in which universities monitored the progress of their students in the field, which led him also to question whether the UCA was fulfilling its role in ensuring quality in training:

> *That is why you may churn out many graduate counsellors but where are they going? What do they do? And I do not know how even if the university does follow up to ask about the students, they followed in the field…I do not know whether the universities have that programme if it is there, but is it functional?* (SI1, Supervisor A, Lines 209-213, p. 6).

> *Truly, the Uganda Counselling Association are they playing their role? Like I was telling them…do we have a curriculum, a unique format that all of us in Ugandan universities follow to teach counselling?* (SI1, Supervisor A, Lines 213-218, pp. 6-7).

Supervisor A also expressed his concern (see excerpts below) that the training institutions were not monitored by the UCA and that the training standards at universities were compromised when an individual who was not a qualified counsellor could be engaged at university level in the training of counsellors:

> *But are these lecturers teaching counselling…because I feel in Uganda jobs are acquired based on relations such as friends or family, so you may find someone teaching students doing diploma counselling but is not qualified and does not have potential…. In my opinion if students are lectured by qualified professionals they can benefit. Students themselves have identified lecturers who are good, but because jobs in some universities are not given on merit…. Even though I qualify, I may apply but because one does not have someone to back them up, they will not get the job. That jobs in Uganda are not given based on the potential of someone, most of what is taking place now, it is who knows you there* (SI1, Supervisor A, Lines 220-228, p. 7).

> *…and these lecturers teaching counselling, are they really qualified, does UCA come in to evaluate?* (SI1, Supervisor A, Lines 218-219, pp. 6-7).

In this subtheme, the data suggested that at least one practicum site supervisor wanted the UCA to have a stronger presence to ensure the quality and standards of training of counsellors in Uganda. Concerns were raised by this supervisor about how education institutions selected

students, how they monitored their progress during internships, and how they were evaluated. This supervisor said also that the UCA should ensure uniform curriculum training standards across higher education institutions and play a bigger role in monitoring and enforcing standards. A further concern was raised about the practice at some universities of appointing academic staff in the counselling programmes based on their political and other connections rather than on the basis of their formal qualifications as counsellors.

4.3 POSITIONING THE FINDINGS ON THE ROLE OF THE EDUCATION INSTITUTIONS, INTERNISHIP ORGANISATIONS, AND REGULATORY/ ACCREDITATION BODIES IN THE INTERNSHIPS IN THE LITERATURE

Counsellor education and training in Uganda is currently regulated through programme accreditation by the UNCHE (Senyonyi et al., 2012; Uganda National Council for Higher Education, 2014) with the UCA contributing to the curriculum development of accredited counsellor training programmes (Senyonyi et al., 2012). In this study, at least one accredited higher education institution informed its interns in writing that the internship was a requirement for the successful completion of their accredited bachelor's degree in guidance and counselling.

As mentioned in chapter 1 section 1.10.4, WPL as a modality of WIL takes place in working environments. Placement of students in work environments to expose them to learning in real work contexts has long been an accepted practice by universities (Council on Higher Education, 2011; Hatcher et al., 2011; Hatcher et al., 2015). In this study, WPL (internship) was done at off-campus sites at organisations in the community where counselling is part of the services the organisations offer. For WPL to be applied successfully, various good practice standards need to be adhered to by education institutions (Council on Higher Education, 2011). A number of insights were gained from this study regarding how WPL met the training needs of the interns who participated in the study.

The study revealed that at least one of the two accredited higher education institutions communicated their internship training requirements to their interns in writing. However, there were still inconsistencies in providing guidelines as one private university student reported that she had not received any guidelines from her university. Furthermore, at the time of the study, these guidelines were communicated to the site supervisors through the interns with no direct institutional communication with the site supervisors. Some supervisors in the study voiced their frustration about not knowing what to do with the interns due to poor communication from the education institutions. As pointed out in the literature, good communication between education institutions and internship sites is one of the key mechanisms for ensuring that students receive internship training of the quality expected by the training programme (Hatcher et al., 2011).

WIL good practice holds that modules that accommodate this type of learning should not be accorded any credits or very few credits even though the internship is a requirement for successful completion of the programme (Council on Higher Education, 2011). This is because WPL exposes interns to varying learning experiences due to contextual and workplace-specific dynamics. This, in turn, may complicate the assessment of interns' learning in these environments in relation to programme learning goals (Council on Higher Education, 2011). The present findings revealed that the internship at the time of the study was a course unit and was allocated credits although it was not clear from the data exactly how many credits the internship was allocated in terms of the credit requirements of the full programme. The findings also confirmed that the interns at the four internship sites had varying learning experiences regarding the clients seen at the sites and the services provided at each site. This raised concern about how many credits the internship contributed to the programme qualification and whether the intern counsellors were assessed fairly. This matter can be further investigated in other research since it does not fall within the scope of this study.

The literature on WIL good practice suggests that if a three-year bachelor's degree qualification mandates WPL, then education institutions have to take responsibility for all issues related to it (Council on Higher Education, 2011). This includes initiating partnerships with internship sites as well as implementing and managing WPL (Council on Higher Education, 2011). More specifically, education institutions should ensure that their interns have access to learning opportunities and infrastructure such as workplace mentors (Council on Higher Education, 2011). The study findings suggest that the education institutions involved in the research did not adequately take responsibility for their interns' WPL.

The public education institution was not actively involved in securing internship placements for its interns. The problem with interns securing their own internship sites with no clear guidelines is that they may not know which sites are appropriate for their skills development, and they may end up at sites where they may not be adequately trained. As a result of this, some of the interns found themselves at sites with limited resources for effective WIL to take place. Limited resources in this study related to sites that lacked the necessary physical facilities for the interns to practise according to the norms of their profession. It also related to unqualified supervisors providing professional training to the interns and, in some cases, to the interns' limited access to clients. Education institutions should always conduct site visits before internships commence to ensure that the site has adequate resources to enable their interns to acquire full professional development (Hatcher et al., 2011; Hatcher et al., 2015).

At the time of this study, and in accordance with university guidelines, the university supervisors were tasked with conducting clinical supervision of the interns and formative evaluation of the internship. However, based on the feedback from the interns and the site supervisors, the university supervisors inconsistently delivered on this mandate and also held insufficient supervision sessions with their interns. The interns in the study consequently relied

heavily on the supervision provided by their site supervisors, which meant that the site supervisors deviated from their administrative role as stipulated in the university guidelines.

It is especially problematic in the context of this study that qualified university supervisors were reportedly not fulfilling their role and that some of the site supervisors were not qualified to do counselling supervision and often modelled practices contrary to the ethos and norms of the counselling profession. Under the supervision of non-professional counsellors interns may not be able to apply their professional counselling beliefs, attitudes or principles and may be given advice which may conflict with the university supervisor's (professional counsellor) advice (Eisenhard & Muse-Burke, 2015). Such ethical dilemmas can be distressing for interns because they have to adhere to the internship site or agency policies of their often unqualified site supervisors (Eisenhard & Muse-Burke, 2015; Magaletta, Patry, Cermak & McLearen, 2017).

The literature also highlights the importance of having qualified university supervisors and site supervisors who are equally committed to the professional training of intern counsellors (Council on Higher Education, 2011; Hatcher et al., 2011; Hatcher et al., 2015; Hatcher et al., 2012). University and site supervisors should both provide ongoing clinical and administrative support during internships in the knowledge that the effectiveness of WPL depends on good quality partnerships (Council on Higher Education, 2011). The international standard is that interns should be under the supervision of qualified professionals in their respective fields of specialisation (Borders, 2014; Falender & Shafranske, 2014, 2017; Falender et al., 2014). The literature points out also that the supervision of interns by non-professional counsellors at internship sites can inhibit the development of a professional counselling identity (DeKruyf, Auger & Trice-Black, 2013).

The findings of the present study suggest that the lack of collaboration between the internship sites and the education institutions had several negative consequences. One was that the site supervisors complained that in taking full responsibility for the supervision of the interns, they were doing the university supervisors' job. The result was that at some sites the interns had to pay for their supervision. These issues could be resolved if the internship sites, education institutions, and professional bodies collaborated formally. Funding issues in internships have received attention in the literature, for example professional associations in the USA such as the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Association of Counseling and Centre Training Agencies (ACTA) contribute towards making internship placements affordable and accessible to interns. This was achieved partly by negotiating a reduction in the costs incurred by students/interns during the internship application process (Boggs & Douce, 2000).

Another consequence of a lack of collaboration between internship sites and education institution is little clarity on what is expected of site supervisors. The site supervisors in the

present study were uncertain about how they should supervise the interns, and they also reported that they had to use evaluation forms that were not suitable for their needs and that they wanted to contribute to the refinement of these forms. Furthermore, interns experienced a need for their university supervisors to attend and sit in on their counselling sessions while the site supervisors also expressed a need for more on-site engagement and collaboration with university supervisors. Studies conducted by Ward (2001) and Hatcher et al. (2012) highlighted the importance of formal collaboration between education institutions and internship organisations as well as the importance of good communication at internship sites in ensuring that the quality of training aligned with the training goals in the academic programme.

At three of the four internship sites, counselling was not the primary commission of the site but, rather, a secondary commission that was subsumed under the primary commission. The present study revealed differences in the organisational setup, the services offered, and the supervision approaches at the different sites. These findings are consistent with those of Eisenhard and Muse-Burke's (2015) study, namely that supervision practices differ based on the context, that is, where they take place. More specifically, Eisenhard and Muse-Burke (2015) found that supervision practices were influenced by differences in procedures followed in order to deliver on the primary commissions at different sites. Similarly, supervision at the four counselling internship sites in the present study were done in line with the diverse primary commissions and service delivery plans of the four selected sites.

At two of the sites where counselling work was not a primary commission, the interns reported experiences that could hinder their counselling practice. For example, one site was a private hospital whose main commission was to provide medical care and hospitalisation. As such, its primary commission was not counselling although the site supervisor was a qualified counsellor. The interns at this hospital reported that they did not see many clients and sometimes felt marginalised because the site head neither welcomed nor talked to them throughout their stay at the site. At another site—a child and family unit at a police station whose primary commission was law enforcement relating to protecting the rights of women and children—the site supervisor was an unqualified counsellor. This supervisor was committed to helping her intern, but during supervision she modelled behaviour to the intern that was contrary to the norms of the counselling profession.

Organisational dynamics play a key role in influencing how supervision at sites is conducted (Chang, 2013). As stated earlier, organisational dynamics relate to what supervisors and intern counsellors are expected to do as well as the culture of the organisation (O'Brien, 2014). All four site supervisors in the present study ensured that their interns received orientation at the site where they worked, were introduced to other staff members and were informed about what was expected of them. Orientation of interns at different internship sites is a good practice that

is also highlighted in the literature (Council on Higher Education, 2011). Orientation of interns can help establish rapport between them and supervisors as well as other staff members.

Orientation can also be done in relation to services provided at a site, how supervision at the site is conducted, and how interns are monitored at the site. Some of this information, such as how supervision will be conducted, by whom, and the orientation structure, is usually provided to interns in a written contract (Hatcher et al., 2011; Hatcher et al., 2015; Hatcher et al., 2012). However, the present study revealed that there were no written memoranda of understanding between the site supervisors and the interns largely because the education institutions did not work closely with the sites regarding the effective supervision of the interns.

Based on WIL good practice, education institutions are also tasked with ensuring that supervision structures at internship sites are well established. (Council on Higher Education, 2011). Similarly, internship sites have a responsibility to welcome interns into the organisation and to create an enabling environment where they can do their job (Council on Higher Education, 2011). The findings of the present study suggest that two of the four sites where the interns were doing their internship had inadequate physical infrastructure to support ethical counselling practice. For example, at one of the sites an intern had to meet clients in an open area, which compromised her clients' privacy. At the second site, only high-profile clients were seen privately—the other clients were seen in the office in the presence of other officials.

Although the UCA has registered some achievements for the counselling profession in Uganda, this study's findings indicate that at least one internship site supervisor wanted the UCA to do more to ensure the quality and standards of counsellor training in Uganda. For example, concerns were raised about how education institutions selected students, how they monitored their progress during internship, and how they were evaluated. At least one supervisor wanted the UCA to ensure uniform training standards across higher education institutions and to play a greater role in monitoring and enforcing standards. Internationally, professional regulatory bodies are closely involved in setting and monitoring training standards (Borders et al., 2014; Nate & Haddock, 2014).

Concern was also expressed about the practice at some universities to appoint academic staff in counselling programmes based on their connections with those in positions of power rather than on their formal qualifications as counsellors. The literature states that the supervision of intern counsellors should be conducted by competent professionals, preferably from the same profession (Council on Higher Education, 2011).

4.4   ANSWERING SECONDARY RESEARCH QUESTION 1

A key responsibility of an education institution during experiential counsellor training is to provide academic leadership and management of WIL (Council on Higher Education, 2011; Hatcher et al., 2011; Hatcher et al., 2015). This includes providing supervision guidelines and

technical support to the interns as well as the supervisors at the sites (Hatcher et al., 2011). However, the present study revealed that only one of the two education institutions covered in the study provided supervision guidelines thus making it difficult for the interns and the site supervisors to determine and follow internship training goals and objectives. Secondly, the public education institution that provided guidelines did so in a manner that lacked academic leadership and demonstrated inadequate management of WIL.

Effective management of WIL means that education institutions need to initiate and implement partnerships with internship sites to streamline the roles of each party and to create a reliable feedback channel (Council on Higher Education, 2011; Hatcher et al., 2011). However, the findings of this study suggest that the sites did not have adequate partnerships with the education institutions. The lack of partnerships was problematic, not only for the interns but also for the sites. The site supervisors reported that they did not know what was expected of them and that there was no streamlined channel for them to provide feedback to the education institutions.

Partnerships between education institutions and sites involve university supervisors working closely with site supervisors (Hatcher et al., 2015; Hatcher et al., 2012). However, the findings of this study revealed little collaboration between the university supervisors and the site supervisors. More specifically, the site supervisors' responses suggested minimal input from the university supervisors regarding the supervision of the interns. Education institutions are also expected to monitor interns at workplaces through site visits (Hatcher et al., 2012). However, the findings of this study revealed that most of the participants in the study were unhappy about the few and at some sites non-existent visits of university supervisors.

It is also the responsibility of education institutions to ensure that their interns are prepared for the workplace (Council on Higher Education, 2011). However, based on the responses of the site supervisors, it seems that the education institutions in this study did not adequately prepare the interns for the diverse workplaces. For example, one site supervisor reported that some of the interns under him had difficulty in interacting with some categories of clients at the site, particularly those with sexual orientations different from their own, meaning they had not been adequately prepared for counselling practice.

Managing resources such as staff and resources for site visits is also a responsibility of education institutions during internships (Council on Higher Education, 2011). Programme coordinators were not interviewed in this study, so the information regarding the role of education institutions in the management of resources was based on the supervisors and intern counsellors' responses. As stated earlier, there were minimal and at some sites no site visits from the university supervisors, perhaps implying that the education institutions were under-resourced and could therefore not support university supervisors' regular visits to the internship sites.

The literature states that supervision at sites must be conducted by qualified professionals and that education institutions must specify who qualifies to provide supervision and indicate what counts as acceptable internship activities to receive credit (Council on Higher Education, 2011; Hatcher et al., 2011). The literature further indicates that supervision of interns at sites should be conducted by an individual from the profession and where non-professionals engage in supervision the guidelines should indicate how much the non-professionals can influence learning during internship training (Hatcher et al., 2011).

This study revealed that the supervision guidelines provided by the public education institution lacked detail. More specifically, the guidelines specified neither who should supervise the interns' work at the site nor the qualifications of the site supervisor but stated only that the site supervisor's role should be administrative. The study revealed also that two of the four site supervisors in the study were not qualified counsellors. This was problematic because it left the supervisory role open to whoever headed the department where the interns were placed regardless of whether they were professional counsellors or not and limited real-time feedback on the interns' clinical work while at the sites. This implies that unqualified supervisors daily oversaw the interns' practice at the sites and therefore might not have been in a position to provide feedback to support the interns' professional growth.

Orientation of interns at internship sites is a key responsibility of the sites (Council on Higher Education, 2011). At some of the sites in the present study, the site supervisors helped the interns settle down in the different organisations and engaged them in activities at the sites. This was in line with the literature, which states that interns should be oriented when they first join organisations and that structures should be in place to enable them to see clients while at sites (Council on Higher Education, 2011). This study revealed that some of the interns had clients to see at some of the sites. However, it revealed also that some of the interns were not warmly welcomed at some of the sites and that some interns did not have clients to see while at the sites.

Internship sites are also tasked with setting clear work objectives for interns during their stay at selected sites (Council on Higher Education, 2011; Hatcher et al., 2012). This study revealed that at some of the sites, the site supervisors ensured that they sat in with the interns and determined the learning objectives based on the interns' expectations of the training. Because some of the sites had several service delivery units, some of the site supervisors deemed it fit to rotate the interns between the various units to expose them to diverse groups of clients, which helped enrich the interns' learning experiences.

Internship sites are expected to monitor interns' workplace performance (Council on Higher Education, 2011; Hatcher et al., 2012). This study revealed that the site supervisors at some sites ensured that the interns signed the attendance register when they arrived at the workplace. The site supervisors also held meetings with them to discuss the daily or weekly

activities they had engaged in. During the meetings, the interns highlighted their successes as well as challenges, which the site supervisors helped them with. The site supervisors also identified skills deficiencies in the interns and, where possible, arranged for training at the sites.

Regulatory bodies are tasked with contributing to the development of counsellor training curricula and ensuring that counsellor training programmes are accredited (Council on Higher Education, 2011; Hatcher et al., 2011; Nate & Haddock, 2014). Similarly, the literature on counsellor training in Uganda indicates that the UCA and the UNCHE collaborated closely to develop the curriculum followed by all counsellor training programmes accredited by the UNCHE (Senyonyi et al., 2012). With regard to monitoring training standards at internship sites, this study found that the UCA and the UNCHE were not mentioned by any of the participants as being actively involved in monitoring training standards at the selected internship sites.

In summary, based on the responses of the participants in the present study, the education institutions, the internship sites, and the regulatory and professional bodies did not satisfactorily fulfil their tasks as described in the CFM. More specifically, the findings of the study suggest that the public education institution, which should have taken the lead in organising and implementing the internship since it was directly linked to the training programme, did not fulfil its responsibility as expected. Furthermore, administratively speaking, the education institutions, the organisations, and the UCA seemed to have a weak working relationship regarding the planning, implementing, and monitoring of the internship supervision at the internship sites. This weakness was reflected in the challenges and shortfalls reported by the site supervisors and interns during the internship supervision at the selected sites.

4.5   REFLECTING ON INSIGHTS GAINED FROM THE CFM

The CFM is a conceptual framework for understanding how the stakeholders that constitute the administrative component in internship supervision, namely the educational institutions, the organisations, and the professional/regulatory bodies, should work together in administering internships. The CFM also highlights the role that should be played by each of the stakeholders in planning, monitoring, and supervising internships at internship sites. The insights gained from the CFM indicate that internships are more meaningful to interns if education institutions work together closely with internship sites and professional bodies regarding the planning and implementation of internship goals. In addition, the CFM concepts highlight that interns should be required to do internships for a stipulated number of hours under the supervision of qualified professionals preferably in the same field.

In terms of the CFM, administrative and clinical supervision should be considered complementary, which, as I stated in chapter two, is contrary to some of the literature where some scholars insist that the two should be separated. The CFM adds that for a supervisor to

conduct both administrative and clinical supervision, he or she should possess generic/foundational as well as specific/functional competencies to adequately meet the professional development needs of his or her supervisees. Contrary to the CFM, the present study revealed that the guidelines from the public university indicated that the role of the site supervisor was only administrative, and that clinical supervision should be conducted by a university supervisor allocated to each intern counsellor.

However, due to limited site visits from the university supervisors, some of the site supervisors ended up engaging in both administrative and some clinical supervision. This did not contribute much to the interns' professional development because some of the site supervisors lacked generic/foundational as well as specific/functional competencies. According to the CFM, administrative and clinical supervision can be conducted successfully only if sites have training partnerships with education institutions regarding shared training goals and objectives and with competent professionals at the sites, which was not the case at the selected sites in this study.

4.6   CONCLUSION

This chapter covered the findings under theme 1 where I highlighted the role of education institutions, the role of internship organisations, and the role of professional/regulatory bodies during internships. I also positioned the findings in the existing literature, pointing out the good practices that emerged from the study and the practices that needed improvement based on the WIL/WPL good practice literature. I also pointed out how the findings under theme 1 answered research question 1. Finally, I discussed my reflections on the insights gained from the CFM in relation to the theme dealt with in this chapter. The next chapter covers themes 2 to 4, which answer secondary research questions 2 to 4. The findings are presented in a similar format as that in this chapter.

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Chapter Five
Findings and Literature Control: Theme 2-4

5.1   INTRODUCTION

This chapter covers the data for themes 2, 3, and 4 of the study and follows a pattern similar to that in chapter four. In other words, for each theme I provide the inclusion/exclusion criteria, present the data with verbatim quotes, and follow up with a literature control where the study's findings are positioned in the existing literature. At the end of every theme, I provide answers to secondary research questions 2-4 and present the insights gained from the contextual-functional meta-framework (CFM) for counselling Supervision.

5.2   THEME 2: WORKING ALLIANCE

A working alliance refers to the agreement between supervisors and interns on the roles and tasks they need to perform to achieve the supervision goals while ensuring that the relational bond between them develops (Bordin, 1983). In the supervisory working alliance, the supervisor should match the tasks, goals, and methods of supervision with the interns' readiness to learn—this can be done in collaboration with the intern (Chang, 2013). The supervisor and the intern each have their own cultural background and experiences that need to be navigated carefully to enable them to establish and maintain a sound working alliance conducive to teaching and learning (Watkins, 2014b). The supervision working alliance can be successful if there is mutual understanding of the values and beliefs of the people involved in the relationship (Falender & Shafranske, 2017; Falender et al., 2014). Ultimately, the attitudes and feelings of the supervisors and interns towards each other can facilitate or inhibit learning (Bordin, 1983; Cooper & Ng, 2009). In the following sections, I present data under two subthemes. Subtheme 2.1 covers the role of culture in the working alliance while subtheme 2.2 covers the management of the supervisory relationship in the working alliance.

5.2.1   SUBTHEME 2.1: ROLE OF CULTURE IN THE WORKING ALLIANCE

According to Snowman and McCown (2013), "culture is a term that describes how a group of people perceives the world, formulates beliefs, evaluates objects, ideas, and experiences; and behaves" (p. 93). These authors believe also that culture is instrumental in interpersonal interactions because it guides how people communicate, express emotions, and approach work. Because culture is present in supervision, the role of culture in a working alliance cannot be ignored. Culture in a working alliance refers to the differences in cultural beliefs and values between supervisors and interns and how they acknowledge and manage these differences to form a strong supervisory alliance (Chang, 2013). The definition of supervision in section 1.10.1 states that supervision is a hierarchical relationship that extends over time during which

diverse multicultural differences between supervisors and interns come to the fore (Chang, 2013).

Ugandan citizens live in a culturally diverse society. Nine indigenous ethnic groups are formally recognised in the constitution, 56 indigenous tribes, and several indigenous languages and dialects (Rosendal, 2010). Uganda's ethnic groups are distinguished mainly by language. In southern Uganda, most people speak Bantu languages; Sudanic speakers inhabit the north-west; Nilotic speakers, specifically the Acholi and Langi, live in the north; and the Iteso and Karamajong are found in the north-east (Kwesiga, 1994). Although Uganda comprises people who speak several indigenous languages and dialects, English and Swahili are the official languages (Rosendal, 2010). Uganda also has diverse religious groups where western as well as indigenous religious beliefs are practised (Haynes, 2007). There are also variances in the socioeconomic status of Ugandans where affluent as well as poor people live alongside each other in rural and urban areas (Kinyanda et al., 2011). Uganda is thus made up of several ethnic groups and numerous tribes with diverse histories, cultural backgrounds, values, and beliefs. Supervisors and interns in Uganda therefore need to be aware that their interactions with each other and with their clients are culture infused.

The multicultural diversities that Chang considers crucial for discussion in a culturally infused approach to developing a working alliance include, but are not limited to, race, ethnic identity, gender, disability, and sexual orientation (Chang, 2013). These multicultural issues require supervisors and interns to decide how best they can build and maintain the supervisory relationship in order to facilitate learning and skills acquisition (Bernard & Goodyear, 2014; Chang, 2013; Holloway, 1995). Subtheme 2.1 contains data that give some indication of how culture manifested in the supervision relationship at the four sites. Table 5.1 summarises the inclusion and exclusion criteria for this subtheme.

Table 5.1:   Inclusion and exclusion criteria for subtheme 2.1: Role of culture in a working alliance

INCLUSION CRITERIA	EXCLUSION CRITERIA
Data that were included referred to the socioeconomic background of the interns, their interests, their values, who they were, and their cultural beliefs in relation to responsiveness during supervision and working with clients.	Data that were excluded were data that did not refer to the socioeconomic background of the interns, their interests, their values, who they were, and their cultural beliefs in relation to responsiveness during supervision and working with clients.

Data for this subtheme emerged from interviews with the supervisors at Sites A, C, and D. The supervisor at Site B reported that she did not experience any multicultural issues during supervision and therefore no data other than this statement can be presented for Site B. When asked what she knew about multicultural issues in terms of differences in tribes or religion and

whether she had had any problems with anyone being from a different religion or tribe, she replied:

> Not really (SI2, Supervisor B, Line 147 p. 14).

With regard to the ethnic differences of the interns, Supervisor A acknowledged that he was aware that his interns came from diverse ethnic backgrounds. He stressed that there was no discrimination based on these differences during supervision:

> *I emphasise there is no discrimination, there is no maybe a Muganda* [a Muganda is a person who belongs to the Ganda tribe] *…there is no discrimination at all. We deal with them as they are* (SI1, Supervisor A, Lines 128-129, p.4). [The Ganda constitute the majority of the people in the region where Site A is located.]

Supervisor C expressed awareness of the role culture played during supervision, particularly when it involved close communication with others. More specifically, Supervisor C indicated that she had observed multicultural differences in terms of how the interns conducted themselves based on their cultural background. She ascribed these cultural differences to socioeconomic status. For example, she thought the interns from rural or impoverished socioeconomic backgrounds showed less confidence when expressing themselves compared to interns from urban or higher socioeconomic backgrounds. Supervisor C added that the interns from slum areas were more likely to be disrespectful:

> *Some students are on the receiving side most of the time and they expect to be told what to do and then there are those who are go-getters…they are aggressive. To come back to the go-getters, these are students who have been mostly exposed to the urban kind of life, and then the laid-back ones are those who are there to receive; they don't initiate, they mostly come from the rural areas…they have that rural background* (SI3, Supervisor C, Lines 129-134, p. 22).

> *Yeah and the respect…I have never really encountered the ones who are really like so disrespectful, but I have heard some from supervisors who were allocated to interns who come to you and say, you know, so and so is very aggressive to people and arrogant, yeah. So sometimes you look at the person* [intern/student] *like where they are coming from. Do they stay in a slum, you know, do they…it also depicts who the person is, so there is I would say, yeah, there is that multicultural issue* (SI3, Supervisor C, Lines 135-141, p. 22).

Individual differences among the interns also made it important for the supervisors to take time to understand the interns on a personal level. Supervisor C reported that she spoke to her interns about their personal interests in order to enable them to continue their self-discovery, which is a key factor in attaining personal and professional development.

> *I create that conversation with them about their own life* (SI3, Supervisor C, Line 108, p. 20).

Supervisor D reported that he had experienced how coping with diversity influenced the interns' work with their clients. He added that it was important for the interns to transcend their own values and norms to accommodate diversity in their clients, and that it was his role to support them in this:

> *We handle different clients and some of my counsellor trainees have found challenging aspects where they have felt that comparing their culture, their religion…may be they would not accept to take up those clients and do what they are expected to do…like we deal with most at-risk populations where we interact with bi-sexual, homosexual whatever…so as they move in they expect to be supported and respected irrespective of their sexual orientation…so we basically mentor these trainees, a number of them need continuous support* (SI4, Supervisor D, Lines 99-105, p. 28).

Although Supervisor B indicated that she had not experienced any difficulties with cultural issues, the intern under her supervision reported how she had been mentored by her to cope with competing values when working with clients whose beliefs differed from hers (the intern's). Intern B reported how her supervisor had helped her manage her emotions when she was seeing clients whose values were different to her own:

> *To me supervision as a counsellor…it has helped me for example on how to handle emotions when handling clients. It has also helped me to be patient. There are times when there are some clients who are very stubborn, for example when they are talking to their mother-in-law, and they stand up and start pointing fingers…there are moments I feel that I should grab that person's arm and say why are you pointing fingers at her…don't you know this is your mother-in-law? So, we have learnt even if the client's temper is flaring, I have learnt to remain calm in whatever situation that comes. I make sure that I don't come into conflict with the client* (II2, Intern B, Lines 151-158, p. 41).

Challenges when dealing with clients in terms of language were noted by Intern D2 who said that her ability to communicate with clients who spoke a language she was not familiar with was compromised:

> *But you may find some clients are not well conversant with the language* [English is the official language used in Uganda]…*some they come, they don't know Luganda* [the predominant indigenous dialect in the geographical area where the study was conducted]*, some don't know English, so I find it hard to communicate with them* (II5, Intern D2, Lines 34-36, p. 51).

In summary, the data in subtheme 2.1 suggested that most of the supervisors were aware of the role that culture played in the supervision relationship. A problem noted by the supervisors was the role of socioeconomic status in how the interns communicated with people at the site and how this influenced their ability to take the initiative as intern counsellors. Another challenge related to their difficulty in working with clients who presented with, for example, sexual orientations contrary to their own values. Challenges in terms of cultural differences reported by the interns related to how they (the interns) worked with clients who did not speak their language and how they had to balance their value systems with those of their clients. The supervisors dealt with these challenges in varying ways during supervision. These included acceptances of cultural differences, establishing an open and friendly relationship where the interns felt safe to share their worlds, and by mentoring the interns on how to counsel clients with diverse needs.

5.2.2 SUBTHEME 2.2: MANAGEMENT OF THE SUPERVISORY RELATIONSHIP IN A WORKING ALLIANCE

Management of the supervisory relationship in a working alliance requires mutual trust. Both the supervisor and the intern/supervisee should also feel safe in disclosing and exploring areas of difficulty without fear of repudiation (Egan, Maidment & Connolly, 2017). Several actions are involved in building and maintaining a productive working alliance in supervision such as entering into a supervision contract, setting supervision goals, outlining tasks to meet the set goals, repairing ruptures that may occur in the relationship, and maintaining an emotional bond between the supervisor and the intern (Bordin, 1983; Falender et al., 2014).

The working alliance is thus characterised by collaboration among the key role players in the supervision process such as supervisors and interns, education institutions, and internship sites (Horvath & Greenberg, 1994). In this process, all the role players should adopt a collaborative stance while formulating goals (Chang, 2013). Nelson and Friedlander (2001) and Ladany et al. (2001) argue that the quality of the supervisory working alliance is the basis for productive clinical supervision.

Data for this subtheme related to how the interns were supervised and how the supervisors and interns managed the supervisory relationships within their working alliance. Table 5.2 shows the inclusion and exclusion criteria for this subtheme.

Table 5.2:   Descriptions of subtheme 2.2: Management of the supervisory relationship in the working alliance

INCLUSION CRITERIA	EXCLUSION CRITERIA
Data that were included comprised discussions and practices related to creating and managing the supervisory relationship within a working alliance.	Data that were excluded were not in line with discussions and practices related to creating and managing the supervisory relationships within a working alliance.

All the supervisors at the four selected sites endeavoured to initiate and develop a working relationship with their interns. The supervisors followed varying approaches to facilitate this process in their supervision relationship. For example, Supervisor A explained why and how he had developed a working relationship with his interns:

> ➤ *As a professional counsellor, I know that a good relationship is fundamental to learning and successful supervision, so we create a very good one…I make them comfortable, that is why they are free to consult me* (SI1, Supervisor A, Lines 124-127, p. 4).

Similarly, Supervisor B reported that it was imperative for her to build a good relationship with the interns so that they could feel free to express themselves:

> ➤ *In the beginning I try as much as possible to build that good relationship…and since there is something, they are looking for…here we make sure that we build a good relationship and we move on freely* (SI2, Supervisor B1. Lines 23-25, p. 10).

Supervisor C also thought that a supervisory relationship built on friendliness contributed to a learning environment where the interns could feel free to consult with her when they faced difficulties:

> ➤ *There is building the rapport, trying to create the relationship from the first day. I always give interns the impression that you know what you can always rely on me. I am not this difficult person…so they always know they have a friend to count on even when they are finding difficulty at a station…so it is from the beginning* (SI3, Supervisor C, Lines 104-108, p. 20).

Lastly, Supervisor D reported that acceptance and friendliness towards interns helped them feel comfortable and created an environment conducive to learning:

> ➤ *During supervision the key issue is acceptance. Different people could be understanding differently so you need to accept them; and other people will learn*

better when you are free with them. We build rapport with them to ensure that you are friendly to them (SI4, Supervisor D, Lines 29-32, p. 25).

Supervisor D added that although he tried to be friendly with the interns, he also ensured that he maintained a professional relationship with them:

➢ *Relationship? By sticking to the norms and being professional in what I do I try to exhibit that superiority to be confident to them…when you are addressing them that way, they will not undermine you. I avoid issues of much more interaction because it will impact on the way they will respect you or take up the ideas…but again you need not be harsh with them to appreciate that even at any time they can also be in your position to do the same work. So basically, it is about respecting the cultures and professionalism in all I do* (SI4, Supervisor D, Lines 90-96, p. 28).

Responding to a question on how the interns in this study experienced the supervisory relationship with their site supervisors, the interns generally reported that their supervisors were friendly and that this played a major role in reducing their anxiety when counselling their clients. Interns C1 and C2 explained how a good supervisory relationship benefited them:

➢ *A good relationship with my supervisor has enabled me to deal with my weaknesses like I wasn't able to talk to a crowd of people…when the supervisor is there she tells you, she guides you, then you are able to gain that confidence to start talking to them* [referring to clients] (II3, Intern C1, Lines 29-31, p. 43).

➢ *The experience has been good so far because the supervisor is so friendly and free you get to interact with her, and she gives encouraging words* (IRJ3, Intern C2, Lines 55-56, p. 2).

Similarly, Interns C2, D1, and D2 reported that their supervisors were very cooperative and friendly:

➢ *The relationship has not been bad…at least the supervisor could bring that friendly environment where we would be open, and one would inquire about what they do not know. She was a bit friendly, so you would be free to interact with her and know more of what you don't know* (II6, Intern C2, Lines 30-32, p. 56).

➢ *The site supervisor is very cooperative, and he is a good mentor* (II4, Intern D1, Lines 12-13, p. 46).

➢ *Our supervisors have been cooperative with us, they are not rude, yes, they are friendly* (II5, Intern D2, Lines 25-26, p. 51).

The excerpt below from an intern's reflective journal corroborates the responses in the interns' interview excerpts regarding the development of a supportive supervisory relationship:

> *The supervisor used to treat us the same way, even those who were not working with him and us who were working with him, which gave me a good example of treating people the same and doing what makes them happy, like giving them free time for resting. He also treated the clients who came for treatment and counselling very well. The site supervisor was approachable and available for us* (IRJ3, Intern D2, Lines 47-51, p. 2).

Although Supervisor A, as quoted earlier in this subtheme, said that it was vital to establish a good working relationship with the interns, one of his interns reported that not all interns under his supervision had a good supervisory relationship with him:

> *Unless the people are friendly to him... there are some people he thinks are so close to him, those are the people he cares and minds about. He thinks they are working…but other people he does not mind about* (II1, Intern A1, Site A, Lines 40-42, p. 2).

I also asked the participants about supervision goals in the internship. Three of the four supervisors at Sites A, C, and D seemed to have more structured supervision goals. Supervisor A's response indicated that ensuring that the interns had clients to see was central to the internship supervision goals at Site A:

> *I have like twenty supervisees, but we give them work in shifts. If you come Monday, Tuesday, you may not come on other days, or others come from 2:00 pm to 6:00 pm. Counselling is about when you come at the site, you must see clients. It is not only being at the site from morning up to evening, but it is all about having a counselling session with a client. Even though you come at 2:00 pm at this site, you will have like three sessions or even up to five* (SI1, Supervisor A, Lines 143-148, p. 5).

Supervisor C explained that the supervision goals she set included finding out how much the interns knew and determining how much they would need to know at the end of the internship:

> *Yes, before starting the supervision we always interact, and I find out what they know and what they don't know, so there's always supervision there, should we talk about it? And say at the end of supervision, what do you want to learn at the end of this practice, what do you think you could have gained by then? We look forward, we work toward that, yeah, so we always set the goals, yeah* (SI3, Supervisor C, Lines 56-60, p. 19).

Supervisor D, a qualified professional counsellor, explained how the supervisors at Site D set supervision goals with the interns at the site:

> *We set the goals at the start when the interns move in. We try to agree with them that now you are here this is what we do. As far as the counselling profession is concerned, mostly the work rotates around communication with people. How do you open up? How do you share? How do you make people make informed decisions? How do you make people cope with the different dynamics, the more so being in an organisation that tests for HIV, coping with the results, especially positive results? So, we expect them at the end of it all to be able to deliver effectively, and we measure it by the clients we work on* (SI4, Supervisor D, Lines 74-80, p. 27).

Supervisor D reported that they took goal setting one step further at Site D by involving the interns in the goal-setting process. According to Intern D1:

> *About the goals…when we came here the first time the organisation asked us about the objectives…why we chose this place and what we had come to do here, like the objectives, why we were carrying out the practicum, and we wrote it was like a minimum of five, so we wrote those goals…we included knowledge and skills to learn, like to learn more skills, like listening. Then also to learn how to associate with people, like the working people* (II4, Intern D1, Lines 35-40, p. 48).

Supervisor B at Site B set goals for the interns at her site based on the intern's needs:

> *As I told you, when they come, we discuss, sit and agree…for me these are what I will follow, this is what I am going to do a, b, c, d, e, f, g, then we shall sit, they will ask me, how do you want us to do this?* (SI2, Supervisor B, Lines, 210-212, p. 16).

Supervision contracts play a key role in counsellor supervision because they set boundaries between supervisors and interns and set goals for professional development. I asked the interns whether they had received or entered into any supervision contracts with their respective sites and supervisors. Interns C1 and D2 said the following:

> *Ah no, there is no contract, the organisation just gave us the acceptance letter containing all the months we are going to spend here. What they did when we came here, they gave us a supervisor* (II3, Intern C1, Lines 15-21, p. 43).

> *I haven't seen the contract yet, but we got a letter from Site D which shows I am not in this place accidentally; yes, that is one of the documents I got from here* (II5 Intern D2, Lines 16-17, p. 51).

Conversely, Intern B1 said that when she had passed the security checks, she was given an internship placement. In her response, she indicated that permission and terms of reference were communicated verbally:

> ➢ *They just told us by word of mouth…yeah. When we were coming now…like us the students who were doing internships at police stations. It is not easy getting permission, you must go the police headquarters, pass through the IGP's office* [Inspector General of Police] *for them to allow you. Not everyone is allowed because we asked why they are doing that, and they said you know we want people who we think we can trust because once you are on our premises, in our offices, you get to know a lot of our secrets. I think that is one of the terms that we got when we went to the police headquarters. That is why you even see here we are few, they do not just take in anyone* (II2, Intern B, Lines 53-61, p. 38).

In summary, the data in this subtheme suggested that all the supervisors who participated in the study endeavoured to develop a working relationship with their interns. Most of them accomplished this by creating an open relationship where the interns could express themselves freely. One supervisor who was also a qualified counsellor said that he balanced an open relationship with being professional and maintaining a professional distance. Similarly, his interns reported that he was a good mentor and that they were given the same respect he accorded his own clients. One intern reported a negative working relationship with her supervisor, claiming that she had favourites. Regarding supervision goals, one of the sites did not have clear goals of what should be accomplished during the internship period in terms of formal counselling experiences. Although the other three sites had goals, these goals were not in written format and were communicated verbally.

5.3   POSITIONING THE FINDINGS ON THE WORKING ALLIANCE IN THE EXISTING LITERATURE

The existing literature states that cultural diversity, individual diversity, and multiculturalism are core issues that should be addressed during the supervision of intern counsellors (Pieterse, Evans, Risner-Butner, Collins & Mason, 2009). These diversities, which are not limited to the social, cultural, and psychological domains, can directly or indirectly influence the supervision bond between those in the supervisory dyad (Bordin, 1983; Jones, Welfare, Melchior & Cash, 2019). More specifically, Jones et al. (2019) point out that supervision relationships are intercultural, which requires the supervisor to be aware of the cultural differences and similarities in a supervisory relationship and how to handle them in order to conduct supervision effectively.

The findings of this study suggested that most of the supervisors acknowledged that multicultural differences existed and that they played a role in the development of a working

alliance with the interns. One of the multicultural differences noted in the findings related to differences in the socioeconomic status background of the interns. A site supervisor in the study said that some of her interns came from rural areas and others from slum areas and that this impacted their approach to the experiential work at the site. More specifically, the site supervisor observed that the differences in socioeconomic status affected her interns' ability to conduct themselves with confidence and that they therefore needed more support. The interns from rural backgrounds and with low socioeconomic status tended to be shy and less confident compared to their counterparts from urban settings. The supervisor therefore provided more support to those interns who seemed to have limited ability to take the initiative as counsellors.

A critical issue in supervision is multiculturalism and diversity within the supervisory relationship (Borders et al., 2014; Falender & Shafranske, 2014; Rubio, 2017). If the multicultural differences are identified and discussed, it becomes easier for supervisors and interns to cultivate a strong working relationship in which the interns are helped to develop personally and professionally (Bernard & Goodyear, 2014). Consistent with the literature, most of the supervisors in the present study recognised that they themselves and their interns were in a diverse community characterised by different tribal backgrounds and cultures. The site supervisors used different approaches to deal with the diversities they identified while working with their interns. As mentioned earlier, the notable differences included socioeconomic background and tribal affiliations. The approaches of the supervisors in the study included ensuring that there was no discrimination and that the supervisory relationship was characterised by acceptance regardless of differences in culture. Some of supervisors-initiated conversations where individual interns could talk about themselves, which helped in the development of supportive relationships.

Some of the interns found it difficult to work with clients with values contrary to their own. In this study, one of the site supervisors noted that some of the interns needed support in working with clients with sexual orientations different to their own. The supervisor at the site engaged in an open discussion with the interns on the importance of accepting clients with sexual orientations and values different to theirs in order to meet the clients' needs and, ultimately, the primary commission of the site. These findings were consistent with those in the literature, which hold that discussions on cultural similarities and dissimilarities between supervisors, interns, and clients are crucial for enhancing the working alliance and meeting clients' needs (Garrett et al., 2001; Gatmon et al., 2001; Hird, Cavalieri, Dulko, Felice & Ho, 2001).

The interns in the study also mentioned difficulties with clients who could speak neither English nor the interns' native languages and how they managed to balance their value systems with those of their clients with the help of their supervisors. According to some of the interns, this language barrier in counselling had not yet been resolved at some of the sites in the study, which meant that some clients' needs might not be met fully. The literature emphasises the

need to deal with language issues in counselling so that interns can effectively fulfil the needs of clients (Rubio, 2017). The literature also highlights the need for interns to adhere to the norms of the profession in their practice. More specifically, Myers, Sweeney, and White (2002), and Moss, Gibson, and Dollarhide (2014) point out that interns should practise with confidence but at the same time remain accountable to their clients and to the profession.

Several scholars maintain that a collaborative supervisory relationship is essential in supervision because it reduces interns' performance anxiety and enhances their ability to be open to teaching and learning (Egan et al., 2017; Escrig-Pinol, Corazzini, Blodgett, Chu & McGilton, 2018; Folkes-Skinner et al., 2010; Tangen & Borders, 2016). This study revealed also that the site supervisors endeavoured to establish collaborative supervisory relationships with the interns as they considered such relationships to be the best supervisory relationships. These relationships were characterised by acceptance, friendliness and reliability.

Some of the interns said their supervisors created a friendly and open relationship in which they acted as examples to them. They added that this friendly and open relationship enabled them to address areas where they needed professional and personal development. They also felt free to explore themselves because of the good relationship they had with their supervisors. These findings are in line with those in the literature, which hold that acceptance and friendliness from supervisors greatly facilitates interns' personal and professional growth (Folkes-Skinner et al., 2010).

According to the literature, goal setting is a fundamental aspect of clinical supervision (Borders, 2014; Borders et al., 2014; Falender et al., 2014), and training goals should be set at the beginning of the internship (Council on Higher Education, 2011; Hatcher et al., 2011; Hatcher et al., 2015). Also, according to the literature, a key internship training goal is that intern counsellors should engage with clients while at the site (Council on Higher Education, 2011). However, the present study revealed that training goals were not agreed on by the public university and the site supervisors, which was contrary to international internship training standards. Secondly, at some sites, the interns at times did not have clients to attend to, which was also not in line with international internship training standards.

Written agreements in the form of supervision contracts is another component of a sound working alliance highlighted in the supervision literature (Borders et al., 2014; Bordin, 1983; Falender et al., 2014). Supervision contracts are useful because, among other things, they cover details of the frequency, duration, and content of supervision as well as learning objectives (Kilminster et al., 2007). However, the present study revealed that none of the sites or supervisors had any formal written agreements with the interns detailing their activities at the sites.

Furthermore, in the present study, one of the sites did not have clear goals of what should be accomplished during the internship period in terms of formal counselling experiences. Without learning goals, WIL may not be properly planned and may therefore be no more than work experience for the interns (Council on Higher Education, 2011). The remaining three sites had goals, but these goals were not in written format and were communicated only verbally. This was problematic as the interns and their supervisors might then not have had the same reference point regarding the training goals as well as their respective tasks and roles. A written supervision contract could, however, play a key role in delineating the goals of supervision (Kilminster et al., 2007).

In the present study, an intern from one of the four sites reported having a poor working relationship with her supervisor who, she said, had favourites and, because she was not one of them, she rarely got an opportunity to practise under supervision. Nelson et al. (2008) and Nelson and Friedlander (2001) maintain that supervisory relationships can be flawed and that conflict is bound to occur between supervisors and interns. A poor supervisory relationship undermines the development of a strong working alliance and limits the chances for interns to receive appropriate clinical supervision. According to Falender and Shafranske (2004), supervisors need to work closely with their interns to mend broken supervisory relationships and to ensure that corrective feedback as one of the interventions in clinical supervision is provided and received.

5.4   ANSWERING SECONDARY RESEARCH QUESTION 2

According to the literature, a good supervisory relationship is characterised by the supervisor's ability to identify, acknowledge, and discuss multicultural differences with his or her interns (Borders, 2014; Falender & Shafranske, 2017; Falender et al., 2014). In this study, one supervisor reported how she had encouraged and supported some of the interns who approached their counselling practice with very low confidence mainly due to their poor socioeconomic background. Other supervisors reported how they endeavoured to treat their interns equally regardless of cultural differences. However, there were some challenging situations, for example, some of the interns had difficulty working with clients with values different to their own but were supported by their supervisor to accept the clients unconditionally.

Supervisor characteristics such as warmth, empathy, genuineness, respect, and flexibility are crucial in forming and maintaining a strong supervisory relationship with interns (Falender & Shafranske, 2017; Falender et al., 2014). The findings of this study revealed that the site supervisors at the four sites endeavoured to develop collaborative supervisory relationships with their interns. They also expressed awareness of the importance of developing a good and friendly supervisory relationship as it encouraged their interns to consult with them freely. One of the site supervisors said that the interns needed acceptance to be able to learn and grow

professionally. Similarly, the interns described their supervisors as friendly and said that they could easily consult with them when faced with problems. The interns added that the good supervisory relationship with their supervisors made them more confident and less anxious when seeing clients. However, one of the interns said that her supervisor was biased.

According to the literature, a sound supervisory relationship is characterised by agreement on goals, agreement on tasks, and a good relational bond between supervisors and interns/supervisees (Borders, 2014; Bordin, 1983; Falender et al., 2014). A supervision contract is described as a key factor in developing and maintaining the supervisory alliance because it delineates the roles, responsibilities, and tasks of each party as well as supervisor expectations and performance criteria (Borders, 2014; Bordin, 1983; Falender et al., 2004). In the present study, the interns reported they did not have any written contracts with their site supervisors. However, some of the site supervisors and interns reported that they had discussed and agreed on supervision goals verbally.

5.5   REFLECTING ON INSIGHTS GAINED FROM THE CFM

According to the CFM, culture is a factor in supervisory relationships, and any differences that arise should be acknowledged and managed to form a strong supervisory alliance. The insights gained from the CFM in this study indicated the supervisors' ability to appreciate the cultural identity of their interns. This helped them both develop a culturally competent working alliance. The CFM also highlights the supervisory working alliance as the basis of effective clinical supervision. In the present study, multicultural differences emerged such as differences in tribal or ethnic backgrounds, the interns' different socioeconomic backgrounds, and some of the interns' reporting difficulties seeing clients with values different to their own, which the site supervisors endeavoured to resolve.

5.6   THEME 3: SUPERVISORY FUNCTIONS

Supervisors engage in several functions to achieve the broad goals of clinical supervision (Spence et al., 2001). These goals are to ensure that interns achieve personal growth and acquire the desired counselling competencies (Borders, 2014; Spence et al., 2001). According to Chang (2013), nine functions of supervision are central to the CFM, which I developed further following a review of the literature on existing supervision models. These models from which the nine functions are derived include the discrimination model, different developmental models of supervision, the systems approach to supervision (SAS), and the common factors approach to supervision (Bernard, 1997; Holloway, 1995; Morgan & Sprenkle, 2007). The identified nine functions are: clinical educator, skills development coach, ethics/risk management consultant, catalyst, professional gatekeeper, organisational/administrative supervisor, personal supporter, professional mentor, and advocate/system agent.

Although the CFM delineates nine supervisory functions, only four of these functions ought to be relevant for discussion under this theme. This is because, based on the internship guidelines accessed from the public university, the site supervisors interviewed in this study were supposed to be administrative supervisors. However, it became clear from the data that the site supervisors took full responsibility for the administrative and clinical supervision of the interns. This was due to various factors discussed under theme 1. Nonetheless, the data generated and discussed in this theme will be limited to four functions. Furthermore, any data presented on the role of the university supervisors were based on the site supervisors' and interns' perceptions. The data are dealt with here under four subthemes: 3.1 skills development coach, 3.2 ethics/risk management consultant, 3.3 supervisor as a catalyst, and 3.4 supervisor as a professional mentor.

5.6.1   SUBTHEME 3.1: SKILLS DEVELOPMENT COACH

Skills development coaching is a function where the supervisor focuses on developing the counselling skills that interns need to demonstrate in counselling sessions. The supervisor can develop skills in interns through methods such as modelling, live observation, audio and video review, and performance feedback (Chang, 2013). Enhancing interns' professional functioning skills is a key aspect of clinical supervision (Watkins, 1997), which supervisors fulfil through skills coaching (Thomas, 2014). Skills development coaching can take place in individual sessions, group sessions, or peer meetings, depending on the number of interns and the stage they are at on the professional development continuum (Borders et al., 2012). Individual supervision has been found to be the most beneficial to interns (Borders et al., 2012).

The data discussed in this subtheme refer mainly to how the site supervisors fulfilled their role as skills development coaches since this was how the dynamics of supervision emerged in the present study, as highlighted under theme 1. Data relating to the interns' references to university supervisors, although limited, are also presented under this subtheme. Table 5.3 lists the inclusion and exclusion criteria for subtheme 3.1: Skills development coach.

Table 5.3: **Inclusion and exclusion criteria for subtheme 3.1: Skills development coach**

INCLUSION CRITERIA	EXCLUSION CRITERIA
Data that were included related to skills coaching and how the supervisors described how they gave performance feedback.	Data that were excluded were not related to skills coaching and how the supervisors described how they gave performance feedback.

When I asked the supervisors how they supervised their interns, their responses ranged from using activities such as role modelling during sessions, observing the interns in sessions, to providing performance feedback. According to Supervisors A and D (who were qualified counsellors at the time of the study):

➢ *At first the interns sit and observe what we superiors are doing, but as time goes on when we are sure they can represent the organisation, we let them do the work that we are supposed to do, and they do it hand-in-hand with our support* (SI4, Supervisor D, Lines 66-68, p. 26).

➢ *Sometimes if we get consent from the clients, I actively participate in their sessions…the way I do follow-up, it is after they have conducted sessions, then I sit with her or him* [an intern counsellor] *and I ask him or her to tell me following the counselling form what is the statement of the problem, how was your session* (SI1, Supervisor A, Lines 17-22, p. 1).

Interns D1 and D2 confirmed what Supervisor D said about how he modelled skills to his interns:

➢ *The supervisors tell us when we get into the counselling room our work is just to sit and watch what he is doing. We just watch what he is doing, so the next time we also do the same* (II3, Intern D1, Lines 100-103, p. 45).

➢ *We sit with our supervisors and we happen to hear what they are talking about with clients, and then after the session they ask us what we have learnt from the counselling sessions. They ask for our view on the client's problems. Things like that!* (II5, Intern D2, Site D, Lines 10-13, p. 50).

Supervisors B and C, who were not qualified counsellors at the time of the study, indicated that they also role-modelled for their interns on how sessions should be conducted:

> *What I do is I conduct counselling sessions when the interns are there watching how I am doing it* [counselling clients], *then they say, ooh, this is how it should be, even when I give them a client* (SI2, Supervisor B, Lines 110-113, p. 13).

> *Like I said in the beginning, I always allow interns to sit in my sessions so that they observe what I do, they pick up from me whatever I am doing. Later, I go to the next step, which is assigning them work under supervision. So, it is observation first, then I assign them work after observation when I am sure that they have really mastered most of the things, then I can be confident to give them work* (SI3, Supervisor C, Lines 40-49, pp. 18-19).

Some of the supervisors provided information on when and how they conducted supervision sessions with the interns. According to Supervisors A and C:

> *So, we have a routine meeting before they leave at exactly 2:00 pm. We go to the chapel where we sit as a group. So, we ask the interns to tell us the interesting client thing they have come across. Even their fellow students will ask. Together with the students, we evaluate whether the intern presenting managed to handle that case properly* (SI1, Supervisor A1, Lines 112-116, p. 4).

> *Most of it is like daily, like I said daily or weekly basis. When we meet at the end of the day or at the end of the week, then we talk about their work…how it has been, how they have performed, what challenges they meet, and how to improve on those issues* (SI3, Supervisor C, Lines 63-67, p. 19).

> *We do both for individual…if really, I have been actively involved in a session, that one I will do individual supervision* (SI1, Supervisor A, Lines 109-110, p.4).

> *We are in groups but of course even if they are in groups…you will know this one is like this, the other one is like this, but as I told you I supervise them in groups* (SI3, Supervisor B, Lines 135-137, p.14).

> *So, I always prefer to handle one at a time, and then challenges are different, yeah, challenges are different…and then growth is also different, there are some who are slow learners and others are fast learners, so if you put them in the same category, they may not learn* (SI3, Supervisor C, Lines 94-97, p. 20).

The interns also gave their views on the structure of the supervision meetings and the modalities their supervisors adopted to conduct supervision sessions:

> *When he is talking to us the interns, it is always in a group, we are always in a group* (II1, Intern A, Lines 46-47, p. 32).

➤ After every *session she comes, she sees what we have learnt, and then the next day like that…* (II3, Intern C1, Lines 6-7, p. 42).

➤ *Sometimes when the problem is unique like some rare problem, we are supervised in a group because the supervisor must call everyone to ask questions to see what to do about the problem…but sometimes if it is a minor case or usual things like HIV, it is an individual thing. You sit there with your client, and then he is going to supervise you alone* (II4, Intern D1, Lines 91-95, p. 48).

Intern B reported that there were no formal sessions for supervision and that supervision at the site was done throughout the day:

➤ *The times that we are supervised, you know, we come here from Monday to Saturday, so every day we are with her in the office…we reach here like 8:00 o'clock and stay up to around seven in the evening according to how many clients are in the office* (II2, Intern B, Lines 142-145 p. 39). **Researcher:** So, what you are saying is that for her the supervision is continuous, and as long as you are there, you receive feedback? (II2, Lines 146-147, p. 40). *Exactly, yes definitely it is* (II2, Intern B, Line 148, p. 40).

Intern A2 said that the supervisors should do more in-session supervision with the interns because some interns get 'stuck' during the sessions and need help to proceed further:

➤ *Yes, like the on-site supervisors, I think they have to change, for example, during clinical supervision, a site supervisor can sit with us and help those who don't know how to counsel…like the second years because you see them fidgeting around with clients. There are trainees who do not know how to intervene…I heard someone say that a trainee had a session with a client and in just seven minutes the session was done. Seven minutes! So it seems that this person needs someone else to help him or her run the session at least for thirty minutes. Yes, I think that is a need that is lacking* (II7, Intern A2, Lines 126-133, p. 62).

Intern D1 expressed her frustration at the lack of a schedule for supervision sessions:

➤ *There should be a timetable where I know that on Thursdays. I am supposed to be supervised. Sometimes you are not ready, and they just drop in* (II4, Intern D1, Lines 125-129, p. 49).

Intern A2 reported that his supervisor gave inappropriate feedback during group supervision sessions:

> *The language used by the on-site supervisor is not good because on many occasions he would use disgusting and abusive words while addressing us* (IRJ5, Intern A2, Lines 105-106, p. 4).

Intern D2 reported that her supervisor sometimes made her feel judged when she received feedback on what she had done wrong:

> *Sometimes they are judgemental because me now being the first time, I don't know what to do. So, you can't come and blame me for what I have done…so if this person can come and they correct me and guide me on what to do the first day, I think I would be better* (II5, Intern D1, Lines 129-133, p. 49).

In summary, skills development was facilitated by most of the supervisors through role modelling. Some also used observation as a method to evaluate interns' readiness to work independently. At two of the four sites, the supervisors structured supervision sessions daily while at the other two sites, there was no fixed scheduled supervision. The supervision format for most of the supervisors was a combination of group and individual supervision modalities. One intern expressed the need for the site supervisor sit in his sessions to show him how to conduct a real session. The interns at a site where there were no formal supervision sessions said they needed a supervision schedule in order to prepare for the supervision. One intern said that the language the site supervisor used during supervision was inappropriate while another intern reported that the feedback from the site supervisor was at times judgemental because it did not take her level of development into account.

5.6.2   SUBTHEME 3.2: ETHICS/RISK MANAGEMENT CONSULTANT

Professional counselling ethics refer to the norms, values, and standards set by the counselling profession for its practitioners to honour and protect the clients they serve (Bond, 2015; Martin, 2002). Ethics management requires a supervisor to ensure that interns' conduct aligns with the ethical codes and norms of the counselling profession (Chang, 2013). Ethical issues supervisors should attend to include keeping clients' information confidential, ensuring that supervisors and interns/supervisees have time for self-care, and promoting multicultural awareness and practice (American Psychological Association, 2015). Data on ethics management emerged from the interviews conducted with the participants in the present study and were representative of the four internship sites. Table 5.4 shows the inclusion and exclusion criteria for this subtheme.

Table 5.4: **Inclusion and exclusion criteria for subtheme 3.3: Ethics/risk management consultant**

INCLUSION CRITERIA	EXCLUSION CRITERIA
Data that were included related to how ethical issues were addressed in supervision and the principles of ethical conduct such as confidentiality and informed consent.	Data that were excluded were not related to how ethical issues were addressed in supervision and the principles of ethical conduct such as confidentiality and informed consent.

Supervisor A reported that the interns who did their internship at Site A had insufficient knowledge about ethical issues. He raised two specific issues: interns' knowledge of how to dress appropriately, and the incompetence of some interns due to their own mental health struggles:

> ➢ *I think that these students some come out when they do not know anything about ethics…let me give an example of the dressing code. Always you see that the dressing code does not fit with us as counsellors…you see there are a lot of expectations, even when I am talking to adolescents, I emphasise dressing code, how dressing code will create pressure for you, but then as you* [referring to the interns] *are the person talking to them, you are also dressed indecently, so you find that the majority come out without knowing the ethics of counselling…purely not knowing that as a counsellor I need to behave like this, even to an extent that there are some who are taking alcohol, but they are the people who have to do addiction counselling and they openly say I am an addict. I have one who says I am an addict every day. So, with ethics to me the dressing code is still poor, the way we shape them, we have not really identified the dressing code* (SI1, Supervisor A, Lines 151-162, p. 5).

Interestingly, both interns (A1 and A2) at Site A commented on how their site supervisor did not adhere to the ethical principle of confidentiality:

> ➢ *Yeah, for us we usually use confidentiality, but our site supervisor does not use confidentiality. At times an HIV positive client comes, and then when he comes, he* [Supervisor A] *says, "look at this one, he is even HIV positive. I told him to come for the medicine, he even refused". And I have heard complaints of some clients who want a referral like they want to transfer, others come crying, they are like our doctor who is not confidential, he tells the whole public that we are HIV positive* (IIA, Intern A1, Lines 55-62, p. 32).

> ➢ *This has always been from the site supervisor* [Supervisor A] *where lack of confidentiality has been a problem to him. For example, bringing out cases we have*

handled with our clients to the whole group, and even mentioning the names of the clients (IRJ5, Intern A2, Site A, Lines 102-105, p. 4).

Intern A2 at Site A under the supervision of Supervisor A said that he had been especially influenced by his university supervisor who helped him understand the importance of confidentiality:

➢ *I have managed to, through the supervision from my supervisor at the university, I have developed confidentiality, learned to keep the secrets, those issues which the clients share with me and not to share them outside the session* (II5, Intern A2, Lines 109-112, p. 62).

Supervisor B reported that the ethical issues she discussed with her interns related to dress code and romantic relationships with other staff members at the site:

➢ *This is an office of people with integrity, so I tell the girls that here we do not entertain "minis"* [meaning skimpy clothes]. *You don't come in your trousers if you want to be a counsellor because the people we deal with, these who are old people, hmm, you will not come in jeans, and you are counselling an old man in this community…these are the rules here. I also always tell them that having a love affair with any of the staff around here is not acceptable* (SI2, Supervisor B, Lines 150-155, p. 14).

I also asked a specific question regarding confidentiality because Supervisor B is not a qualified counsellor and did not say anything about confidentiality:

➢ *I always put a big paper which reads: What you see, here what you hear here, leave it here. We emphasise it so much* (SI2, Supervisor B, Lines 177-179, p. 15).

However, Supervisor B contradicted herself about how confidentiality was managed at the site:

➢ *I always tell them there are times, even me, there are stories I cannot keep quiet about. At times I go and share it with my family, but you don't disclose somebody's name. You say I had a client today and this happened, you hear, but you don't disclose someone's name or location or what because we are handling people of high profile* (SI2, Supervisor B, Lines 179-184, p. 15).

When asked about the ethical issues that she (Intern B) at Site B was exposed to or which her supervisor discussed with her in supervision, she confirmed what her supervisor had said about keeping some matters confidential and about the dress code:

➢ *Ethics issues, especially here, are keeping some matters confidential* (II2, Intern B, Lines 101-102 p. 39). *We should not reveal the name of our clients we are handling, that is another ethical thing* (II2, Intern B, Lines 107-108, p. 39).

> *About the dress code, I must put on decently, and then I should not befriend men at the organisation* (II2, Intern B, Lines115-116, p. 39).

At Site C, Supervisor C emphasised respect, timeous delivery, and confidentiality:

> *Yeah, first respect for me towards other staffs, then respect for our clients is very important. Then timely delivery is very important, yeah, so I always let them know that I need this and, yeah, they must deliver on time* (SI3, Supervisor C, Lines 144-148, p. 21).

> *One of the things I emphasise is confidentiality, especially when we are in the ART clinic to make our clients comfortable* (SI3, Supervisor C, Lines 149-150, p. 21).

> *The confidentiality that I always talk about is talking about a client's issues to other people who are not helpful to that situation. If, for example, you are not going to get any help from me, I do not think really you should come and tell me unless you are finding a challenge and you really need my support…or if there is something to learn from the situation, you can really come and open up to me…but then coming up with names pointing at people is also one of the things that I discourage* (SI3, Supervisor C, Lines 157-162, p. 22).

> *The dress code is very important, as a counsellor you do not come in putting on a mini-skirt* (SI3, Supervisor C, Site C, Lines 145-147, p. 21).

Intern C2 confirmed some of the issues Supervisor C had mentioned as fundamental in supervision:

> *Confidentiality and informed consent…so when the client comes, they first take them through what they don't know because there are those like they are not informed, so when you tell them or educate them about something, they didn't know they will end up accepting what has brought them, for example those who come for the test, some are ignorant, they don't know, maybe they think when you are tested and you are found positive that is the end of you. At least before you are tested, there is that health talk you are given so they get to know the good things, and they even get to know the myths the people have been telling them* (II6, Intern C2, Lines 46-54, p. 56).

Similarly, Intern C1 confirmed that they were supervised on how to maintain confidentiality:

> *There is confidentiality and considering people's presence. When you are going to start a session, you assure the client and then after there of course when the client has gone…because there are two in the row, the counsellors the things will stop there*

between the two, the client and the counsellor, and should not be told to any other person (II3, Intern C1, Lines 46-51, pp. 44-45).

Supervisor D listed integrity as a key ethical issue together with issues not related to ethics:

➢ *Ethics? Integrity is key, self-esteem, love for commitment and love for the profession is also critical* (SI4, Supervisor D, Lines 108-109, p. 28).

Intern D2 said the following about the ethics emphasised by her supervisor:

➢ *Basically behaviours, the dressing code, the language, the approach to the clients, you should not be judgemental* (II5, Intern D2, Lines 47-49, p. 59).

Intern D1 confused counselling skills with ethics. When asked what ethical considerations her supervisor emphasised, she responded:

➢ *Probing and then informed consent* (II4, Intern D1, Line 82, p. 49).

When I said that some of the issues, she was talking about were counselling skills, Intern D1 tried again, but her answer still included a reference to counselling skills:

➢ *Like confidentiality, being non-judgemental yeah, I have seen them. Confidentiality is being emphasised, then empathy* (II4, Intern D1, Lines 86-87, p. 49).

In summary, a specific boundary issue that all the supervisors and interns identified as very important related to dress code. All the supervisors stated that they had to make the interns aware of what clothes were appropriate in a professional context. Most of the supervisors and interns stressed the importance of confidentiality in their work with clients. However, there was concerning feedback on how this was sometimes applied, for example, both the interns under the supervision of a qualified counsellor related how they had observed their supervisor violate the trust and confidentiality of his clients. Similarly, one supervisor who was not a qualified counsellor and her intern emphasised the importance of confidentiality and then proceeded to say this applied particularly to some cases, especially VIPs. The supervisor also believed that she could discuss cases with her family if she did not disclose any identifying details.

5.6.3   SUBTHEME 3.3: SUPERVISOR AS A CATALYST

The role of a supervisor as a catalyst refers to identifying interns' professional functioning deficits (Chang, 2013). Supervisors fulfil the catalyst function by evaluating interns' practice and providing performance feedback to help them improve in areas where skills gaps were identified (Chang, 2013). This subtheme included all the responses from the supervisors related to identifying the challenges the interns encountered in the process of developing

competencies and how the supervisors endeavoured to deal with these challenges. Table 5.5 shows the inclusion and exclusion criteria for this subtheme.

Table 5.5:   Inclusion and exclusion criteria for subtheme 3.4: Supervisor as a catalyst

INCLUSION CRITERIA	EXCLUSION CRITERIA
Data that were included related to the interns' readiness as evident in their knowledge of the counselling process, their knowledge of legislation, and their level of maturity and confidence.	Data that were excluded were not related to the interns' readiness to practise.

Most of the supervisors commented on the interns' readiness to practise and to take on the challenges of being professional counsellors. The supervisors identified various gaps in the interns' knowledge. According to Supervisor A and Supervisor D, who were qualified professional counsellors:

> ➢ *When the interns reach here almost everything is new to them, so we tend to take a lot of time to make them adapt. Even the simple things we think the universities or the different training centres would have done* (SI4, Supervisor D, Lines 135-137, p. 28).

> ➢ *And you know counselling is a process, so for them, these counsellors-in-making, they are always interested in one session; few of them would want to do a follow-up to discuss the way forward with the client...even though the clients have multiple issues, interns usually deal with one, hmmm, and they can't even say since the client came with HIV, there are marital issues* [other issues that need a counsellor's attention] (SI1, Supervisor A, Lines 235-240, p. 7).

> ➢ *When they are here, they show lack of knowledge on rights and referrals for orphans and vulnerable children, gender issues and HIV status discordance issues. We keep wondering, is it realistic they are naïve on such key issues, yet most of the people who come in have got such concerns either marital and gender-related concerns…because their scope of awareness is still limited* (SI4, Supervisor D, Lines 140-148, pp. 28-29).

Supervisor B, who was not a qualified counsellor at the time of the study, thought that the interns were immature. She added that their level of maturity influenced their confidence levels in the initial stages of their internship:

> ➢ A*t times they* [interns] *are young, some of these people* [clients they see] *are quite older than them. For example, an intern of 20 is handling a person of 60 years. At*

first, they get somehow scared, but as time goes on, these are stories they listen to, they catch up (SI2, Supervisor B, Lines 30-36, p. 11).

➢ *When they come, you see, we give them a client, some of them receive them laughing, you see some of them scared, you see some of them blaming, but you say no, this is not supposed to be like this* (SI2, Supervisor B, Lines 107-110, p. 13).

Supervisor C, a social worker, said that some of the interns required more supervision and took longer to develop skills:

➢ *There are some students who are slow and there is a lot of work going on, and you are trying as much as you can to teach…may be the person is taking a lot of time to learn what you are teaching. It is really like it demoralises, yeah, it demoralises but at the end of it all you have to think positively and you have to help the person according to the situation they are in and handle them slowly at their pace, yeah* (SI3, Supervisor C, Lines 225-229, p. 24).

In summary, most of the supervisors who were interviewed said that the interns were not ready to practise and that initially they showed a lack of knowledge in most areas of professional functioning, which affected their confidence levels. However, some of the supervisors reported that this improved with time. One supervisor indicated that there were individual differences in terms of how much support the interns needed to become professional counsellors. Some required more time and effort than others to achieve readiness.

5.6.4   SUBTHEME 3.4: SUPERVISOR AS A PROFESSIONAL MENTOR

Professional mentoring refers to the process where supervisors guide, advise, and counsel interns to stay and progress in the profession (Johnson, 2002). More specifically, as professional mentors, supervisors provide support, advice, and feedback on interns' career choices and future career goals (Chang, 2013). Table 5.6 shows the inclusion and exclusion criteria for this subtheme.

Table 5.6:   Inclusion and exclusion criteria for subtheme 3.8: Professional mentor

INCLUSION CRITERIA	EXCLUSION CRITERIA
Data that were included related to when the supervisors mentored the interns regarding career choice, development, and advancement.	Data were excluded that were not related to supervisors mentoring interns regarding career choice, development, and advancement.

Supervisors at Sites A and C provided insight into how they mentored their interns in terms of advancing their careers as counsellors. They said the admission of students into counselling

programmes was problematic, which resulted in some interns ending up in the counselling profession when they were not interested in this career in the first place. According to Supervisor A:

> *As I told you, the way we admit these students is problematic…some students are given their fourth choice, so if it is the fourth choice some even do not have interest in counselling, so sometimes we try to support them to see that the interest comes* (SI1, Supervisor A, Lines 258-261, p. 8).

Supervisor C, too, elaborated on how she supported students/interns in the process of committing to counselling as a career path:

> *Yes, there are personal issues like, for example, someone is not really into the whole counselling profession and probably they were forced…you see the way they interact with people, some of them present anger, you really see they are not satisfied with what they are doing. So, yeah, when I notice that, I do try to talk to them to find out what the issues are and, uhm, we come up with ways on how to improve the situation, and the few that I have seen at the end of it all, they have this positive attitude, they really, like you, know counselling because, you know, some of them say I never knew I would love counselling. Yeah, actually the personal issue, it was only one student that I met with serious personal issues, she really didn't like what she was doing* (SI3, Supervisor C, Lines 201-210, p. 23).

In summary, the supervisors could see that some of the interns under their supervision were not interested in practising counselling and employed support strategies to help them gain interest in the profession or to get greater clarity on what they wanted for their future.

5.7 POSITIONING THE FINDINGS ON SUPERVISORY FUNCTIONS WITHIN THE EXISTING LITERATURE

Fairburn and Cooper (2011) and Goodyear (2014) maintain that role modelling is one of the main methods used worldwide to train counsellors on how to deliver psychological treatment. This study revealed that some of the site supervisors engaged in role modelling to ensure that the interns acquired the desired competencies. Role modelling involves vicarious learning because interns can observe and then imitate behaviour that is valued by the profession or group they want to be part of (Kuijpers, Meijers & Gundy, 2011). Interns are given the opportunity to practise what they have observed in a supportive and safe place, and, with time, they develop confidence in enacting the desired role (Goodyear, 2014; Kuijpers et al., 2011). In this study, role modelling was particularly helpful at the sites where the interns had site supervisors who were qualified to act as role models.

Giving and receiving performance feedback is fundamental to supervision as it plays a key role in enhancing the professional and personal development of interns (Bernard & Goodyear, 2014; Falender et al., 2014; Goodyear, 2014). Performance feedback on interns' practice can be provided in individual as well as group sessions. This study revealed that the supervisors provided performance feedback to the interns verbally and immediately after the interns' counselling session. This finding is line with Gonsalvez, Wahnon, et al. (2017) view that feedback should be provided regularly and timeously. Supervision should therefore be structured to enable provision of timely performance feedback.

Borders et al. (2014) and Goodyear (2014) claim that direct observation of interns during supervision sessions is critical in enhancing interns' clinical skills. More specifically, direct observation is helpful in giving appropriate performance feedback to interns (Hill et al., 2016). This study's findings suggested that some of the supervisors also used observation as a method to evaluate the interns' skills and readiness to work independently.

Regarding supervision structure, supervisors who conduct clinical supervision should do it according to a specific plan with a specific time, duration, venue, and modality of supervision (Borders et al., 2014). In this study, the data revealed that the structuring of supervision was inconsistent across the sites as some sites had structured supervision meetings while others did not have structured supervision. In fact, one intern expressed her frustration about the lack of a meeting schedule. Falender et al. (2004) maintain that a supervision format should be selected bearing in mind the interns', clients', and counselling internship site's needs.

The literature identifies some of the modalities supervisors can adopt in fulfilling their role as skills development coaches and these include individual, group and triadic (Borders et al., 2012). In this study, the supervision modalities adopted by the site supervisors included group supervision and individual supervision. More specifically, the site supervisors at all four sites reported that they used group supervision mainly when they had more than one intern to supervise. One of the three supervisors preferred individual supervision to group supervision, highlighting individual differences regarding the pace at which interns grasp concepts taught to them.

The adoption of supervision modalities varied across the four sites as some of the supervisors based their choice on their work schedules and the number of intern counsellors under their supervision. This is consistent with the literature, which indicates that Individual supervision helps supervisors identify and deal with the idiosyncratic needs of each intern, unlike in group supervision (Aladağ & Kemer, 2016; Borders et al., 2012). Ethically, a supervision modality should be chosen based on interns' learning needs, not on supervisors' convenience (Borders, 2014).

Borders et al. (2012) point out that group supervision has disadvantages, for example, interns may not freely open up about their personal and clinical practice problems in group supervision sessions. In the present study, one intern expressed displeasure at the supervisor using abusive language during supervision sessions while another experienced feedback during group sessions as judgemental. Supervisors should be empathic while giving feedback for interns to accept it and benefit from it (Folkes-Skinner et al., 2010).

The literature on psychologists' dress states that the clothing people wear sends a powerful message to clients, and psychologists should accordingly dress conservatively to reduce the chances of offending their clients (Allan, 2008). In this study, a specific boundary issue that all the supervisors and interns highlighted as very important related to dress code. All the supervisors reported that they had to make the interns aware of what clothing was appropriate in a professional context. Education institutions were apparently not giving proper guidance to interns on how to dress as professional counsellors. The current clinical supervision literature indicates that interns' dress code should be dealt with in the supervisory contract signed at the start of the clinical supervision process in the Organisation Expectations Section (Bernard & Goodyear, 2014).

Some of the site supervisors and interns in the study said that confidentiality was a fundamental ethical practice. In line with the literature, Borders (2014); Corey et al. (2010); Deane, Gonsalvez, Blackman, Saffioti, and Andresen (2015) also stress the importance of confidentiality in clinical supervision relationships. Confidentiality aims at ensuring that information shared between clients and interns and between supervisors and interns is shared according to appropriate informed consent procedures. However, concerning feedback was received on how confidentiality was applied at the different sites. For example, both the interns who were under the supervision of a qualified counsellor reported how their supervisor violated the trust and confidentiality of his clients. In fact, some of the patients threatened to leave the site for other sites where their confidentiality would be respected.

Similarly, a supervisor who was not a qualified counsellor and her intern stressed the importance of confidentiality and then proceeded to say that this applied particularly to certain cases, especially those involving high-profile people. The supervisor also believed that she could discuss cases with her family if she did not disclose any identifying details. These findings pointed to unethical behaviour that could be harmful to clients as well as interns (Ellis, 2010; Ellis, 2017b; Ellis et al., 2008). Harmful to interns because unethical behaviour can hinder their skills acquisition and, ultimately, their personal and professional development.

Of concern was that none of the interns who witnessed breaches of confidentiality reported them to any of the key role players in the administrative context such as the particular education institution or professional regulatory body. This could be attributed to practices that suggested that the education institution did not provide proper leadership and did not accept

responsibility for WPL. The reluctance among the interns to report ethical violations raised the issue of which channels the interns should go through to report the problems and challenges they encountered during supervision. It could also be due other factors, for example, scholars such as Gross (2005) point out that interns who experience ethical violations at internship sites but do not take advantage of the available advocacy avenues do not do so because they fear retaliation and creating difficult situations at their training sites.

It is the role of education institutions to release students for internship when they are ready to practise at the various places of work (Council on Higher Education, 2011; Glance, Fanning, Schoepke, Soto & Williams Sr, 2012; Hatcher et al., 2015). This study revealed that some of the interns had limited knowledge and skills regarding how they were supposed to deal with clients, which, according to the supervisors, affected their confidence levels. As noted in theme 1, the guidelines from the university were basic, so the site supervisors identified skills deficiencies among the interns in relation to the primary commission and service delivery at each of the organisations. Some of the problems the interns in the study faced seemed to stem from lack of academic leadership from the education institutions. For example, the supervisors who were interviewed said that the interns were not ready for counselling practice and that they demonstrated a lack of knowledge in most areas of professional functioning.

The literature indicates that interns present with different learning needs depending on the level they are on in their professional development continuum (Rønnestad & Skovholt, 2003). This study's findings pointed to individual differences in terms of how much support the interns needed to become professional counsellors. This confirms the view in the literature that interns may be in the same group but each has unique learning needs that the supervisor needs to attend to as they emerge (Bernard, 1997; Folkes-Skinner et al., 2010; Rønnestad & Skovholt, 2003). The present findings suggested also that some of the interns needed more time and effort than others to achieve readiness, and some of the supervisors reported that this often improved with time. This finding is consistent with the findings of a study by Folkes-Skinner et al. (2010) who found that the interns in their study needed a lot of empathy from their supervisors to help them deal with the anxiety they experienced during the initial stages of the internship until they achieved the desired professional standard.

Gatekeeping in the case of the counselling profession is a mechanism whose aim is to ensure the health of the profession by controlling who gains access to it (Glance et al., 2012). Gatekeeping starts at pre-admission where the suitability of prospective students regarding maturity and interest in the profession are assessed according to given criteria (Glance et al., 2012; Ziomek-Daigle & Christensen, 2010). This procedure plays a major role in eliminating students who are not interested in the profession or who may later be harmful to clients if they gain access to counsellor training programmes (Ziomek-Daigle & Christensen, 2010).

The findings of this study suggested that some of the interns were not interested in counselling and that at least one intern was emotionally incompetent to practise as counsellor. This raises concerns about gatekeeping structures during the admission and academic study phase of interns at one of the educational institutions. The supervisors had to employ support strategies to help some of the interns gain interest in the profession or get greater clarity on what they wanted for their future careers. Admitting students who are not interested in becoming professional counsellors can be attributed to weak or non-existent gatekeeping policies and procedures in terms of pre-admission examinations and assessments.

5.8   ANSWERING SECONDARY RESEARCH QUESTION 3

In regard to skills development coaching, supervisors should use direct observation methods such as video recordings of counselling sessions and live observation to provide performance-anchored feedback to interns focusing on intern behaviour that can be changed (Borders et al., 2014). In this study, some of the site supervisors engaged in role modelling when they wanted interns to learn a new skill and observation to evaluate their counselling practice at the site. However, some of the site supervisors did not engage in any form of observation. One intern, for example, expressed the need for the site supervisor to sit in on their sessions to show them how to conduct a real session. Two of the interns reported that their supervisor used inappropriate and judgemental language while giving them feedback. The supervision literature emphasises that feedback should be given in a supportive way (Bernard & Goodyear, 2014; Borders et al., 2014). According to Borders et al. (2014), structuring supervision sessions properly is a key practice in good supervision. However, the findings of this study seemed to suggest that only two of the sites had daily structured supervision and that at the other two sites there was no fixed scheduled supervision at all.

Regarding supervisors' function of risk/ethics management, the literature points out that supervisors as well as interns should adhere to the ethical code (Borders et al., 2014). More specifically, supervisors should discuss the parameters of confidentiality and ensure that they guide interns' thought processes in line with the ethical issues that may arise during their clinical work (Borders et al., 2014; Watkins, 2014a). In this study, three of the four site supervisors stressed the importance of confidentiality, but one supervisor breached confidentiality rules thereby disappointing his interns and their clients. The study further revealed that dress code was identified by all the site supervisors as a boundary issue, and they therefore encouraged the interns to dress appropriately while at the sites.

Supervisors are tasked with the function of conducting ongoing performance assessment and evaluation, including evaluating interns' strengths and areas requiring growth (Borders et al., 2014; Falender et al., 2004). The present study revealed that as catalysts the supervisors were able to identify the interns' strengths and knowledge gaps. They site supervisors engaged in

mentoring to help the interns acquire the knowledge they needed to offer counselling services to the clients at the selected sites.

Moss et al. (2014) argue that counsellor growth and development is a lifelong process thus making mentorship a fundamental factor in the professional development of counsellors. Mentoring interns is highlighted in the literature as one of the primary functions supervisors should engage in (Chang, 2013). Interns generally appreciate their site supervisors' mentorship because of its crucial role in their professional development (Moss et al., 2014). In this study, the supervisors at all the selected internship sites reported that they offered counselling also to the interns who showed limited interest in the counselling profession. Through the counselling services they provided, the supervisors helped many of the interns stay the course and complete their internship successfully.

5.9   REFLECTING ON THE INSIGHTS GAINED FROM THE CFM

According to the CFM, supervisors, as skills development coaches, are expected to give performance-anchored feedback on the skills and interventions interns demonstrate and apply. Supervisors should therefore engage in direct observation as co-therapists, do live observation, watch videos, or listen to audio recordings of the sessions interns have conducted. In this study, some of the site supervisors engaged in direct observation as co-therapists and role modelling. However, at some of the sites, direct observation was not done because the interns expressed the need for the site supervisors to sit in on their sessions to show them how to conduct a real session. The site supervisors gave feedback to the interns, but two of the interns reported that the language used by their supervisor while giving feedback was judgemental.

Regarding the role of the site supervisor as an ethics management consultant, the CFM indicates that supervisors should help their interns apply ethical principles and prompt them to make ethical decisions. It is also site supervisors' role to warn interns about ethically risky situations and explain how agency policies reflect larger ethical or legal imperatives. In this study, some of the supervisors executed their role well and others did not. One site supervisor, for example, breached client confidentiality in supervision sessions.

Regarding supervisors' role as a catalyst, the CFM states that supervisors should track interns' performance and identify any skills deficiencies and personal issues that may interfere with their clinical practice at a site. Site supervisors should also assist interns to overcome their personal and skills deficiencies and to interact more effectively with clients. In this study, the site supervisors identified the interns' skills deficiencies and personal issues and provided support in terms of teaching, role modelling, and counselling. Regarding the role of supervisors as professional mentors, the CFM states that supervisors should provide advice and feedback on professional issues and career choices. In this study, the supervisors identified some interns

who were not interested in pursuing counselling as a profession but managed to support them through counselling to stay in the profession.

5.10   THEME 4: THEORY OF CHANGE

A theory is a lens through which to understand and execute one's work with a minimum number of assumptions in order to explain the domain a given theory is focusing on (Bernard & Goodyear, 2009). A theory should also be falsifiable and disprovable (Bernard & Goodyear, 2009). During supervision, practitioners and supervisors deliberately or unconsciously use theories to make sense of the information that is generated during counselling and supervision sessions without losing or reducing the meaning of the clients' information (Bernard & Goodyear, 2009). According to Chang (2013), a "theory of change refers to the supervisors' and supervisees' theory of client change as well as their respective models of self-change" (p. 82).

In relation to supervision, a model refers to the systematic ways in which supervision is conducted. In this regard, models of supervisor and intern self-change are based on psychotherapeutic principles, orientation-specific models of supervision, and trans-theoretical models of supervision (Chang, 2013). The literature highlights the importance of models during supervision because of the insight they provide into issues such as the supervisory relationship, the working alliance, interns' growth and development process, and supervision interventions (Bernard & Goodyear, 2014; Goodyear, 2014; Watkins, 1997; Watkins, 2018c). In fact, knowledge of self-change models during supervision is an ethical requirement for intern supervisors (Bernard & Goodyear, 2014; Borders, 2014; Borders et al., 2014; Falender & Shafranske, 2012). The data in this theme are discussed under two subthemes: subtheme 4.1 relates to models of supervision, and subtheme 4.2 relates to theories of client change.

5.10.1   SUBTHEME 4.1: MODELS OF SUPERVISION

Current developments in supervision practice require supervisors to adopt models that are based on supervision theories (Borders et al., 2014; Falender et al., 2014; Roberts, 2017; Roberts, Morotti, Herrick & Tilbury, 2001). The use of models in supervision is almost as important as the use of theory in the treatment of clients as both are critical in the success of the supervision process (Roberts, 2017). Supervision models may be situated either in psychotherapy-based models or supervision-specific models (Bernard & Goodyear, 2014). Psychotherapy-based models of supervision are informed by psychotherapeutic theories where supervisors teach and model the knowledge, skills and techniques used in counselling (Corey et al., 2010). The other category, as discussed in chapter two, is supervision-specific models, which include, but are not limited to, developmental models of supervision, social role models of supervision, evidence-based and competency-based supervision frameworks, and

the common factors approaches to supervision (Watkins, 2012, 2014a, 2017). Table 5.7 shows the inclusion and exclusion criteria for this subtheme.

Table 5.7:   Inclusion and exclusion criteria for subtheme 4.1: Models of supervision

INCLUSION CRITERIA	EXCLUSION CRITERIA
Data that were included related to models of supervision and how supervisors acquire supervision knowledge.	Data were excluded that did not relate to models of supervision and how supervisors acquire supervision knowledge.

Going into the field, I assumed that the supervisors would have knowledge of supervision models and would use these models during supervision. I therefore asked all the supervisors about the supervision models they used and how they used them. All the supervisors at all four sites were unclear about what was being asked, and the question had to be repeated and, in most cases, had to be supported with examples. In retrospect, this might have been an inappropriate question to ask supervisors who were not qualified counsellors. I, however, report below on the responses of the two unqualified supervisors because they provide insight into their needs in terms of training. Supervisor B, a policewoman, said the following:

> ➤ *Ha theories? I have never gone for a supervision course, but I learnt it on the job* (SI2, Supervisor B, Lines 58-59, p. 11).

When I asked how she had acquired the knowledge to supervise interns, she answered:

> ➤ *I am a supervisor, you know. Even in the police by the time they give you this they look at you and know that this one can supervise other juniors* (SI2, Supervisor B, Lines 39-41, p. 11).

Supervisor B also expressed the need to receive some form of training to support her in her role as site supervisor:

> ➤ *Counsellor supervision, since you people* [counsellor training institutions] *involve us and most of your students come here, you should take us and say this is our supervisor, let us offer a course at the university for a few months so that they help us. We are helping the higher institutions of learning, some of us can't afford to go back to school, but we would love to go back to school. Two months, three months, we improve on what you want because, really, I do your work* (SI2, Supervisor B, Lines 242-247, p. 17).

Supervisor C, a social worker, answered as follows when asked about her supervision models:

> *Supervision theories? Uuuhm, I cannot lie that I know that this is a theory called this or that about supervision. No* (SI3, Supervisor C, Lines 31-32, p. 18).

Intern C1 under Supervisor C's supervision confirmed that her supervisor did not use any formal theory:

> *My supervisor using a certain theory…I didn't recognise that* (II6, Intern C2, Line 41, p. 56).

I also asked Supervisor C how she had acquired the knowledge about supervising interns, and she answered:

> *First, I think it is on job, through experience. I look at what I have done and where I have been, that is what I offer. I also look at my strengths and the students' strengths and I try to build on that, and if I see maybe there is something negative to work on still, I can work towards rectifying that as well* (SI3, Supervisor C, Lines 25-28, p. 18).

The same question was posed to Supervisors A and D who were qualified counsellors. Similarly, their responses indicated that they were unclear about supervision models:

> *Clinical supervision models 'nga ako sikategedde bulungi'* [meaning I am not sure I understand what you are talking about] (SI1, Supervisor A, Lines 51-52, p. 2).

> *I am not so much acquainted with clinical supervision theories, but in real practice you may find that we are applying those things…the very systems and theories may be the ones we use when we are doing our day-to-day supervision. Maybe the ones we use when we are doing our day-to-day supervision, but basically, I am not much acquainted with the theories. I could be doing the real thing* (SI4, Supervisor D, Lines 42-45, p. 26).

When Supervisor A was asked how he had obtained his knowledge on how to supervise interns, he answered:

> *When I was still at the campus as a student counsellor, I had a senior where I also did my internship. I learnt more about how to supervise using my site supervisor who really was a pure counsellor and willing to help, so I copied what she was doing because I used to see her sitting in our sessions…that is what I also saw, that really was very important, so I got it from my former site supervisor after assessing that what she was doing is correct* (SI1, Supervisor A, Lines 26-32, p .1).

Supervisor D indicated that he had obtained his supervisory knowledge by attending a workshop for trainers and through his own practice experience:

I underwent a TOT course where on several occasions I go into the community to train community volunteers, health workers, and so with that experience. Even when I am here, I can effectively deliver because I improve as I practise, and quite often we go into trainings to build capacity as supervisors (SI4, Supervisor D, Lines 23-26, p. 25).

In summary, the data in this subtheme suggested that all the supervisors in the study, regardless of their professional background, were not sure what supervision models were, and therefore none of them consciously used models. One supervisor said that he might be using supervision models unconsciously. The data further suggested that some of the supervisors believed they needed training on how to supervise. All the supervisors reported that their work experiences enabled them to conduct supervision. One supervisor indicated that he had acquired knowledge by attending further training, and another supervisor said that he was able to supervise based on how he had been supervised as an intern by his site supervisor.

5.10.2 SUBTHEME 4.2: THEORIES OF CLIENT CHANGE

Client change theories or psychotherapeutic theories refer to the lenses counsellors or therapists use to "notice, conceptualise and interact in particular ways" with their clients (Chang, 2013, p. 82). Theories of client change have been used in mental health professions to teach interns how to apply particular therapeutic interventions (Bernard & Goodyear, 2009; Watkins, 2016). Site supervisors play a key role in modelling their knowledge and skills as professional counsellors and as supervisors to transfer knowledge and skills effectively to interns (Knapp & Vandecreek, 1997).

The broad categories of client change theories include, but are not limited to, psychodynamic, person-centred, cognitive-behavioural, humanistic, experiential, and behavioural theories. Teaching interns how to apply theoretical principles of counselling to the individual cases they encounter is a crucial function of supervisors (Chang, 2013; Holloway, 1995). Supervisors of novice counsellors transfer the above skills with the help of client change or therapeutic theories (Bernard & Goodyear, 2009). If used appropriately, client change theories promote understanding of clients' problems, particularly case conceptualisation, developing treatment plans, and the reasons for the choice of interventions (Farber, 2012; Spence et al., 2001; Watkins, 1997). Supervisors and interns often subscribe to different theories of client change, especially during internships. Supervisors should not impose their particular theory of client change on their interns in ways that 'colonise' them (Chang, 2013). Table 5.8 shows the inclusion and exclusion criteria for this subtheme.

Table 5.8:   Inclusion and exclusion criteria for subtheme 4.2: Theories of client change

INCLUSION CRITERIA	EXCLUSION CRITERIA
Data that were included related to what the interns referred to in the theories of client change they used during the internship.	Data that were excluded did not relate to what the interns referred to in the theories of client change they used during the internship.

Going into the field, I assumed also that the intern supervisors and counsellors were aware of client change theories/counselling theories. I therefore asked the interns at Site C to tell me which theories of client change they applied and if they could tell whether their supervisors were modelling any particular theory of client change to them:

➢ *I am not good at the theories, but I guess she* [our supervisor] *just educates us on how to handle a client* (II3, Intern C1, Lines 41-42, p. 43).

➢ *My supervisor was using a certain theory I did not recognise* (II6, Intern C2, Line 41, p. 56).

When I probed further and gave examples of what theories I personally used, Intern C2 responded as follows:

➢ *Personally, I normally use the CBT* (II6, Intern C2, Line 43, p. 56).

Similarly, Interns B and D1 at Site B and Site D respectively were able to answer the question after they were given examples in practice:

➢ *Eeeh, it is humanistic exactly* (II2, Intern B, Line 147, p. 40).

➢ *I think I have seen psychodynamic approaches being applied, even maybe when we are in group therapy* (II4, Intern D1, Lines 75-76, p. 49).

When one of the supervisors (Supervisor A) with a professional counselling background expressed limited knowledge about supervision models, I asked him whether he used any client change theory in his practice, and he responded:

➢ *So, it is more humanistic* (SI1, Supervisor A, Line 61, p. 2).

However, while responding to a question on whether she could identify the theory her supervisor used, Intern A's answer contradicted what her site supervisor had said he used:

➢ *Yeah, we can tell. Usually the cognitive approaches* (II1, Intern A1, Line 118, p. 34).

Supervisor D intimated that he might unconsciously apply theories in supervision:

> *In real practice you may find that we are applying those things…the very systems and theories may be the ones we use when we are doing our day-to-day supervision* (SI4, Supervisor D, Lines 42-44, pp. 26-27).

In summary, the data under this subtheme suggested that the interns at all four internship sites were not actively exposed to theories of client change. Some of the interns were able to identify single theories they could relate to, while some admitted outright that they did not have any knowledge of specific theories and were not aware of the supervisors using any specific theory in their training.

5.11   POSITIONING THE FINDINGS ON THEORY OF CHANGE WITHIN THE EXISTING LITERATURE

The literature indicates that intern supervisors should have knowledge of, and follow, a supervision model that may be supervision-specific, counselling theory driven, or eclectic (Borders, 2014; Falender et al., 2014; Watkins, 2012, 2016). Following a supervision model helps supervisors determine the focus of supervision, specifically in the choosing of appropriate interventions to meet interns' learning needs (Luke & Bernard, 2006). The findings of this study suggested that all the supervisors, regardless of their professional background, were not sure what supervision models were and none of them actively/consciously used any model. This finding is consistent with the literature where scholars state that with no formal supervision training, site supervisors of novice counsellors do not apply supervision models because they are not aware of their importance (DeKruyf & Pehrsson, 2011; Merlin-Knoblich, Harris, Chung & Gareis, 2018; Roberts et al., 2001; Smith & Koltz, 2015).

According to the literature, best practice includes supervisors receiving training in supervision to acquire knowledge of the educational processes underlying supervision (Borders et al., 2014; Falender & Shafranske, 2004; Falender & Shafranske, 2007, 2012, 2014). In this study, all the supervisors reported that their work experiences enabled them to conduct supervision. One supervisor said he was able to supervise based on how he had been supervised as an intern by his internship supervisor. Another supervisor reported that he had acquired supervision knowledge by receiving further training. The data further revealed that some of the supervisors thought they needed training to do supervision. This finding is similar to the finding of a study conducted in Jamaica where the site supervisors there too did not have training in supervision (Stupart et al., 2010).

Supervision is a core competence in professional psychology where it is vital for supervisors to receive formal training in supervision rather than to rely on their own work experiences and their own supervision experiences (Falender & Shafranske, 2012, 2014, 2017). To ensure that interns attain the desired professional development, supervision should be conducted by

trained supervisors (Borders, 2014; Borders et al., 2014; Merlin & Brendel, 2017). Supervisor training is highlighted in the literature as one of the best practices through which supervisors can acquire supervision competencies (Falender & Shafranske, 2007, 2012, 2014, 2017; Falender et al., 2014; Watkins, 2014a). The literature shows also that supervisors with some form of training in supervision have a higher supervisor self-efficacy compared to their counterparts who have not received any form of training in supervision (DeKruyf & Pehrsson, 2011).

The use of theories of change is a fundamental practice in the training of interns (Bernard & Goodyear, 2009; Chang, 2013). Effective work-integrated learning is likely to happen when students have a solid grounding in the theoretical aspects of their respective disciplines or programmes of study because it forms the basis of gaining full competence in the profession (Council on Higher Education, 2011). All four of the site supervisors who participated in this study were not able to identify the theory of client change they followed while supervising the interns. This finding is in line with the finding of a study by Nsereko (2017a), which revealed that interns in Uganda are supervised by site supervisors with limited knowledge of proper supervision, which necessarily involves the use of theories.

Scaturo (2012) states that building interns' capacity to make a sound clinical assessment of their client's treatment is a crucial skill they should obtain from their training. The literature points out also that supervisors have an ethical obligation to openly disclose their theory of client change as well as their theory of supervision (Borders et al., 2014; Falender & Shafranske, 2014; Falender et al., 2014). However, due to the limited knowledge of supervision models and client change theories of their supervisors, the interns in the present study might not have been helped to develop effective clinical reasoning skills. The findings further suggested that although some of the interns were able to identify single theories they could relate to, others admitted outright that they did not have any knowledge of specific theories and were not aware of the use of any such theories in their training. This could lead to the interns graduating with insufficient knowledge and application of counselling theory.

5.12   ANSWERING SECONDARY RESEARCH QUESTION 4

The literature on good practice in supervision states that supervisors should have knowledge about a range of counselling theory orientations as well as supervision theories and use them appropriately during supervision (Borders, 2014; Borders et al., 2014; Falender & Shafranske, 2017; Falender et al., 2014; Watkins, 2014a). The need for supervisors to receive didactic and experiential training in supervision is also highlighted in the literature on best supervision practice (Borders et al., 2014; Watkins, 2014a). However, the findings of this study revealed that the both the site supervisors with a counselling professional background and those from other professions had no knowledge of supervision models, and one supervisor who claimed to use them said he did so unconsciously. The study revealed also that the interns were not

exposed to theories of client change during supervision. The site supervisors as well as the interns therefore did not apply any theories of client change although some could identify client change theories when I spoke to them during the interviewing process.

5.13   REFLECTING ON THE INSIGHTS GAINED FROM THE CFM IN RELATION TO THE THEORY OF CHANGE

Regarding models of self-change/supervision models, the CFM is not model dependent but recognises that supervisors should use theories during supervision. This study's findings revealed that none of the supervisors consciously followed any theory of self-change during supervision. They attributed not using self-change theories to a lack of training in supervision. Furthermore, two of the site supervisors were not qualified counsellors. Meanwhile the CFM states that it is an ethical imperative that supervisors should not supervise those who are performing professional activities in which they themselves are not competent. The site supervisors reported that they drew mainly on their own work experiences and their own supervision experiences as trainees to conduct supervision. The CFM states also that supervisors and interns should use theories of client change as such theories can help practitioners follow a coherent approach to providing therapy. Supervisors and interns may or may not have the same theory of client change, but they should nevertheless follow some theory of client change. In this study, the findings revealed that some of the participants could identify some theories of client change without difficulty while others outrightly stated they were not aware of them and did not use client change theories during their practice at the sites.

5.14   CONCLUSION

This chapter covered the findings for themes 2-4 and the literature control for each of the themes. Theme 2 focused on the role of culture in the working alliance and the management of the supervisory relationship in such an alliance. Theme 3 covered four supervisory functions: skills development coach, ethics/risk management consultant, supervisor as a catalyst, and supervisor as a professional mentor. Theme 4 covered models of supervision and theories of client change. I positioned the findings of each theme within the existing literature, pointing out the good practices that emerged from the study and the practices that needed improvement based on the WIL/WPL good practice literature. I also showed how the findings under themes 2-4 answered research questions 2-4. In addition, I reflected on the insights gained from the CFM in relation to each theme discussed in this chapter. In the next chapter, I conclude the study by reflecting on the overarching research question, the limitations of the study, the implications of the study, the recommendations, the contributions to research, and finally the concluding remarks.

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Chapter Six
Conclusion

6.1   INTRODUCTION

In chapters four and five, I reported on the findings of this study and positioned it within the existing literature. This chapter concludes the study and summarises how the primary research question was answered. Finally, I discuss the implications of the study and make recommendations for future research.

6.2   REFLECTING ON THE PRIMARY RESEARCH QUESTION: HOW ARE INTERN COUNSELLORS SUPERVISED AT THE FOUR PURPOSELY SELECTED INTERNSHIP SITES IN UGANDA?

At the start of the study, I was aware as a university supervisor and also someone involved in counsellor education that site supervisors play a key role in the supervision of interns. I also learnt from a focused literature review that little was known scientifically about how site supervisors fulfilled this role. I particularly noted that, to date, no study had dealt specifically with the supervision of intern counsellors at internship sites in Uganda. I reviewed international studies on supervision in various contexts to inform my understanding of intern counsellor supervision (Bernard & Goodyear, 2014; Borders, 2014; Borders et al., 2014; Chang, 2013; Eisenhard & Muse-Burke, 2015; Falender & Shafranske, 2014; Falender, Shafranske, & Ofek, 2014; Goodyear, 2014; Hatcher, Grus, & Wise, 2011; Hatcher, Wise, & Grus, 2015; Hatcher, Wise, Grus, Mangione, & Emmons, 2012; Magaletta & McLearen, 2015; Magaletta, Patry, Cermak, & McLearen, 2017; Milne & Watkins, 2014; Milne, Sheikh, Pattison, & Wilkinson, 2011; Nate & Haddock, 2014). It is against this background that I was able to make sense of the broad findings of the study.

Similar to international findings, the findings of this study indicated that the supervision of the interns in the study was influenced by the education institutions, the organisations where they performed their intern duties, and the site supervisors. In this study, it was especially the role of the education institutions that was emphasised by the participants as an important factor in how the interns were supervised.

The literature also highlights the critical role of education institutions in providing academic leadership and in the management of programmes where workplace learning is an integral part of the curriculum of the counselling programme. This role includes aligning the curriculum with learning experiences in the workplace, initiating partnerships with workplaces, maintaining these partnerships, liaising with and offering techinical support to site supervisors and interns, overseeing the supervision both at an institutional and organisational level, and providing and

managing the infrastructure. However, the findings of the present study indicated that the site supervisors and the interns believed that the two education institutions where the interns received their training did not fulfil their role as academic leaders adequately, which made it more difficult for the site supervisors to provide the interns with quality WPL experiences. Similarly, the interns faced many challenges as a result of lack of collaboration between educational institutions and the internship sites.

The literature on supervision states that education institutions should identify sites that have adequate infrastructure for purposeful learning . Such infrastructure should relate to people as well as physical facilities. In the context of the professional training of counsellors, interns should always be supervised by qualified supervisors. They should also have access to appropriate facilities for counselling clients. The findings of this study indicated, however, that the interns had to secure their own internship sites with apparently no involvement from their educational institutions. As a result, the interns sometimes ended up accepting placements at sites where they were under the supervision of unqualified counsellors. Some of the sites also did not have appropriate infrastructure (facilities) where clients could be counselled privately.

The importance of education institutions providing supervision guidelines to internship sites has been highlighted by several scholars. In the present study, only one of the two education institutions provided supervision guidelines to all the role players. These guidelines delineated the roles of the external (site) and internal (university) supervisors, the duration of the internship, the number of hours the interns should be at the sites, as well as the hours of supervision. According to the supervision guidelines from one of the educational institutions, the university supervisors were responsible for the clinical supervision of the interns while the site supervisors were responsible for their administrative supervision.

The study found also that the site supervisors fulfilled their mandate as administrative supervisors, which meant they engaged in allocating, overseeing, and controlling the interns' daily activities at the sites. The site supervisors also ensured that the interns received orientation and were introduced to the organisational dymanics at each site regarding the sevices provided at the site and how the supervision was structured. Conversely, the site supervisors and the interns reported that the university supervisors did not deliver on their mandate as stated in their guidelines document, which was to oversee the supervision and to fulfil the role of clinical supervisors on a weekly basis. The upshot was that the site supervisors had to take on the full supervision responsibility, that is, they had to provide both administrative and clinical supervision to the interns even though the supervision guidelines clearly stated that they were the administrative supervisors only. This might not have been problematic had all the site supervisors been qualified counsellors who could deal with both the clinical and administrative functions. However, this study found that at least two of the four site supervisors who were interviewed were not professional counsellors.

Furthermore, the site supervisors said that the guidelines they received from the education institutions on what was expected of them were not sufficient to guide them on their roles and responsibilities. They therefore expressed the need for greater collaboration with the education institutions and said that these institutions should clearly indicate what was expected of them, provide input on the format of the evaluation forms, contribute towards the development of the curriculum, and ensure interns' readiness for counselling practice and for formal training to develop their skills.

Collaborative relationships between education institutions and internship sites should ideally be formalised through the signing of memoranda of agreement and ensuring that site supervisors and interns have supervision contracts detailing their roles and responsibilities. In this study where no formal agreements were reported between the education institutions and practicum sites, the interns as well as the site supervisors expressed the need for more on-site engagement and collaboration with the university supervisors who should provide greater support and participate in supervision activities. Some of the site supervisors reported that they needed support because they were not qualified and were unsure if what they did with the interns aligned with the prescriptions of the education institutions.

The study found that the site supervisors thought that the education insitutions also did not adequately fulfil their role in preparing the interns for counselling practice during their training. In fact, some of the site supervisors questioned how the education institutions selected students for the guidance and counselling courses as some of the interns showed little interest in the counselling profession. The literature emphasises the role education institutions should play in ensuring that only suitable candidates are admitted to this field of study since this is the first stage of gatekeeping for the profession.

The internship sites in the study differed in terms of their primary commission as well as their sevice delivery models, and, as a result, the interns had varying learning experiences. For example, one of the site's primary commission was counselling with a qualified site supervisor who ensured that the interns followed the site's formal curriculum while another site's primary commission was police services with no qualified supervisor on the site.

In fact, at three of the four sites, counselling was not a primary commission and was therefore subsumed as a secondary commission. At one of the four sites where counselling was a secondary commission, the interns did not feel welcome in the organisation and were afraid to fulfil their duties. At another site where counselling was a secondary commission, the interns were exposed to learning experiences that fell outside their area of competence. Also, at one of these sites, the site supervisor who was not a qualified counsellor modelled behaviour to the interns that was contrary to the ethos of the counselling profession. In addition, at least two of the four sites did not provide adequate facilities for the interns to consult with clients

privately. This suggests that the organisational culture at these sites was not in line with the interns' training needs.

The literature states that interns should receive orientation at sites from their supervisors, that supervisors and interns should set the learning objectives together, and that site supervisors should monitor their interns' workplace performance. The present study found that the interns at all the selected sites received orientation from the site supervisors in line with their functions as administrative supervisors. The interns were introduced to the staff at the different organisations, informed about the services provided by these organisations, and helped to settle in at the organisations. However, the study findings also indicated that no learning objectives were set by the site supervisors and the interns.

One of the site supervisors, a qualified counsellor, said that the UCA should play a bigger role in ensuring quality in training. In his view, the UCA should ensure that education institutions did not appoint university supervisors who were not qualified counsellors as was his experience at the time this study was conducted. As reported in chapters one and two, this was one of the challenges the counselling profession faced in Uganda, and this study confirmed the need to establish the UCA as a stautory body to oversee the profession In Uganda.

The literature on good practice in workplace learning states that supervisors should be able to identify and acknowledge multicultural differences. This study found that most of the site supervisors were aware that cultural differences often came into play when the interns interacted with the supervisors and clients in their organisations. Some of the interns experienced difficulty in working with clients whose values differed from their own as well as with clients who did not speak their language. The site supervisors encouraged the interns to embrace the cultural differences so as to be able to help their clients more effectively.

The site supervisors etablished a good working relationship with their interns by being open and friendly with them and by allowing them to share their experiences. The literature also states that the working alliance between supervisees/interns and supervisors is a key factor in understanding and conducting supervision.

Regarding supervisory functions, this study found that the site supervisors delivered on their administrative supervision role. Although their role was meant to be only administrative, they often engaged in clinical supervision as well. It is important to note that the education institutions did not appoint the site supervisors to conduct clinical supervision but, because of poor communication, they also fulfilled this role to varying degrees. However, some of the site supervisors could not provide adequate clinical supervision. As noted earlier, some of the site supervisors were not qualified counsellors and none of them had received training in supervision. They lacked knowledge of supervision models and counselling theory and therefore could not adequately promote the interns' professional competence development.

Intern counsellor supervisors are ethically required to apply theory during supervision. Such theory includes counselling theory as well as supervision models for client change and self-change respectively. However, in this study, most of the site supervisors used neither counselling theory nor supervision models during supervision. The one site supervisor who reported applying theory said he did so unconciously, and the others who did not apply or discuss theory, said they had no knowledge of theories and relied on their work experience.

The literature stresses the need for supervisors and interns to practise ethically. Among the professional ethics prioritised by the site supervisors in this study were confidentiality during supervision and counselling sessions, and dress code. However, some of the interns experienced unethical supervision practice by some of the site supervisors. Notable among the ethical supervision practice shortfalls was the breaching of confidentiality regarding clients' information. For example, a discrepancy was evident between what one of the supervisors highlighted as an ethical issue (confidentiality) and what was reported by the interns as the supervisor's actual practice regarding confidentiality.

In summary, in relation to international supervision practice standards and advancements as discussed in chapter two, the supervision strategies adopted by the site supervisors at the time of the study to supervise the interns at the selected sites were inadequate. Education institutions should therefore actively engage in the academic leadership and management of internships. Similarly, if its operations were legalised, the UCA would be more visible in fulfilling one of its key functions of regulating supervision practice to mitigate inadequate and unhelpful supervision practices as, for example, identified at the selected sites in the study.

6.3   CONTRIBUTIONS TO KNOWLEDGE

This was the first study to explore the supervision of intern counsellors at various internship sites in Uganda. The study thus contributed to research by filling the gap in the literature on the supervision of counselling interns in a developing African country such as Uganda. As stated in chapter one this study confirmed the importance of role players such as education institutions, internship sites, supervisors, and professional bodies during intern training. The study further confirmed that international best practice on how interns should be supervised applied also in an African country and more specifically to Uganda.

The contextual- functional meta-framework (CFM) for counselling supervision comprises guidelines that can help supervisors choose their personalised supervision approaches. However, when applied to understanding supervision practice at sites where such practice is an emerging field of study, I discovered that the CFM does not have mandatory supervision training as a key concept. In this study, training emerged as one of the key needs of the supervisors at the selected sites in Uganda. Enhancing supervision practice at these sites may

consequently require a framework that calls for site supervisors to further their training in supervision and undergo ongoing professional development.

6.4   IMPLICATIONS OF THE STUDY

This section covers the implications of this study for education institutions and internship sites.

6.4.1   IMPLICATIONS FOR EDUCATION INSTITUTIONS

Based on the findings of this study, the conceptualisation and management of the internships at an institutional level in the study was problematic. At the education institution level, there appeared to be inadequate structures in place to monitor the implementation of the practicums and to support the site supervisors. More specifically, there seemed to be poor alignment between the education institutions' interests and those of their training partners at the internship sites. The interns had to find their own sites for internship thus indicating that the education institutions did not have established partnerships with workplace partners. In addition, the university supervisors' site visits to monitor the interns' progress were infrequent and irregular.

The perceived failure of the education institutions to initiate and maintain partnerships with the internship/practicum sites created difficulties for the site supervisors and the interns. For example, some of the interns were at sites with inadequate physical facilities that inhibited client privacy during counselling sessions. These interns also had limited access to clients and were supervised by unqualified site supervisors. In other words, the site supervisors provided supervision with limited knowledge of what the education institutions expected as well as limited awareness of their roles and responsibilities. The findings of the study indicated that the education institutions needed to put workplace learning policies in place that detailed their role in ensuring that the interns achieved the desired learning outcomes.

The study provided evidence of the site supervisors' need to receive training in supervision. The site supervisors at the selected sites acknowledged that they lacked the knowledge and skills to supervise the interns competently. All four site supervisors had no knowledge of supervision models, and even the qualified counsellors did not purposefully apply counselling theory during their supervision. Some of the site supervisors were not qualified counsellors yet they had to guide the interns professionally. The study found also that the site supervisors had acquired their supervision knowledge largely from their own supervision experiences as trainees. The supervisors who did not use supervision models and did not apply and model counselling theory, disadvantaged the interns in terms of their professional identity development. Similarly, supervision offered by untrained site supervisors may perpetuate poor supervision practice as interns may later also supervise as they were supervised. It is therefore the responsibility of education institutions, higher education bodies, and

professional/regulatory organisations to build the capacity of site supervisors. Formally trained site supervisors will help the counselling profession in Uganda meet international standards.

6.4.2 IMPLICATIONS FOR INTERNSHIP SITES

The study provided evidence that the internship sites accepted interns even though they lacked the infrastructure in terms of physical facilities and qualified professionals to undertake the supervision of the interns. The internship sites also benefited by having the interns offering counselling services, and they therefore had a responsibility to create environments where the interns could grow. The literature states that internship sites should ensure that interns have learning opportunities and have qualified people to supervise them. Sites should also work with education institutions to create adequate supervision structures and systems to support interns' learning. Going forward, the internship sites in the study needed to understand the important role they should play in their partnerships with education institutions.

6.5 LIMITATIONS OF THE STUDY

This was an instrumental case study with the main aim of obtaining a detailed description of how clinical supervision was conducted at four selected counselling internship sites in Uganda. As it was a qualitative study, I used methods/instruments such as individual interviews and reflective journals to collect data. However, using the intern counsellors' reflective journals for this purpose during the investigation proved problematic. Some of the interns who participated in the individual face-to-face interviews did not keep reflective journals citing heavy caseloads for not doing so, which reduced the data that could otherwise have been forthcoming from this source. Nevertheless, obtaining information from fewer reflective journals did not affect the findings as the data from the interns' individual face-to-face interviews provided a rich description of the clinical supervision strategies they were exposed to.

Based on my experience as a university supervisor and assistant internship coordinator, I could identify the various types of sites that attracted bachelors of guidance and counselling interns. These included sites such as hospitals, police stations, health centres, non-governmental organisations (NGOs), and HIV/AIDS clinics. For this study, I therefore purposely sampled four counselling internship sites and 11 participants in the central region of Uganda, more particularly the Kampala and Wakiso districts. However, I could not have foreseen that this sample would include interns from only two universities, which meant that the findings, especially regarding the role of the education institutions, were limited to these two institutions. Although it was not part of the initial plan to involve a wider and more random sample, this would have enriched the relevance and practical use of the study's findings. However, as indicated in chapter three, the intention was never to generalise the findings of the study (see section 3.2.1). Most of the insights gained from the investigation were detailed and specific to the selected counselling internship sites. This limitation indicated, however, that this was a

matter that required further research. This is dealt with in more detail in the recommendations for future research later in the chapter.

The information generated about the guidelines from the education institutions was also limited to one accredited public university. However, when I visited the four sites, all four supervisors and six of the seven interns were exposed to and thus affected by the guidelines from this particular education institution. I acknowledge that other education institutions may follow different procedures during intern practicums.

I put some questions to the interns that I did not ask the site supervisors, which might have been an oversight on my part as an interviewer. For example, the question about having supervisory contracts was put to the interns and not to the site supervisors. The responses from the interns revealed that no supervision contracts had been signed between them and the site supervisors. Soliciting the views of the site supervisors could have confirmed or not confirmed the responses of the interns.

6.6   RECOMMENDATIONS

Recommendations are made in this section for future action in terms of training, practice, and research that could be taken by education institutions, the Council for Higher Education in Uganda, internship sites, and professional/regulatory bodies.

6.6.1   RECOMMENDATIONS FOR FUTURE ACTION

Based on the findings of this study, the Uganda National Council for Higher Education (UNCHE) should give guidance to education institutions on how to structure work-integrated learning (WIL) and workplace learning (WPL). It is therefore recommended that education institutions should provide a guidelines document that meets international best practice standards.

The various partners in the WIL/WPL structure should fulfil their mandate, namely academic partners and external or professional partners at the workplaces. The education institutions, who were identified as key role players in the study, should establish central units through which to manage WIL/WPL. It is therefore recommended that the WIL/WPL central management units at education institutions—when setting up structures to support WIL/WPL practices—should initiate partnerships with workplace partners, monitor the implementation of WIL, and collect and disseminate data on WIL to the various stakeholders.

Education institutions should also provide academic leadership by offering specialised in-service training to their workplace partners. Internship sites that accept interns for placement should have adequate facilities to ensure that the interns can conduct counselling sessions with clients privately. It is therefore recommended that internship sites should ensure that staff

earmarked for site supervision are qualified professional counsellors and have adequate training in conducting the supervision of interns.

Education institutions need to prioritise gatekeeping during student intake and enrolment at the bachelor's level of training professional counsellors. More specifically, interviewing and testing for reflective traits is needed to limit the admission of individuals who are not interested in becoming professional counsellors. This study found also that some of the interns were unprepared for internship—education institutions should therefore consider including a pre-practicum service experience as a course unit to expose interns to real-life client issues before they go to various workplaces for their internship.

The professional association in Uganda should collaborate more closely with education institutions to help intern counsellors negotiate with sites for affordable fees or even a fees waiver for internships since sites also benefit from the services provided by interns. Licensure for internship site supervisors is equally important to ensure professsional viability and accountability and may be realised if the professional/regulatory body in Uganda receives legal accreditation.

6.6.2 RECOMMENDATIONS FOR FUTURE RESEARCH

As stated earlier, there seems to be no internship supervision policy in higher education institutions, but since this did not fall in this study's purview, I recommend that it be investigated further. Future research should endeavour to establish whether the education institutions engaged in counsellor training in Uganda have policies on internship training and supervision, more specifically on how WPL at university level is planned, coordinated and administered.

As the study's findings were based only on the site supervisors' and interns' perspectives, university supervisors' views on their responsibilities regarding clinical supervision during internship are also needed. It is therefore recommended that future research should explore the professional development achieved by intern counsellors as a result of the supervision they received from university supervisors as well as site supervisors.

Lastly, this was a qualitative study that enabled me to gain a contextual and thick description of how the interns at the selected sites were supervised by the site supervisors. I therefore recommend that a quantitative, national study should be conducted to widen the scope of investigation regarding how intern counsellors are supervised at various internship sites in different parts of Uganda.

6.7 CONCLUDING REMARKS

Experiential learning and supervision are crucial in promoting intern counsellor learning and professional competence development. More specifically, education institutions have a

significant role to play in ensuring that they deliver competent practitioners who will do no harm to their clients. This study found an apparent lack of collaboration between the education institutions in the study and their workplace partners, which, if generalised, could undermine the training of counsellors in Uganda and expose the public to incompetent practitioners who could cause serious harm in a country where counselling services are pivotal in addressing the multitude of psychosocial challenges the people face.

This study provided insight into the key roles and functions that need to be fulfilled by various stakeholders such as education institutions, the Uganda National Council for Higher Education (UNCHE), and the UCA to streamline and improve supervision practice at internship sites. The documentation of the often-inadequate supervision at the selected sites in this study could help key role players in counsellor education identify specific ways in which the setting of clear standards could benefit supervision practice at counselling internship sites in Uganda. The findings of this study could also provide useful information to internship sites regarding their responsibility to supervise interns adequately, which among other things means they need to provide adequate counselling facilities and to encourage their personnel to improve their supervision knowledge and skills. If the supervision at internship sites is adequate counselling professionals could be produced who could competently meet the day-to-day mental health needs of their clients in Uganda and beyond.

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APPENDICES

Appendix A: Semi-structured interviews with counsellor supervisors

Appendix B: Semi-structured interview guide for the interns

Appendix C: Letter to Uganda National Council for Science and Technology

Appendix D: Ethics clearance letter from UNCST

Appendix E: Sample letter to the managers of the research selected sites

Appendix F :   Permission letter to conduct research at site A

Appendix G: Permission letter to conduct research at site B

Appendix H: Permission to conduct research at site C

Appendix I: Permission to conduct research at site D

Appendix J: Information letter and informed consent for c
               Counsellor supervisors

Appendix K: Sample of information letter and informed consent for interns

Appendix L: Sample of reflective journal writing guideline for interns

Appendix M: Guidance & counselling practicum guidelines to
               students, 2015/2016

Appendix N: Site supervisors' evaluation from a counsellor training university

Appendix O: Research clearance from the office of the President
               of the Republic of Uganda

Appendix P: Description of the counselling internship sites selected

Appendix Q: Description of this study's participants

Appendix R: Data source codes

Appendix S: UCA code of ethics

Appendix T: UCA training and accreditation guidelines

Appendix U: Transcribed interviews

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SEMI-STRUCTURED INTERVIEWS WITH COUNSELLOR SUPERVISORS

Date………………….

Time………………….

Interviewer…………...

Interviewee………….

1. Tell me about your journey as a supervisor?
2. Describe your roles and functions as a site supervisor or as a university supervisor.
3. Share with me on how you acquire the knowledge on how to supervise counsellors (This question caters for supervisor competency and preparation).
4. Tell me about what you know regarding the clinical supervision models and how you use that knowledge to supervise?
5. Tell me about how you practically supervise counsellor trainees from the time they come here until they leave?
   - Initiating supervision, how do you do it?
   - Setting supervision goals
   - Giving feedback
   - Conducting supervision
   - The supervisory relationship (What is its importance and how do you nurture it)
   - Diversity and advocacy (Multicultural issues)
   - Ethical considerations (Pertinent ethical issues in practice)
   - Documentation
   - Evaluation (how do you do the evaluation?)
   - What supervision formats do you use (Individual, group, peer, and self-report, observation?) (supervision contract, goal setting, building the supervisory relationship, interventions, duration of supervision sessions, individual or group sessions, giving feedback, ethical considerations) in this organisation?
6. Share with me the supervision needs of your supervisees and how these inform the choice of your supervision methods and interventions.
7. Tell me about the experience of being a counsellor supervisor in this setting or programme.
8. What do you think should be done better regarding counsellor supervision in this programme or organisation?

SEMI-STRUCTURED INTERVIEW GUIDE FOR THE INTERNS

Date…………………

Time…………………

Interviewer…………...

Interviewee…………

1. Tell me how you experienced the supervision done by the site supervisor and the university supervisor?

2. Tell me about how you are practically supervised (supervision contract, goal setting, building the supervisory relationship, giving feedback, theoretical orientation, ethical considerations) in this organisation?

3. Please tell me about the approaches to supervision that (individual, group) your university supervisor and the site supervisor used in the supervision process?

4. Share with me your experience regarding the frequency and duration of supervision you received from the university supervisor and the site supervisor?

5. Please tell me how supervision has developed you as a counsellor

6. Share with me the ways in which the supervision experience hasn't been helpful for you and what you think can be changed?

LETTER TO UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

The Executive Secretary
Uganda National Council for Science and Technology (UNCST)
Plot 6, Kimera Road, Ntinda
P.O. Box 6884
Kampala, Uganda.

Permission to conduct research in selected counselling internship sites in Uganda

Dear Sir/Madam

I, Jane Namusoke 15291937 a registered PhD student at the University of Pretoria in the Department of Educational Psychology hereby request permission to conduct a research study entitled ***Counsellor Supervision Practices in Uganda.*** The purpose of the study is to compare and contrast counsellor supervision practices in selected counselling internship sites. I plan on including the following sites in my study: Mulago Hospital (MH), Mildmay Uganda (MU), Naguru Teenage Health and Information Centre (NTHIC), Makerere University Counselling Centre (MUCC), Kira Police Station (KPS) and Healing Talk Counselling Services (HTCS). These organisations have been purposefully selected because of the high number of interns who choose them for their counselling internships. I am under research supervision of Dr S Bester who can be contacted via email suzanne.bester@up.ac.za and on phone +27 (0) 12 420-1234. The research team will consist of Dr Bester and myself.

In this study, counsellor supervision is defined as the process where a senior member of the profession guides, supports, mentors, teaches and counsels junior members with the goal of helping them attain personal growth, professional competence development and to take good care of their clients. Current supervision research points to the quality of supervision interns receive during internship as being very critical in determining the quality of their experiences regarding ethical behaviour, counsellor identity development and professional growth. In Uganda, counsellor supervision practices are under researched and there is evidence that some counsellor supervisors at internship sites adopt practices that are not so helpful to the professional socialization of interns under their supervision. As such, it is critical to explore supervision practices in Uganda to pave the way for optimal professional socialization and most importantly to contribute to the knowledge regarding best supervision practice in which the facilitation of counsellor competence development and ethical practice could be anchored.

Data will be collected by interviewing the supervisors and interns at each selected internship site, analysing relevant supervision documents between the supervisor and the intern and the reflective journals of the interns. The table below outlines the data collection process.

Time frame for the data collection process

Date	Activity	Duration	Location
April 2016	Finalise the ethics application with UNCST	Submit all the requirements including the University of Pretoria and a Ugandan local IRB research ethics clearance certificates to UNCST	Sites A, B, C and D.
Week before internship begins (2nd-6th May 2016)	Meeting with the administrators of the selected research sites	One hour each on selected days	Sites A, B, C and D.
First week of internship (9th-13th may 2016)	Initial meeting with the potential participants (supervisors and interns) to discuss the consent form and other issues regarding the study.	One hour each on selected days	Sites A, B, C and D.
2nd week of internship (16th-20th may 2016)	Firstly, to receive consent forms from the supervisors and interns who have decided to take part in the research and follow up. Secondly, give the interns a journal where they will record their supervision experiences.	30 minutes for this activity on selected days. 30 minutes for this activity on selected days.	Sites A, B, C and D.
12th week of the internship (1st -5th August 2016)	Face-to-face interview session with supervisors at the selected sites.	30 minutes for every supervisor on selected days.	Sites A, B, C and D.
August 2016	Face-to-face interview sessions with the interns and collection of supervision experience journals and copies of any other documents that may have been exchanged between the supervisor and the intern during supervision.	40 minutes for every intern on selected days. (Interview 30 minutes and 10 minutes other activities mentioned)	A neutral place chosen by participants

The supervisory relationship is an unequal one with mentoring, counselling, teaching, and evaluative components. In order to protect interns from harm interviews will be conducted at a neutral venue and supervisors will not have knowledge about the participation of the interns. I will use pseudonyms for those who participate in the study. With the permission of the participants the audio recordings together with all other data will be stored at the University of Pretoria with my supervisor.

At this stage the participants may not benefit directly from the study but I envisage long term benefits for the profession and counselling psychology in Uganda. This study may also benefit practicing counsellors, shape the future supervisory practices which may benefit the clients with improvement in counselling services. As such there are no immediate consequences for the participants.

I plan to share the findings of my research with academic and broader community by making it available in an open access repository. In line with your policy requirements regarding publication and dissemination of research a copy of the findings arising from the research work shall be submitted to the selected research sites and UNCST.

If there any questions regarding this research project they can be addressed to me and my supervisor using the contact details provided. Your positive consideration and written feedback to this request will be highly appreciated.

Yours faithfully,

Jane Namusoke   Signature......................................
PhD student
Department of Educational Psychology
University of Pretoria
Mobile: +27 (0) 618 565 495
        +256 (0) 782 055 204
Email: janenkonde@gmail.com

Dr Suzanne Bester   Signature......................................
Supervisor
University of Pretoria
Faculty of Education
Department of Educational Psychology
Pretoria 0002
Republic of South Africa
Tel: +27 (0) 12 420-3891
Email: Suzanne.Bester@up.ac.za

ETHICS CLEARANCE LETTER FROM UNCST

Uganda National Council for Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

UNCST

Our Ref: SS 4098   12th July 2016

Namusoke Jane
Kyambogo University
Kampala

Re: Research Approval: Counselor Supervision Practices in Uganda

I am pleased to inform you that on **27/06/2016**, the Uganda National Council for Science and Technology (UNCST) approved the above referenced research project. The Approval of the research project is for the period **27/06/2016** to **27/06/2017**.

Your research registration number with the UNCST is **SS 4098**. Please, cite this number in all your future correspondences with UNCST in respect of the above research project.

As Principal Investigator of the research project, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and addenda to the research protocol or the consent form (where applicable) must be submitted to the designated Research Ethics Committee (REC) or Lead Agency for re-review and approval **prior** to the activation of the changes. UNCST must be notified of the approved changes within five working days.
3. For clinical trials, all serious adverse events must be reported promptly to the designated local REC for review with copies to the National Drug Authority.
4. Unexpected events involving risks to research subjects/participants must be reported promptly to the UNCST. New information that becomes available which alters the risk/benefit ratio must be submitted promptly for UNCST review.
5. Only approved study procedures are to be implemented. The UNCST may conduct impromptu audits of all study records.
6. A progress report must be submitted electronically to UNCST within four weeks after every 12 months. Failure to do so may result in termination of the research project.

Below is a list of documents approved with this application:

	Document Title	Language	Version	Version Date
1.	Research Proposal	English	N/A	April 2016
2.	Informed Consent for Counselor Supervisors	English	N/A	April 2016
3.	Informed Consent for Counselor Trainers	English	N/A	April 2016
4.	Sample Letter to the Managers of the selected Research Sites	English	N/A	April 2016
5.	Semi-Structured Interviews with Counselor Supervisors	English	N/A	April 2016
6.	Semi-Structured Interviews with Counselor Trainees	English	N/A	April 2016

Yours sincerely,

Hellen. N. Opolot
For: Executive Secretary
UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Cc: Chair, Mengo Hospital, Research Ethics Committee

SAMPLE LETTER TO THE MANAGERS OF THE RESEARCH SELECTED SITES

The Manager

X Internship Site

Permission to conduct research at this counselling internship site

Dear Sir/Madam

I, Jane Namusoke 15291937 a registered PhD student at the University of Pretoria in the Department of Educational Psychology hereby request permission to conduct a research study entitled ***Counsellor Supervision Practices in Uganda*** at this internship site*.* The purpose of the study is to compare and contrast counsellor supervision practices in selected counselling internship sites. This organisation has been purposefully selected because of the high number of interns who opt for it during counselling internships. I am under research supervision of Dr S Bester who can be contacted via email suzanne.bester@up.ac.za and on phone +27 (0) 12 420-1234. The research team will only consist of Dr Bester and myself.

In this study, counsellor supervision is defined as the process where a senior member of the profession guides, supports, mentors, teaches and counsels junior members with the goal of helping them attain personal growth, professional competence development and to take good care of their clients. Current supervision research points to the quality of supervision interns receive during internship as being very critical in determining the quality of their experiences regarding ethical behaviour, counsellor identity development and professional growth. In Uganda, counsellor supervision practices are under researched and there is evidence that some counsellor supervisors at internship sites adopt practices that are not so helpful to the professional socialization of interns under their supervision. As such, it is critical to explore how site supervisors at the selected sites in Uganda supervised intern counsellors to pave the way for optimal professional socialization and most importantly to contribute to the knowledge regarding best supervision practice in which the facilitation of counsellor competence development and ethical practice could be anchored.

Data will be collected by interviewing the supervisors and interns at each selected internship site, analysing relevant supervision documents between the supervisor and the intern and the reflective journals of the interns. The table below outlines the data collection process.

Time Frame for the Study

Date	Activity	Duration	Location
Week before internship begins (2nd-6th May 2016)	Meeting with the administrators of the selected research sites	One hour each on selected days	Sites A, B, C and D.
First week of internship (9th-13th may 2016)	Initial meeting with the potential participants (supervisors and interns) to discuss the consent form and other issues regarding the study.	One hour each on selected days	Sites A, B, C and D.
2nd week of the internship (16th-20th may 2016)	Firstly, to receive consent forms from the supervisors and the interns who have decided to take part in the research. Secondly, give the interns a journal where they will record their supervision experiences.	30 minutes for this activity on selected days. 30 minutes for this activity on selected days.	Sites A, B, C and D.
August 2016)	Face-to-face interview session with supervisors at the selected sites.	30 minutes for every supervisor on selected days.	Sites A, B, C and D.

The supervisory relationship is an unequal one with mentoring, counselling, teaching, and evaluative components. In order to protect interns from harm interviews will be conducted at a neutral venue and supervisors will not have knowledge about the participation of the interns. I will use pseudonyms for those who participate in the study. With the permission of the participants the audio recordings together with all other data will be stored at the University of Pretoria with my supervisor.

At this stage the participants may not benefit directly from the study, but I envisage long term benefits for the profession and counselling psychology in Uganda. This study may also benefit practicing counsellors, shape the future supervisory practices which may benefit the clients with improvement in counselling services. As such there are no immediate consequences for the participants.

I plan to share the findings of my research with academic and broader community by making it available in an open access repository. In line with Uganda National Council for Science and

Technology (UNCST) policy requirements regarding publication and dissemination of research, a copy of the findings arising from the research work shall be submitted to you.

If there any questions regarding this research project they can be addressed to me and my supervisor using the contact details provided. Your positive consideration and a written feedback to this request will be highly appreciated.

Yours faithfully,

Jane Namusoke   Signature..........................

PhD student (Department of educational Psychology)

University of Pretoria

Mobile: +27 (0) 618 565 495

        +256 (0) 782 055 204

Email: janenkonde@gmail.com

Dr Suzanne Bester   Signature......................................

Supervisor

University of Pretoria

Faculty of Education

Department of Educational Psychology

Pretoria 0002

Republic of South Africa

Tel: +27 (0) 12 420-3891

Email: bester.suzanne@up.ac.za

PERMISSION LETTER TO CONDUCT RESEARCH AT SITE A
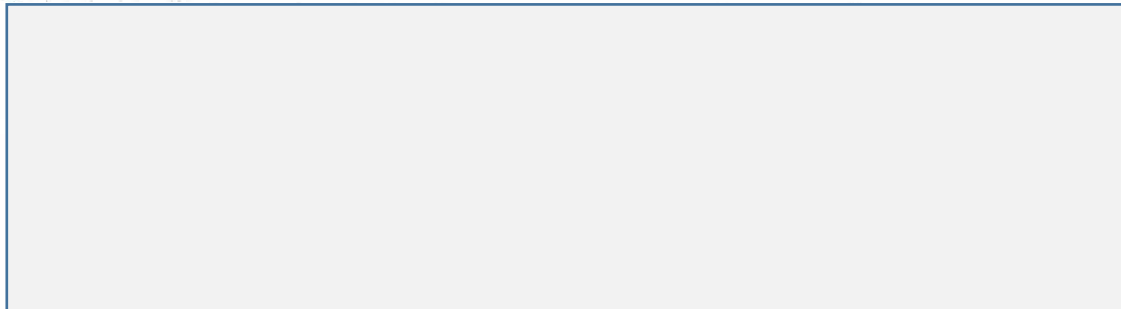
Our Ref:...

Your Ref:..

Date: 23/6/2016

Ms. Jane Namusoke,

University of Pretoria

RE PERMISSION TO CARRYOUT RESEARCH ON THE STUDY ENTITLED "COUNSELOR SUPERVISION PRACTICES IN UGANDA.

Reference is made to your request for permission to carry out research on the above research subject topic.

This is to inform you permission has been granted to you to collect data from 27th June 2016 to 15th august 2016.

The above permission is granted to you on the following condition:

- Participation in your research is voluntary and the informed consent process should be observed at all times.
- Provision of a report to the office Head of counseling.

By copy of this letter, the in-charge [   ] is requested to render you all necessary support.
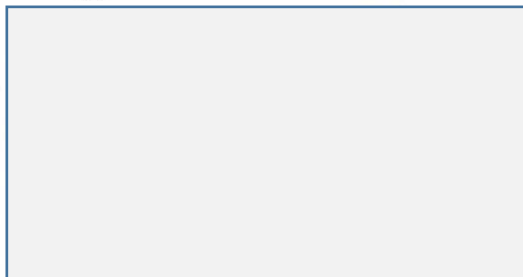
PERMISSION LETTER TO CONDUCT RESEARCH AT SITE B
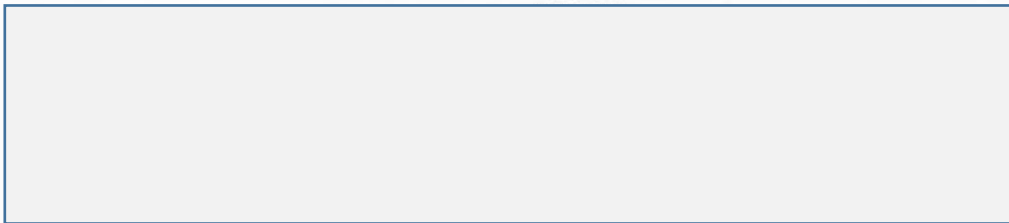
Our Ref: ....

Research Form

1. **Particulars of Researcher**
   a) Name: Namusoke Jane   Gender: F
   b) Address: P.O. BOX 1 KYAMBOGO   Tel. 0701688644
   c) Age: 37   email: namjeasos@yahoo.com
   d) Designation: ASSISTANT LECTURER/ COUNSELLING PSYCHOLOGIST
   e) Nationality: UGANDAN

2. **Subject Particulars**
   a) Name of Organization carrying out the research: Ms. J. Namusoke Doctoral Research
   b) Subject of the study: Counsellor Supervision in Counsellor training
   c) Introductory Authority: University of Pretoria
   d) Name and Address/Contact of Supervisor: Dr. Suzanne Bester +27124203891

3. **Details of Information/Data required/Location of Research Centre e.g. Police Station and/or Dept**

   I would like to collect data from Kira Division Police. Many students are taken on for internship in the child and family protection unit. Internship is a training place so I would to do an interview with the officer who supervises the regarding his or her experiences.

   Benefits of the Research to Uganda Police Force
   In future, the institutions like Kyambogo University might organise short term training courses for officers in this Unit in basic counselling skills and supervision.

   Undertaking
   I promise to provide a copy of my research report to the resource centre of the Uganda Police by (Date). 2018
   Failure to do so, the Uganda Police Force should liaise with my supervisor and should render my paper null and void.
   Name and Signature: Namusoke Jane   Date: 02.06.2016

4. **For Official Use**
   Remarks:
   The Officer in charge child and family protection, APG & OC station to provide necessary information for the research. The researcher should provide a copy of the research paper to the directorate of research, police J Rev.

   Authorizing Officer: A/GP Deromio O. Edward
   Signature: .... Date: 07/06/2016

   Note: Information obtained for the research should be used exclusively for the intended purpose.

   Developing, Coordination, Monitoring & Reviewing of Strategic Plans and Policies for effective Protection of Life and Property
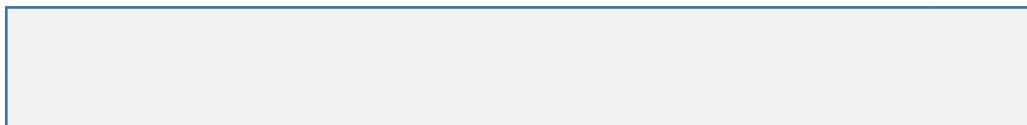
PERMISSION TO CONDUCT RESEARCH AT SITE C
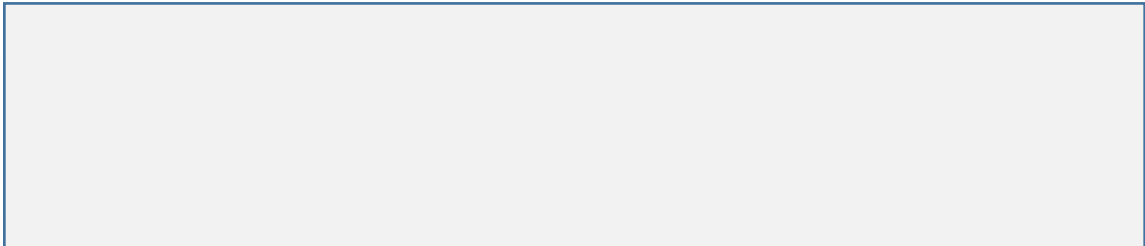
REF: *PHE/KCCA/201/17*

25th January, 2016.
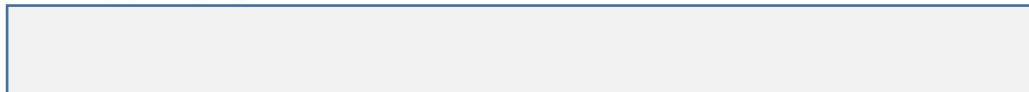
Ms. Jane Namusoke,
University of Pretoria.

RE: PERMISSION TO CARRY OUT RESEARCH ON THE STUDY
ENTITLED "COUNSELLOR SUPERVISION PRACTICES IN UGANDA".

Reference is made to your request for permission to carry out research on
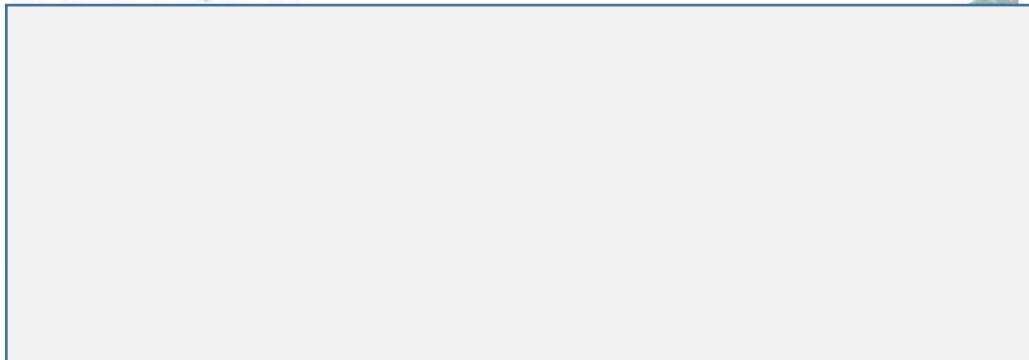the above subject research topic.

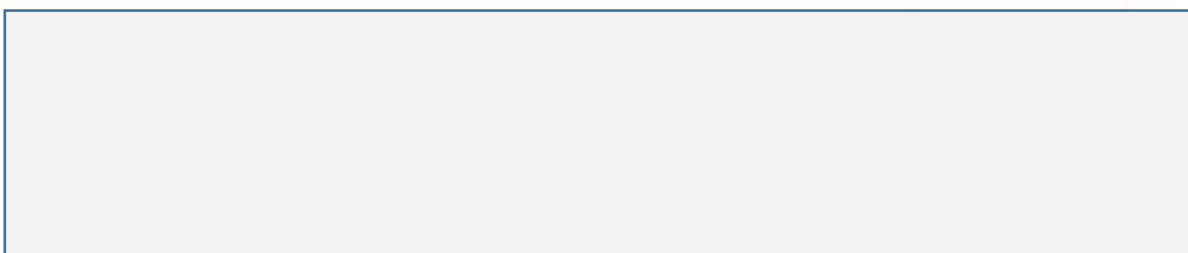The above permission is granted to you on the following conditions:-

1. Participation in your research is voluntary and the informed consent
   process should be observed at all times.

2. Provision of a report to the office of the Director of Public Health and
   Environment

PERMISSION TO CONDUCT RESEARCH AT SITE D

13th June 2016

Our Ref: 204/16-UG-REC-009

Ms. Jane Namusoke
University of Pretoria
janenkode@gmail.com

Ref: ADMINISTRATIVE   CLEARANCE   FOR"COUNSELLOR   SUPERVISION
PRACTICES IN UGANDA"

Thank you for submitting a request for administrative clearance for the above referenced study.

After a favorable administrative review, TASO REC has no objection to grant you permission to conduct the above study at TASO Mulag   e proposed study site.

The study is expected to be completed by 7 June 2017.

You are reminded to comply with the provisions of the protocol approved by Mengo Hospital Research and Ethics Committee (MHREC), to follow the guidelines of Uganda N
for Science and Technology, July 2014 in carrying out this research project.

Amendments: All proposed changes to the study (including personnel, procedures, or documents) must be approved by the REC in advance through the amendment process.

Adverse Events/Unanticipated Problems: You must inform the REC of all unanticipated problems and adverse events that occur during your research study.

It is a requirement by the TASO REC that you submit the end of study report upon completion of the study.

For further correspondence with us, our contact person is Dr. Birungi Josephine, Research Manager, birungij@tasouganda.org −256 752774112 or Mr. Okoboi Stephen, Research Officer, okobois@tasouganda.org +256 752774152.

TASO HEADQUARTERS
Mulago Hospital Complex
P.O. Box 10443, kampala
Tel: +256 414 592 5801
Fax: +256 414 541 288
E-mail: mail@tasouganda.org
Website: www.tasouganda.org

TASO TRAINING CENTRE
Kanyanya Off Gayaza-Road
After Mpererwe
P.O. Box 10443, Kampala
Tel: +256 414 567 537
Fax: +256 474 969 704
E-mail: training@tasouganda.org

SERVICE CENTRES
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TASO JINJA
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Fax: 0382 260 104
E-mail: masaka@tasouganda.org

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Fax: 0465 420 636
E-mail: masindi@tasouganda.org

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E-mail: mbale@tasouganda.org

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Fax: 0485 421 323
E-mail: mbarara@tasouganda.org

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Fax: 0414 541 286
E-mail: mulago@tasouganda.org

TASO RUKUNGIRI
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TASO SOROTI
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Fax: 0454 461 342
E-mail: soroti@tasouganda.org

TASO TORORO
Plot 30, Cox Road
P.O. Box 777, Tororo
Tel: 0454 445 005
Fax: 0454 445 334
E-mail: tororo@tasouganda.org

PROJECTS
GRANTS MANAGEMENT UNIT/
GLOBAL FUND
House of Hope, Plot 10 Windsor Loop
P.O. Box 10443, Kampala
Tel: 0414-259 655
Email: mail@tasouganda.org

TASO-KARAMOJA PROJECT
Plot 10, Independence Avenue
P.O.Box 131 Moroto
Tel: 0752 744 792
Email: mail@tasouganda.org

INFORMATION LETTER AND INFORMED CONSENT FOR COUNSELLOR SUPERVISORS

Consent to participate in a PhD research study

Dear Madam

I, Jane Namusoke 15291937 a registered PhD student at the University of Pretoria in the Department of Educational Psychology hereby invite you to take part in my research study entitled ***Counsellor Supervision Practices in Uganda*** at thisinternship site*.* The purpose of the study is to explore counsellor supervision practices in selected counselling internship sites. This organisation where you are supervising interns has been purposefully selected because of the high number of interns who opt for it during counselling internships. It is important for you to know that if there is anything which is not clear to you in this letter and may need more information about this study you are more than welcome to contact me or my supervisor. I am under research supervision of Dr S Bester who can be contacted via email suzanne.bester@up.ac.za and on phone +27 (0) 12 420-3891. The research team will only consist of Dr Bester and myself.

In this study, counsellor supervision is defined as the process where a senior member of the profession guides, supports, mentors, teaches and counsels junior members with the goal of helping them attain personal growth, professional competence development and to take good care of their clients. Current supervision research points to the quality of supervision the interns receive during internship as being very critical in determining the quality of their experiences regarding ethical behaviour, counsellor identity development and professional growth. As such, it is important to explore the clinical supervision practices adopted in Uganda as one of the strategies towards optimal professional socialization and most importantly to contribute to the knowledge regarding best supervision practice in which the facilitation of counsellor competence development and ethical practice should be anchored.

Data will be collected from an interview session with you and sharing relevant supervision documents that you have exchanged with your supervisees. The interview will be scheduled on a day, time and venue appropriate to you. The interviews will not exceed 30 minutes. With your permission the interview will be audio-recorded to make it possible for me to revisit the conversation after our interview for transcription and analysis purposes. Please note, you can stop the recording of the interview any time if you feel you don't want to be recorded. The table below outlines the data collection process.

Time frame for the study and data collection process

Date	Activity	Duration	Location
(2nd week of May 2016)	Initial Meeting Discuss issues regarding the research and consent to participate in the study.	One hour	Your organisation
May-July 2016	One-on-one interview with you And sharing of relevant supervision documents.	40 Minutes (30 minutes for the face-to-face interview and 10 minutes for other activities)	Your organisation

The information that you provide for this academic study will be treated with utmost confidentiality, and your anonymity will be guaranteed throughout the research process. I will neither use your name nor that of your organisation anywhere in the course of my fieldwork and reporting of findings. Also, your participation in this study will be kept confidential. I will use pseudonyms throughout my doctoral thesis and article and as such no one who is not part of this study will get to know what you said during this research.

Participation in this study is on a voluntary basis and as such you may choose to withdraw from this study at any stage should you deem this necessary.

This research is part of the process towards the completion of my PhD at the University of Pretoria. I am also involved in the education and supervision of counsellors at Kyambogo University the second largest public university in Uganda. On that note, it is vital for me to understand how counsellors at the selected internship sites are supervised.

You may not benefit from this study immediately, but there are possible long-term benefits for the counselling profession particularly in the training of counsellors. The findings of this study may help to refine the supervisory practices that will, in the end, benefit the clients regarding effective counselling services from the interns who will be benefiting from appropriate supervision.

NB All data collected with public funding may be made available in an open repository for public and scientific use.

<u>Informed Consent</u>

Writing your name and signing on the lines below will mean that you would like to participate in this study and that you understand and accept everything written in this information letter and consent form about the study.

Informed Consent
I, _____, hereby agree to take part in an interview conducted by Ms Jane Namusoke. I also understand that I can withdraw from the study at any time and that all the information I provide will remain confidential.   _____
Participant

Should you have any query regarding this study you are more than welcome to contact me and my supervisor. Your cooperation, assistance and participation in this research are highly appreciated. I look forward to your favourable response.

Yours faithfully

Jane Namusoke   Signature...........................
PhD student (Department of educational Psychology)
University of Pretoria
Mobile: +27 (0) 618 565 495
              +256 (0) 782 055 204
Email: janenkonde@gmail.com

Dr Suzanne Bester   Signature.......................................
Supervisor
University of Pretoria
Faculty of Education
Department of Educational Psychology
Pretoria 0002
Republic of South Africa
Tel: +27 (0) 12 420-3891
Email : suzanne.bester@up.ac.z

SAMPLE OF INFORMATION LETTER AND INFORMED CONSENT FOR INTERNS

Consent to participate in a PhD research study

Dear Sir/Madam

I, Jane Namusoke a registered PhD student at the University of Pretoria in the Department of Educational Psychology hereby invite you to take part in my research study entitled ***Counsellor Supervision Practices in Uganda*** at this internship site*.* The purpose of the study is to compare and contrast counsellor supervision practices in selected counselling internship sites. This organisation where you are doing your internship has been purposely selected because of the high number of interns who opt for it during counselling internships. It is important for you to know that if there is anything which is not clear to you in this letter and may need more information about this study you are more than welcome to contact me.

In this study, counsellor supervision is defined as the process where a senior member of the profession guides, supports, mentors, teaches and counsels junior members with the goal of helping them attain personal growth, professional competence development and to take good care of their clients. Current supervision research points to the quality of supervision interns receive during internship as being very critical in determining the quality of their experiences regarding ethical behaviour, counsellor identity development and professional growth. As such, it is critical to explore supervision practices in Uganda to pave the way for optimal professional socialization and most importantly to contribute to the knowledge regarding best supervision practice in which the facilitation of counsellor competence development and ethical practice could be anchored.

Data will be collected from an interview session with you if you agree to participate in this study, you will take part in one 30minute face-to-face interview (at the end of your counselling internship) where I will have a discussion with you regarding your supervision experiences at this site. The interview will be conducted at a neutral and convenient place for you. Secondly, you will be asked to write about your supervision experiences in a journal that will be provided by the researcher. The internship supervision journal should be used to record your supervision experiences from the first week of the internship to the 12th week. In our information meeting, I will discuss with you the themes under which you will record your experiences in the journal. I will also ask you to share some of the documents that will come into existence between you and your supervisor during supervision, for example, the supervision contract.

Time Frame for the study and data collection process

Date	Activity	Duration	Location
1st Week of Internship (2nd week of May 2016)	Information meeting	1 hour	Internship site
2nd Week of Internship (3rd week of May 2016)	Give you a journal in which you will record your supervision experiences	30 minutes	Internship site
First week after Internship (8th-12th August 2016)	One-on-one interview with you and collection of the supervision experiences journals and copies of any other documents that were exchanged between you and your supervisor during internship supervision.	40 Minutes (30 minutes for the face-to-face interview and 10 minutes for other activities)	A neutral place preferably at your university.

The information that you provide for this academic study will be treated with utmost confidentiality, and your anonymity will be guaranteed throughout the research process. I will neither use your name nor that of your organisation anywhere in the course of my fieldwork and reporting of findings. Also, your participation in this study will be kept confidential. I will use pseudonyms throughout my doctoral thesis and article and as such no one who is not part of this study will get to know what you said during this research. Participation in this study is on a voluntary basis and as such you may choose to withdraw from this study at any stage should you deem this necessary.

You may not benefit from this study immediately, but there are possible long-term benefits for the counselling profession particularly in the training of counsellors. The findings of this study may help to refine the supervisory practices that will, in the end, benefit the clients regarding effective counselling services from the interns who will be benefiting from appropriate supervision.

NB All data collected with public funding may be made available in an open repository for public and scientific use.

Informed Consent

Writing your name and signing on the lines below will mean that you are willing to participate in this study and that you understand and accept everything written in this information letter and consent form regarding the study.

Informed Consent
I, _____, hereby agree to take part in an interview with Jane Namusoke, record my supervision experiences throughout the course of the internship in a journal the researcher will provide and also share any documents that come between me and my supervisor during supervision. I also understand that I can withdraw from the study at any time and that all information I provide will remain confidential. _____ Participant

Should you have any query regarding this study you are more than welcome to contact me and my supervisor. Your cooperation, assistance and participation in this research are highly appreciated. I look forward to your favourable response.

Yours faithfully

Jane Namusoke   Signature...........................
PhD student (Department of Educational Psychology)
University of Pretoria
Mobile: +27 (0) 618 565 495
            +256 (0) 782 055 204
Email: janenkonde@gmail.com

SAMPLE OF REFLECTIVE JOURNAL WRITING GUIDELINE FOR INTERNS

1. Indicate the number of times you are supervised by your university supervisor and site supervisor in a week.

2. Describe the methods your university supervisor and site supervisor use to supervise you.

3. Describe the good supervision experiences with your university and site supervisor at this placement.

4. Explain the not so good supervision experiences with your university and site supervisors at this placement.

5. What have you learnt from the supervision experiences with your university and site supervisor at this placement?

Y UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
Guidance & Counselling Practicum Guidelines to students, 2015/2016

1: The practicum/ internship for DGC1, BGC II & III will begin on 6th June through to 19th

2: August 2016 a total of 12 weeks. Below is a summary of what will be expected from you:

3: Guideline 1. Peer meetings

4: During the practicum, you will be expected to meet as a group at least once a week. These

5: weekly meetings are not optional. Attendance will be recorded and awarded marks. Please

6: agree with your supervisor on time and venue.

7: Guideline 2. Practicum Supervisor Evaluation

8: You are required to meet with your supervisor for at least once a week.

9: Your supervisor will also be your examiner. This is to serve as a reminder that practicum is

10: a full course unit that contributes to the award of Bachelors in Guidance and Counseling.

11: Please you are expected to take full advantage of it.

12: Expect some scouts at your duty station from the University. Maximum cooperation is

13: expected from you.

14: Expect your supervisor any time at the site.

15: Guideline 3. Weekly Summaries

16: Each student is required to write a weekly summary of one client. You choose which client

17: to write about. It could be the most interesting, the most difficult, or the most confusing

18: client you encounter.

19: Discuss the format with your supervisor

20: Needs assessment report should be submitted to your supervisor at the agreed time.

21: Guideline 4. Needs Assessment

22: Each Student is required to write a Needs Assessment.

23: The first thing that you will be expected to undertake in your organization is to conduct a

24: needs assessment to establish the counseling needs or issues that are commonly presented

25: in this organization.

26: Discuss the format with your supervisor

27: Guideline 5. Practicum project

28: Each student will formulate a practicum project based on the Needs Assessment. This can

29: take many possible forms such as a one session work group, a six-session group therapy, a

30: handout, a onetime intervention, a seminar or anything else you can think of.

31: The practicum project **MUST** be approved by your supervisor before you implement it and

32: the report submitted to him/her.

33: Guideline 6. Case Summary Each student will present a summary of a client he/she has

34: seen for more than three times. The format of presentation will be the same as that of the

35: weekly summary.

36: Guideline 7. Participation and attendance

37: Each student will be required to share at least one case with the class during the semester.

38: Class participation and helping each other out is essential in this course. We are all here to

39: support and help one another and it is important for everybody to have a say and to take 40:

part.

41: Remember that everything that is said and done in the seminar is confidential and therefore

42: may not be discussed with others outside of the course.

43: Guideline 8. Site supervisor Evaluation

44: Each student will find an external supervisor for his or her practicum placement(s). NOTE:
45: This is an administrative supervisor and not a counseling supervisor. He/she is based in the
46: organization where you are doing practicum.
47: At the end of the course, the external supervisor will be asked to give an evaluation of you.

48: Guideline 9. Practicum Hours

49: You must complete 10 hours per week at your practicum site(s) for the 12 weeks of the
50: practicum. A minimum of 90 or 180 hours of supervised practice for the semester.
51: You will keep track of practicum hours by writing on a spread sheet that will be kept in
52: your file.
53: Your site supervisor should endorse those sheets.
54: In the exercise book you need to keep track not only of the total hours, but what you did on
55: each day (how many clients for how long each, working on needs assessment, working on
56: project, reviewing records or reading for practicum)
57: You will hand in your exercise book with the total number of hours to your practicum
58: supervisor for assessment.

59: Guideline 10. File

60: Each student should have a file and it should have the following content;
61: Organization
62: Profiles
63: Counseling notes
64: Needs assessment
65: Attendance
66: Professional statement (your value, beliefs, potential, etc)
67: Case summaries
68: Project reports

69: Guideline 11. Personal Counseling

70: Each of you is expected to undergo personal counseling. Consult your supervisor on this.

71: Guideline 12. Debriefing.

72: At the end of the practicum, you will be expected to go through debriefing. Consult your
73: supervisor on this.

74: Note: All the above submissions should be discussed with the practicum supervisor
75: and submitted to him/her as agreed. The supervisors will then mark and submit the
76: marks to the coordinator. No submission from the student to the coordinator will be
77: accepted.

SITE SUPERVISORS' EVALUATION FROM A COUNSELLOR TRAINING UNIVERSITY

DEPARTMENT OF PSYCHOLOGY
PRACTICUM SUPERVISION 2015/2016

Dear External / site supervisor

Thank you very much for helping in developing the counseling profession in Uganda. We greatly appreciate your time, expertise and other resources that you committed to help us in this venture. As the practicum progresses, we would like you to give us your assessment of the students that did practicum under your supervision. The following are the general guideline that you may use to assess them.

Name of Supervisor_____ Signature_____
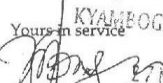
Date _____

Name of student-counselor	Ability to work with others 25%	Commitment to work 25%	Punctuality 25%	Willingness to learn 25%	Total (100%)
1					
2					
3					
4					
5					
6					
7					

Name of student-counselor	Ability to work with others 25%	Commitment to work 25%	Punctuality 25%	Willingness to learn 25%	Total (100%)
8.					
9					
10					
11					
12					
13					

Thank you very much for your continued cooperation

Yours in service

Ali Baguwemu (PhD)
HEAD, PSYCHOLOGY DEPARTMENT

Page 2 of 2

RESEARCH CLEARANCE FROM THE OFFICE OF THE PRESIDENT OF THE REPUBLIC OF UGANDA

THE REPUBLIC OF UGANDA

OFFICE OF THE PRESIDENT

PARLIAMENT BUILDING P.O.BOX 7168 KAMPALA, TELEPHONES: 254881/6. / 343934, 343926, 343943, 233717, 344026, 230048, FAX: 235459/256143
Email: secretary@op.go.ug, Website: www.officeofthepresident.go.ug

ADM 194/213/01

5th September, 2016

The Resident District Commissioner, Kampala District
The Resident District Commissioner, Wakiso District

RESEARCH CLEARANCE

This is to introduce to you Jane Namusoke a Researcher who will be carrying out a research entitled "COUNSELLOR SUPERVISION PRACTICES IN UGANDA" for a period of 3 months in your district.

She has undergone the necessary clearance to carry out the said project.

Please render her the necessary assistance.

By copy of this letter Jane Namusoke is requested to report to the Resident District Commissioners of the above districts before proceeding with the Research.

Musagazi Deogratius
FOR: SECRETARY, OFFICE OF THE PRESIDENT

Copy: Jane Namusoke

DESCRIPTION OF THE COUNSELLING INTERNSHIP SITES SELECTED

To enable the readers to understand the setting where this study was conducted a detailed contextual description of the research sites is provided below.

Table 1: Description of site A

Research site pseudonym [3]	Services offered	Clients seen at the centre	Relationship with educational institutions
Site A is a private hospital located in Wakiso district.	Medical treatment for various ailments, HIV voluntary testing and counselling, drug adherence counselling, bed side counselling for admitted patients. Psychoeducation outreach programmes in schools. Both supervisors are professional counsellors.	HIV patients, other patients admitted with various medical conditions and their caretakers. With help of supervisor A students are also accorded an opportunity to see students in the neighbouring schools.	Site A has no formal collaboration with any educational institution represented in this study.

Table 2: Description of site B

Research site pseudonym	Services offered	Clients seen at the centre	Relationship with educational institutions
Site B Family, child and protection unit at a Police Station in Wakiso District.	Resolution of family related wrangles regarding child care, marital disagreements and property sharing. They also receive abused and abandoned children and help to trace the family or place them in a child care institution. The station does not have professional counsellors.	Couples with marital and other family related problems. Individuals with domestic violence and abuse problems. Abused children and adolescents.	Site B has no collaboration with any of the educational institution represented in this study.

---

[3]The original names of the selected research sites were not used due to the sensitivity of the inquiry instead all the selected research sites were given pseudonyms.

Table 3: Description of site C

Research site pseudonym	Services offered	Clients seen at the centre	Relationship with educational institutions
Site C is a primary health care clinic in Kampala district.	HIV voluntary counselling and testing, family planning, pre-and post-natal psycho education. Supervisor is not a professional counsellor by training.	Clients who want to test for HIV, those who are already HIV positive, those who want to start using family planning and mothers generally.	Site C has no collaboration with any of the educational institution represented in this study.

Table 4: Description of site D

Research site pseudonym	Services offered	Clients seen at the centre	Relationship with educational institutions
Site D is an NGO headquarter located in Kampala district.	Voluntary counselling and testing for HIV, drug adherence counselling and positive living psychoeducation. The organisation has supervisors who have been trained in HIV counselling following a curriculum designed by site D and their certificates are recognised by the UCA.	HIV positive patients newly diagnosed and those on treatment.	Site D has no collaboration with any of the education institutions represented in this study.

DESCRIPTION OF THIS STUDY'S PARTICIPANTS

Table 1: Summary of participants' characteristics at site A

[4]Participant code	Qualification or work experience	Gender	Age
Supervisor A	Senior counsellor at the hospital with training in professional counselling.	Male	45
Intern A1	Intern A is in her third year on a bachelor's degree in guidance and counselling.	Female	23
Intern A2	Intern A2 is in his third year on a bachelor's degree in guidance and counselling.	Male	31

Table 2: Summary of participants' characteristics at site B

Participant code	Qualification or work experience	Gender	Age
Supervisor B	Supervisor B is a trained police officer, has been supervising interns since 2011 and has no training in professional counselling.	Female	48
Intern B	Intern B is in her third year of a bachelor of guidance and counselling.	Female	42

Table 3: Summary of participants' characteristics at site C

Participant code	Qualification or work experience	Gender	Age
Supervisor C	Mentor at the organisation with no training in professional counselling but in basic counselling skills. She has been supervising interns at the centre since 2013.	Female	32
Intern C1	Intern C1 is in second year on a bachelor of guidance and counselling.	Female	21
Intern C2	Intern C2 is in second year bachelor of guidance and counselling	Female	20

---

[4]The original names of all the participants in the study were substituted with codes.

Table 4: Summary of participants' characteristics at site D

Participant code	Qualification or work experience	Gender	Age
Supervisor D	Supervisor D is a social worker and a counsellor at site D with training in HIV/AIDS voluntary counselling and testing. Has been working at site D for over 10 years	Male	45
Intern D1	Intern D1 is a third-year student pursuing a bachelor of guidance and counselling	Female	23
Intern D2	Intern D2 is a third-year student pursuing a bachelor of guidance and counselling.	Female	22

DATA SOURCE CODES

Table 4.1: Data sources and respective codes

Data source	Code
Supervisor Interview	SI
Intern Interview	II
Supervision Document 1 (practicum supervision guidelines to interns)	SD1
Supervision Document 2 (Site supervisors' evaluation form)	SD2
Intern Reflective Journal	IRJ
Researcher Journal	RJ

The Republic of Uganda
Ministry of Health

The Counsellors' Code of Ethics

1ˢᵗ Edition
March, 2009

Uganda-Counselling Association (UCA)
P. O. Box 6782, Kampala – Uganda. | Tel: +256 (0)392 831 139
Email: ugcounselling@yahoo.com | Website: www.ugandacounselling.org/demo

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Number U62/CCU024464.

SCOT
Strengthening HIV Counselor Training

CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION

FOREWORD

Uganda Counselling Association (UCA), The AIDS Support Organisation/Strengthening Counsellor Training in Uganda (TASO/SCOT) and Ministry of Health (MoH) are pleased to provide the Counsellor's code of ethics for Counsellors in Uganda.

This Code of Ethics is meant to clarify to counsellors the nature of ethical responsibilities held common by them and to those whom they serve. It establishes principles that define ethical behaviors and best practices of Counsellors. It also serves as a basis for processing of ethical complaints and inquiries initiated against Counsellors.

This Code of Ethics is meant to guide the Counsellors in training and practice and to protect the welfare of those who seek their services.

The Code of Ethics is to be used by professional Counsellors trained at different levels and categories like HIV/AIDS, marriage, and children, Social Workers, Teachers, Religious and Peer Counsellors at community level.

Counsellors are committed to increasing knowledge of human behaviours and understanding themselves and others. They embrace a cross-cultural approach in support of the worth, dignity, potential and uniqueness of people within their social and cultural context. It is therefore imperative that Counsellors continuously increase their level of knowledge, techniques and understanding through training, workshops and seminars. In addition the Counsellors recognize

the existence of various levels of training, areas of expertise and experiences of members.

This is therefore a legal document and its implementation will have a legal force for all Counsellors at all levels of training and expertise. My final wish therefore is to encourage all Counsellors to secure a copy of this Code of Ethics as it forms a basis for the training and services they offer to the public.

Lallieng

Lois Achleng Ochleng
President, UCA 2008-2010

CONTENTS

ACKNOWLEDGMENTS

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Maureen Kahima	:	UCA/Mbarara University of science and Technology
Anne Assiimwe	:	UCA/Ndejje University/Care Counselling Centre

LIST OF ABBREVIATIONS

ACP	:	AIDS Control Programme
AIDS	:	Acquired Immune Deficiency Syndrome
CDC	:	Centres for Disease Control and Prevention
HIV	:	Human Immuno Virus
NGO	:	Non Government Organisation
SCOT	:	Strengthening HIV Counsellor Training in Uganda
TASO	:	The AIDS Support Organisation
UCA	:	Uganda Counselling Association

Introduction

BACKGROUND TO COUNSELLORS' CODE OF ETHICS

The Code of Ethics provides basic guidelines to guide Counsellors during service provision. Counsellors should use the Code of ethics to handle situations that may seem challenging. This allows the Counsellor to retain a degree of freedom to handle various situations that demand the exercise of sound professional judgment. Counsellors should observe the various issues discussed herein to guide their training and practice.

Purpose of the Code of Ethics

The Code of Ethics serves the following purposes;

I) Set ethical standards in professional counselling training and practice

II) Clarify the duties and responsibilities of professional counsellors in their practice

III) Give an overview of the expected professional conduct of professional counsellors

iv) Provide a framework of handling ethical dilemmas counsellors may experience during their practice

v) Stipulate the guidelines of dealing with other counsellors whose practice may be contrary to the set standards

vi) Remind counsellors to work towards enhancement of the client's growth and development.

Categories of people bound by the code of ethics

The Code of Ethics serves to set ethical standards and regulations to guide the counselling service provision and those involved in counselling service provision in Uganda.

Counselling service provision in Uganda is to be provided by individuals who have undergone training in a counselling professional course at different levels and these will be bound by the Counsellor code of ethics in Uganda.

The different levels of professional training in counselling snail include;

a) Individuals with professional training in counselling at PHD and Master's degree level who shall *be known as Counselling Psychologists*

b) Individuals with professional training in counselling at Bachelor's degree and post graduate diploma level, who shall be known as *Counsellors*

c) Individuals with professional training in counselling at ordinary diploma level, who shall be known as *Counsellors* .

d) Individuals with professional training in counselling at Certificate level in specific aspects like HIV/AIDS, Marriage and domestic affairs, Child counselling, who shall be known as Para *Counsellors*

e) Individuals at community level trained in basic counselling skills and charged with the task of sensitizing communities in specific aspects like HIV/AIDS, Marriage and domestic affairs, Child counselling, who shall be known as Peer *Counsellors*

f) Other professionals practising any form of counselling like Teachers, Social Workers, Religious leaders and Health Practitioners shall be guided by the Counsellor Code of Ethics while practising the counselling profession.

Enforcement of the Code of Ethics

The Uganda Counselling Association (UCA), an association of professional Counsellors in Uganda shall be the mandated body to oversee adherence to the code of ethics by all practising counsellors.

Uganda Counselling Association shall be responsible for:
a) Monitoring adherence to the code of ethics
b) Certifying Counsellors in practice
c) Discipline any counsellor who contravenes the code of ethics
d) Supporting the counsellors to adhere to the code
All these should be within the social-cultural context of the counselling environment in Uganda

Uganda Counselling Association (UCA)

The Uganda Counselling Association's (UCA) mission is to promote ethical and competent counselling through regulating the counselling practice, providing a forum for networking and ensuring professional development of Counsellors and the counselling.

UCA is a 'Not-for-profit membership' organisation registered in 2002 as a non-government organisation. UCA provides professional growth to counsellors, advocates for over 500 members from all over Uganda. UCA offers continuing education to its members, publishes counselling materials, sets counselling training standards and regulates quality professional counselling practice in Uganda.

Vision:

Quality professional Counselling training and practice in Uganda.

Mission:

UCA promotes quality professional counselling through regulating the training and practice, providing a forum for networking and ensuring professional development of the Counsellors and counselling.

Membership:

Membership to UCA includes Professional Counsellors trained at different levels, Counselling Students, Counsellor Trainers and support counsellors in specialised categories like HIV/AIDS, Marriage and Children, and Peer Counsellors.

For one to become a member of UCA, he/she should fall among any of the above mentioned levels in counselling and should have paid membership fee. Membership fee is to be determined by the UCA executive board and this can change from time to time as the board deems it necessary.

Annual subscription:

All members of Uganda Counselling Association are expected to renew their annual subscription to be eligible for election (to vote or to be voted in office positions within UCA) during the AGM.

THE CODE OF ETHICS

The Counsellors' Code of Ethics is made up of the following sections:

Section A:

THE COUNSELLOR-CLIENT PROFESSIONAL RELATIONSHIP

The counselling service provision is based on a professional relationship between the counsellor and the individual or people in need of counselling service, who shall be known as clients.

For that note a professional Counsellor-Client relationship should be guided in the following aspects;

1.0 Client Autonomy

1.1 The Counsellor should endeavour to promote the client's control over their own lives, and respect the client's ability to make decisions and change in the light of their own beliefs and values.

1.2 The Counsellor should encourage the client to choose, without persuasion, whether or not to enter into counselling.

1.3 The Counsellor should not act on behalf of the client unless there are sound reasons for doing so.

2.0 Client Welfare

2.1 Counselling is a non-exploitative activity based on integrity, impartiality, respect and trust, whether the counselling is voluntary or paid for.

2.2 The Counsellor must guard the Individual's rights, dignity and integrity, whether the client is counselled Individually or In a group.

2.3 The Counsellor must respect the client by not engaging in activities that meet the Counsellor's personal needs at the expense of the client. Sexual harassment, unfairness, discrimination, stigmatisation and derogatory remarks must be avoided.

2.4 The Counsellor must ensure a safe environment during a counselling session.

2.5 Counsellors should take reasonable steps not to harm their clients and others with whom they work, and to minimise harm where it is foreseeable and unavoidable.

2.6 Counsellors should endeavour to understand their client's cultures/social orientation and provide services that are sensitive to the client's cultures and differences among people and cultural groups.

3.0 Informed Consent

3.1 Clients have the freedom to choose whether to enter into or remain in a counselling relationship and need adequate information about the counselling process and the Counsellor. Counsellors must review in writing and verbally with clients the rights and responsibilities of both the counsellor and the client. Informed consent is a part of the counselling process, and counsellors appropriately document discussions of Informed consent throughout the counselling relationship. However, In situations where counselling is deemed to be in the best

interest of the client, for example, mandatory or by law, the informed consent may not apply.

3.2 When counselling is ongoing, counsellors should inform clients of the procedures, potential risks and benefits of the service to be performed.

3.3 Clients must give permission before taking a psychological test or participating in a research study.

4.0 Personal Values

4.1 Counsellors should be aware of their values, beliefs and behaviour which may differ from those of their clients and how these apply in a diverse society.

4.2 Counsellors should avoid being a missionary for a particular value, belief and behaviour, and there after influence their clients to the very values and beliefs.

4.3 A Counsellor should be competent enough to recognise how one's values and beliefs may promote good health of the other.

5.0 Multiple Relationships

5.1 A counsellor should refrain from entering into multiple relationships with a client because multiple relationships could impair the counsellor's objectivity, competence, or effectiveness in performing his or her duties as a Counsellor, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

5.2 Multiple relationships occur when a counsellor in a professional counselling relationship with a client, engages in another relationship with the client at the same time before termination of the counselling relationship. Such relations occurs when a Counselor:

- Is in another role with the same person,

- Is in a relationship with a person closely associated with or related to the person with whom the counsellor has the professional relationship, or

- Promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

5.3 Counsellors should not have any type of sexual intimacy with clients and should not counsel persons with whom they had or are currently having a sexual relationship.

5.4 Sexual or romantic interactions between a counsellor and a client or client's relative, sexual partner or former partner or their family members are prohibited during the time when the counsellor is in a professional contact with a client.

5.5 A counsellor can only engage in sexual or romantic interactions or relationships with clients or client family members after two years of termination of the professional contact with a client or after two years following the last professional contact with that client.

6.0 Terminating Counselling

6.1 In case a Counsellor is anticipating termination or interruption of services, the client(s) should be notified.

6.2 Counsellors terminate counselling when it becomes clear that the client no longer needs the service, is not likely to benefit, or is being harmed by continuing the service.

6.3 Counsellors may terminate counselling when threatened or otherwise endangered by the client or another person with whom the client has a relationship.

Section B:

CONFIDENTIALITY

The primary obligation of a counsellor is to keep all information obtained from clients as confidential. Confidentiality provides the client with safety and privacy. However counsellors should recognise the extent and limits of confidentiality which limits should be regulated by law or institutional rules that govern the counselling professional relationship.

1.0 Maintaining Confidentiality

1.1 The Counsellor should treat all information informed, obtained, provided or heard from the client during the counselling relationship as confidential. In group counselling, the Counsellor should do everything in his or her power to encourage group members to maintain confidentiality.

1.2 The Counsellor must communicate clearly the extent of confidentiality they are offering to clients. Confidentiality should be made clear in the pre-counselling information of initial contracting.

1.3 During counselling professional relationship, the counsellor should work within the agreed confidentiality agreement with the client. Confidentiality agreement with the client can be changed or amended but the client should be notified about the change.

1.4   Information obtained from clients shall remain confidential even after the client's death unless there are overriding legal or ethical considerations.

1.5   The Counsellor must not disclose any information about the client to colleagues or third parties without seeking client's consent. Where a Counsellor trainee or supervisee is involved, the Counsellor supervisor becomes bound by the issue of confidentiality.

1.6   The Counsellor must treat with confidence personal information about clients whether obtained directly or indirectly. It is good practice to avoid identifying specific clients during counselling supervision, consultative support and other consultations, unless there are sound reasons for doing so.

2.0   Breach of confidentiality

The decision to break confidentiality agreed between a counsellor and client should be made only after thorough consultation with a counselling supervisor or an experienced Counsellor.

2.1   Counsellors should not disclose clients' confidential information or institution information in their writings, lectures or any other public media. Exceptional cases under which client's confidential information can be published include the following:
- If the counsellor takes reasonable steps to disguise the client or institution in question
- If the client or institution has consented in writing to

have the information published
- If there is legal authorization for doing so

2.2   The Counsellor may break confidentiality agreement with the client under the following circumstances:

- If the client is planning to cause serious physical harm to him/herself or to other persons, or have harm caused to him/her

- If the client is no longer able to take responsibility for his/her own decision and actions.

2.3   When consulting with professional colleagues:

- Counsellors should not disclose confidential information that could lead to the identification of a client or organisation with whom they hey have a confidential counselling relationship unless they have obtained prior consent from the client or organisation or if disclosure cannot be avoided.

- Counsellors should only disclose information that is necessary to achieve the purposes of the consultation.

Section C:

COUNSELLOR COMPETENCE AND PROFESSIONAL RESPONSIBILITY

Counsellors should provide professional services within the boundaries of their competence based on their educational training, consultation and professional experience.

1.0 Counsellor Competence

1.1 The Counsellor should continuously seek professional training, supervision and consultative support for career growth and development.

1.2 The Counsellor should work within his/her limits of competence and be willing to make referrals whenever necessary. It is the Counsellor's responsibility to ensure that clients are referred to a competent helper.

1.3 Counsellors who wish to improve their competence and skills should work within the supervision of someone with higher academic qualifications and experience.

1.4 Counsellors should refrain from initiating counselling services when there is a substantial likelihood that their personal problems will prevent them from performing their duties in a competent manner. Counsellors should not offer professional services when their physical or psychological problems are likely to harm a client.

1.5 When a Counsellor becomes aware of any personal problems that may interfere with their professional duties, they should seek professional consultation or assistance from fellow professionals so that they determine whether they should limit, suspend or terminate their services.

2.0 Professional responsibility

2.1 Counsellors should not claim false academic qualifications exceeding those they actually possess.

2.2 In situations of false academic representations within the counselling professional, Counsellors should always correct any misrepresentations of their academic qualifications and titles.

2.3 The counsellor has a responsibility to maintain his/her effectiveness, commitment and ability to help clients within the counselling professional.

2.4 Counsellors should not engage in activities that may undermine public confidence of the counselling profession.

2.5 Counsellors should appropriately use professional counselling skills and techniques within the context of the Code of Ethics.

2.6 Counsellors should dress appropriately while observing the norms of different groups. Counsellors should always maintain a neat appearance and avoid distracting mannerism during counselling session.

2.7 Counsellors should not attend to clients when their functioning is impaired due to emotional disturbance, illness, drug or alcohol intoxication.

2.8 Counsellors should inform their clients the nature of counselling services offered and contractual obligations, such as timing, duration and confidentiality.

2.9 When Counsellors are to provide advice or comment on any issue to the public as a professional counsellor, they should take precautions to ensure that the statements they provide are;

- Based on their professional knowledge, training or experience in accordance to appropriate counselling professional

- Consistent with this Code of Ethics

- The recipients of the information are not encouraged to infer that a professional counselling relationship has been established

3.0 Record Keeping;

3.1 Counsellors should take reasonable steps to ensure that they maintain appropriate and proper documentation during counselling service provision.

3.2 Counsellors should maintain sufficient and updated records during service delivery to ensure continuity of services provided to clients in the future.

3.3 Counsellor's documentations should be safely kept to maintain confidentiality of client's information.

3.4 Counsellors should store records following the termination of service to ensure a reasonable future access. Records should be maintained for the number of years required by National statutes or relevant contracts.

4. 0 Professional Fees;

4.1 Counselling is not a free service and Counsellors can ask clients to pay professional fees equality to the services they are to provide or as stipulated in counselling contract between the Counsellor and the client.

4.2 As part of the counselling contract, Counsellors should reach an agreement with their clients on the professional fees to De paid for the services provided, billing arrangements and duration of counselling sessions.

4.3 Counsellors should ask for realistic and affordable fees to avoid exploitation of their clients. This should be in line with the professional fee guidelines of the Uganda Counselling Association.

4.4 Counsellors contracted by institutions, organisations, schools, government agencies or any other form of contract to provide counselling services for which they are paid should not charge clients for counselling services provided by the contract.

4.5 If Counsellors intend to take legal action as a measure to demand fees for counselling services, such an action should be discussed with the client before legal actions are taken.

4.6 All Counsellors are encouraged to do pro bono work (offer free services) as part of social responsibility. In cases of pro bono work, clients should be informed at counselling contract stages.

Section D:

NETWORKING AND REFERRAL

1.1 Counselling service provision involves networking with other services in the community in order to support the client. Such services may be social, religious, medical or any other as deemed necessarily by the Counsellor.

1.2 In situations of sufficient means to support the client, Counsellors should refer clients to another Counsellor or other Social services with the ability to support the client.

1.3 Counsellors should not charge clients for referrals made unless agreed upon in the counselling contract established with the client.

1.4 Referral should be made in writing to colleagues or other professionals including a brief report on the case.

Section E:

COUNSELLOR TRAINING AND SUPERVISION

Counselling involves professional training, mentoring and supervision in accordance to the stipulated guidelines of the Uganda Counselling Association.

Counsellor Training programmes should be accredited by the Uganda Counselling Association and Counsellor Trainers, Mentors and Supervisors be certified by the Uganda Counselling Association.

1.0 Counsellor Training

1.1   Counsellor Training Institutions and Programmes should be recommended by the Uganda Counselling Association and approved by the relevant authorities.

1.2   Counsellor Training Institutions should take reasonable steps to ensure that the Counselling programmes are designed to provide the appropriate knowledge and practicum experiences.

1.3   In professional counselling, hands-on practice (practicum) plays a big role in supporting Counsellor Trainees to transform the theoretical knowledge into practice, and the following have been set as standard durations for practicum:

   a)   At Master's level in Counselling, Trainees should do practicum of not less than 360 hours.

b) At Post graduate level and Bachelor's level in Counselling, Trainees should do practicum of not less than 160 hours.

c) At Diploma level in Counselling, Trainees should do practicum of not less than 100 hours.

d) At Certificate level in Counselling, Trainees should do practicum of not less than 100 hours.

1.4 Counsellor Training Institutions should use qualified and experienced trainers in counselling to teach/train in counselling programmes.

2.0 Counsellor Supervision and Mentoring

2.1 Counsellor Supervisors and Mentors should be well conversant with the counselling professional conduct and act in accordance to the Counsellor Code of Ethics.

2.2 All practicing Counsellors should receive ongoing supervision and support from qualified and certified Counsellor Supervisors.

2.3 Counsellor trainees should receive appropriate supervision during their practicum to qualify as Counsellors.

Section F:

COUNSELLING FIRMS AND INDIVIDUALS IN PRIVATE PRACTICE

L.1 Uganda Counselling Association has the responsibility to oversee and regulate the functioning and practices of counselling firms and individual counsellors in private practice.

L.2 Private counselling firms and individuals are required to register with the Uganda Counselling Association and get a Licence to operate.

L.3 A professional counselling firm should be operated by a Counsellor certified by the Uganda Counselling Association with a minimum qualification of a degree in counselling.

L.4 Individual Counsellors in private practise should operate under the supervision of a certified Counselling Psychologist for a period of two years.

Section G:

RESEARCH AND PUBLICATION IN COUNSELLING

1.1 Research Counsellors and Institutions conducting any form of research in counselling should ensure that the research is conducted in regard to ethical principles regarding consent, dignity and welfare of the participants.

1.2 Research practices which deviate from the counselling practice should be referred to appropriate professionals for advice. Such research practices should however still be conducted in regard to ethical principles.

1.3 Confidentiality in research should be emphasised, in situations of access to such information by a third party as possibilities should be made aware to the participants before consenting participation to the study.

1.4 Research Counsellors and Institutions should protect participants from any form of danger during the research; physical or psychological discomfort, harm or danger. If risk of such consequences exists, research counsellors and Institutions are required to inform participants before consenting to the research and take all possible measures to minimize the occurrence of such dangers.

1.5 Research counsellors and Institutions should give sponsoring agencies, host institutions, and publication channels the same respect and opportunity for informed consent that they accord to individual research participants.

1.6 Research counsellors and institutions should be aware of their obligation to future research workers and ensures that host institutions are given feedback information and proper acknowledgement.

1.7 In research and publication, the research counsellor should be open and honest to the participants of the research in the following aspect:

a) The researcher should clearly explain to participants all aspects of the research that might be expected to influence willingness to participate and let the participants willing consent to participate in the research.

b) The researcher should not use money or any other form of facilitation to entice participants consent to participating in the research.

c) Before data collection for any research, the researcher should seek full consent from the participants and they should explain all the details of the study.

d) Research counsellors and institutions should inform participants of their freedom to withdrawal from the research any time they free like,

e) In situations of publication of research findings, confidentiality of participant's identity, dignity and values should be maintained.

Section H:

RESOLVING ETHICAL ISSUES

The counselling profession is regulated by this Counsellor's Code of Ethics and Counsellors are mandated to abide by it.

In cases of violation of the counsellor code of ethics, the following steps will be taken to resolve the ethical issues.

1.0 Abuse of the counselling profession

1.1 When Counsellors have reason to believe that another Counsellor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the other Counsellor if feasible; provided such action does not violate confidentiality rights that may be involved.

1.2 If an apparent violation has substantially harmed or is likely to substantially harm a person or organisation and is not appropriate for informal resolution or is not resolved properly, the matter should be reported to Uganda Counselling Association board for action within three weeks.

1.3 The following steps should be taken by Uganda Counselling Association board to resolve the situation:

a) The Uganda Counselling Association board should investigate the matter within a month, upon receipt of report of abuse of the counselling profession. Individual counsellors said to have violated the code of ethics and

the counselling profession will be granted a fair hearing to allegations against him or her.

b) Upon hearing from the accused counsellor, the Uganda Counselling Association (UCA) board will make a decision in writing within one month from the formal hearing.

c) In circumstances where a Counsellor is found guilty to violating the code of ethics and the counselling professional, a letter of suspension will be given to the counsellor and copied to the appropriate stakeholders.

d) Where violation of code of ethics and the counselling professional is beyond mention such as cases of defilement, rape, manipulation of clients for personal gain or coercion of the client into an unwanted relationship or partnership, the Counsellor will be banned from practising counselling in Uganda.

e) In cases of ethical violations, all the membership will be informed of the suspension to avoid any future referrals to the said Counsellor. In case of the private practice, the certificate of licensure will be revoked and the identity of the practitioners published in the local media.

2.0 Conflicts between the Counsellors' Code of Ethics and the legal laws and regulations in Uganda

2.1 In circumstances where the counsellor code of ethics conflicts with the legal laws and regulations, it is the responsibility of the Uganda Counselling Association board to ensure adherence

to the Code of Ethics but also take steps to resolve the conflict.

2.2 In case the conflict is irresolvable the Uganda Counselling Association board should inform counsellors to adhere to the requirements of the law, regulations or other governing legal authority.

3.0 Conflicts between the Counsellor code of ethics and organisational demands

3.1 In situations where the counsellor code of ethics conflict with the organisational demands in which Counsellors are employed, Counsellors should clarify the nature of the conflict and suggests to the organization possible ways of resolving such conflicts without violating the code of ethics.

3.2 If all possible avenues to resolve the conflict fail, Counsellors should report the matter to Uganda Counselling Association.

Section I

USE OF ASSESSMENT TESTS IN COUNSELLING

Assessment in counseling includes interviewing clients, administering tests, techniques or instruments in a manner and for purposes that are appropriate in light of the presenting challenges for the client.

In utilization of assessment techniques, Counsellor should adapt a technique in their area of competence that covers test selection, test administration, test interpretation and test reporting or releasing test results.

1.0 Tests selection

1.1 In choosing a particular test, Counsellors should ascertain that there is sufficient evidence in the test manual of its applicability in measuring a certain trait or construct. The manual should explicitly state the purposes and applications for which the test is intended, and provide reliability and validity data about the test. The manual should furthermore identify the qualifications necessary to properly administer and interpret the test.

1.2 In selecting a particular combination of tests, Counsellors need to be able to justify the logic of those choices.

1.3 Counsellors should employ only those tests for which they judge themselves competent by training, education or experience. In familiarising themselves with new tests, Counsellors should

thoroughly read the manual and seek workshops, supervision or other forms of training.

1.4 Counsellors should avoid using outdated or obsolete tests and strive to remain current regarding test publication and revision.

1.5 Tests selected for individual testing must be appropriate for that individual in that appropriate norms exist for variables such as age, gender and tribe. The test form must fit the client. If the test must be used in the absence of available information regarding the above sub samples, the limitations of generality should be duly noted.

2.0 Test administration

2.1 Counsellors should faithfully follow instructions for administration of a test in order to ensure standardisation. Failure to consistently follow test instructions will result in the test error and incorrect estimates of the trait or behaviour being measured.

2.2 Tests should only be employed in appropriate professional settings or as recommended by instructors or supervisors for training purposes. It is best to avoid giving tests to relatives, close friends or business associates in that doing so constructs a dual professional\personal relationship, which is to be avoided.

2.3 Counsellors should provide the test taker with appropriate information regarding the reason for assessment, the approximate length of time required and to whom the report

will be distributed. Issues of confidentiality must be addressed and the client must be given the opportunity to ask questions of the examiner prior to beginning the procedure.

2.4 Care should be taken to provide an appropriate assessment environment in regard to temperature, privacy, comfort and freedom from distractions.

2.5 Information should be solicited regarding any possible handicaps, such as problems with visual or auditory acuity, limitations of hand\eye coordination, illness or other factors. If the disabilities cannot be accommodated effectively, the test may need to be postponed or the limitations of applicability of the test results noted in the test report.

2.6 Professionals who supervise others should ensure that their trainees have sufficient knowledge and experience before utilising the tests for clinical purposes.

2.7 Counsellors must be able to document appropriate education, training and experience in areas of assessment they perform.

3.0 Test Interpretation

3.1 Interpretation of test or test battery results should be based on multiple sources of convergent data and an understanding of the tests' foundations and limits.

3.2 Counsellors must be careful not to make conclusions unless empirical evidence is present to justify the statement. If

such evidence is lacking, one should not make diagnostic or prognostic formulations.

3.3 Interpretation of test results should take into account the many qualitative influences on test-taking behaviour, such as health, energy, motivation, and the like. Description and analysis of alternative explanations should be provided with the interpretations.

One should not make firm conclusions in the absence of published information that establishes a satisfactory degree of test validity, particularly predictive validity.

3.4 Multicultural factors must be considered in test interpretation and diagnosis, and formulation of prognosis and treatment recommendations.

3.5 Counsellors should avoid biased or incorrect interpretation by assuring that the test norms reference the population taking the test.

3.6 Counsellors are responsible for evaluating of computer software interpretations of test data. Counsellors should obtain information regarding validity of computerized test interpretation before utilizing such an approach.

3.7 Supervisors should ensure that their supervisees have had adequate training in interpretation before entrusting them to evaluate tests in a semi-autonomous fashion.

3.8 Any individual or organization offering test scoring or interpretation services must be able to demonstrate that their programs are based on sufficient and appropriate research to establish the validity of the programs and procedures used in arriving at interpretations. The public offering of an automated

test interpretation service will be considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but his or her ultimate and overriding responsibility is to the client.

3.9 Counsellors who have the responsibility for making decisions about clients or policies based on test results should have a thorough understanding of counselling theory, assessment techniques, and test research.

3.10 Counsellors shall not represent computerized tests and interpretations as their own and they should clearly designate such computerized results.

4.0 Test Reporting

4.1 Counsellors should write reports in a clear fashion, avoiding excessive jargon or clinical terms that are likely to confuse the lay reader.

4.2 Counsellors should strive to provide test results in as positive and non-judgmental manner as possible.

4.3 Mindful that one's report reflects on the reputation of oneself and one's profession, reports are carefully proof read so as to be free of spelling, style, and grammatical errors as much as possible.

4.4 Clients should be clearly informed about who will be allowed to review the report and, in the absence of a valid court order, must sign appropriate releases of information permitting such release. Counsellors must not release the report or findings in the absence of the aforementioned releases or order.

4.5 Counsellors are responsible for ensuring the confidentiality and security of test reports, test data, and test materials.

4.6 Counsellors must offer the client the opportunity to receive feedback about the test results, interpretations, and the range of error for such data.

4.7 Transmissions of test data or test reports by fax or e-mail must be carried out in a secure manner, with guarantees that the receiving device is capable of providing a confidential transmission only to the party who has been permitted to receive the document.

4.8 Counsellors should train their staff to respect the confidentiality of test reports in the context of typing, filling, or mailing them.

4.9 Counsellors (or staff members) do not release a psychological evaluation by request unless accompanied by a specific release of information or a valid court order. A subpoena is insufficient to release a report. In such a case, the counsellor must inform his/her client of the situation and, if the client refuses release, coordinate between the client's attorney and the requesting attorney so as to protect client confidentiality and one's own legal welfare.

GLOSSARY

Counselling
The professional process of utilising psychological skills, techniques and/or theories in a private setting to help an individual cope with life challenges

Counsellor
A trained and qualified individual in counselling

Counsellor training
Instruction and practice of counselling skills within counselling programmes accredited by a professional body such as Uganda Counselling Association

Counsellor practice
A set of professional counselling activities carried out by a trained and qualified counsellor.

Counsellor trainee
An individual undergoing training in counselling.

Supervisee
A professional counsellor whose counselling work or skill development is being overseen in a formal supervisory relationship by a qualified, trained and certified counselling professional

Confidentiality
A counsellor's obligation not to share information obtained in a counselling relationship without the consent of the client or without legal or ethical justification

Client
An individual who has established a counselling relationship with the professional counsellor to overcome or cope with challenges

Informed Consent

The ethical requirement of the counsellor to seek verbal or written approval from the client to participate in the counselling process.

Referral

A recommendation or transfer of a client to another counsellor or professional for purposes of accessing appropriate services

Ethics

Moral principles adopted by an individual or group of people to provide rules for the right conduct.

Code of ethics

Written laws or collection of principles, rules, or regulations considered to be morally binding upon the individual as a member of a particular profession.

Counselling psychologist

A trained and qualified counsellor to a masters or doctorate degree in counselling

Certified member

A trained and qualified counsellor who has satisfied the requirements of a professional counselling body like Uganda Counselling Association

Counsellor supervision

An enhancing process of gaining proper experience in counselling and maintaining professional and ethical guidelines

Mentor Supervisor

A qualified professional counsellor responsible for guiding counsellor trainees through practicum/internship

Counsellor supervisor

A trained, qualified and certified counselling professional who guides and supports other counsellors in their practice

Accreditation and Certification Guidelines for Counselling in Uganda

1st Edition

Uganda Counselling Association

March 2010
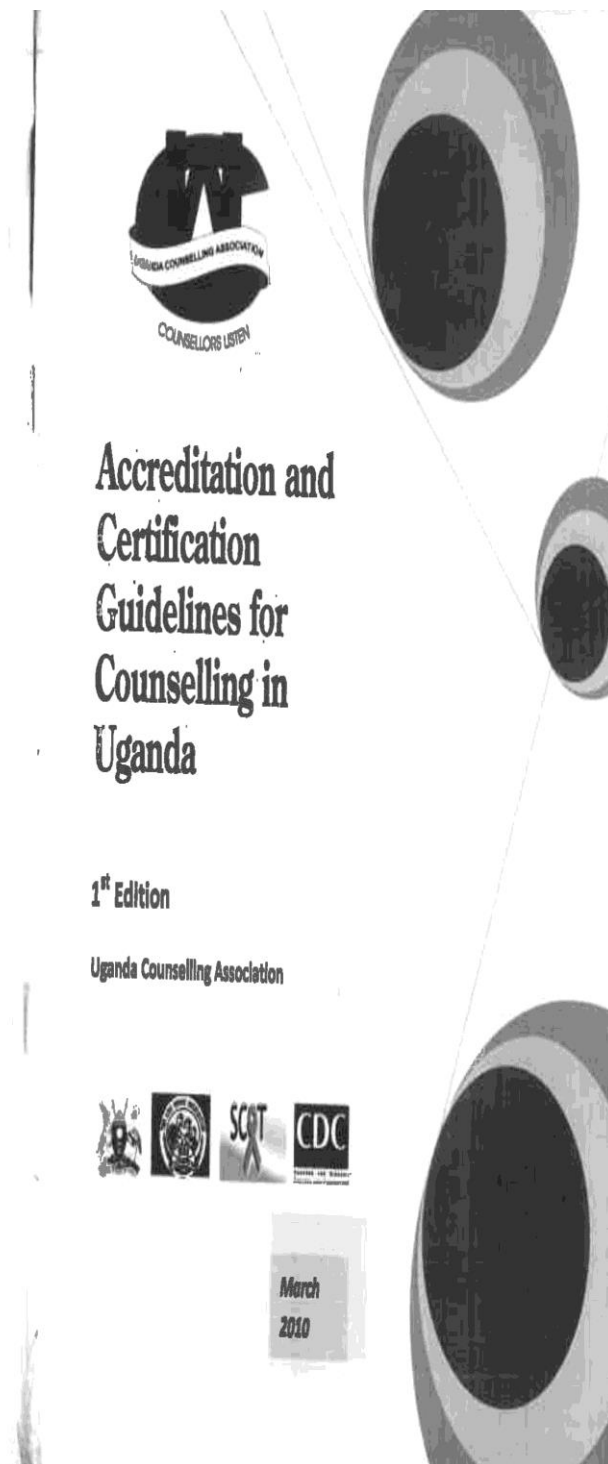
FOREWORD

The counsellor training and practice is growing rapidly in Uganda and there is need to develop guidelines for accreditation and certification. Accreditation of counsellor training programs by professional organizations is common in most professionals around the world. The process which a professional organization goes through to set up standards for training professionals and evaluate training institutions is called accreditation. The training institutions or programs that meet or exceed the standards are accredited. In addition, students who graduate from accredited institutions may receive benefits not given to graduates of unaccredited institutions. They may be exempt from certain certification or licensure requirements, and may be more employable.

UCA has developed an accreditation procedure and guideline for counselor education programs. This accreditation shall be regulated by UCA to evaluate school counselling, employee or worker counselling, community counselling, HIV and AIDS counselling and the student staff programs at the certificate, diploma, master's degree and doctoral levels in education programs.

The accreditation and certification are linked and UCA as a professional body determines the standards, procedures and guidelines for both. Certification is voluntary for counsellors in practice. Certification is easier to attain for students who are graduates of an accredited program. Certification assists and encourages counselling service facilities to meet high professional standards, informing the public about competent and reliable services and fostering communications among counselling services operating in a variety of setting.

For a counselling practioner to be considered professional, they need to be a member of a professional organization such as UCA, be a graduate of an accredited program, be licensed or certified and also work in an approved counselling center or agency. In order to maintain certification, counsellors shall be required to have units in continuing education. The units can be earned by attending professional seminars, conferences, workshops and short time training. These enable counsellors to keep up with the most current developments in the field of counselling.

I therefore encourage all those who are planning to make career out of counselling to enroll in accredited training institutions or programmes and after training to be certified before practice.

Lois Ochieng

U.CA President, 2008/10

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ABBREVIATIONS

LIST OF ABBREVIATIONS

- AIDS   :   Acquired Immunodeficiency Syndrome

- ART   :   Anti Retroviral Therapy

- CDC   :   Centre for Disease Control and Prevention

- HBHCT   :   Home Based HIV Counselling and Testing

- HCT   :   HIV Counselling and Testing

- HIV   :   Human immunodeficiency Virus

- NGO   :   Non-government organization

- PMTCT.   Prevention of Mother to Child Transmission of HIV

- SCOT   Strengthening HIV counsellor Training

- TASO   The AIDS Support Organization

- UCA   :   Uganda Counselling Association

- VCT   :   Voluntary Counselling and Testing

1.0 Introduction

1.1 Background:

Uganda Counselling Association (UCA) is a Non-governmental Organization (NGO) that brings together professional counsellors. As a professional body, UCA regulates training and practice of professional Counsellors in Uganda.

Description of UCA: It is a Not-for-Profit Membership Organisation registered as a non-government organization with the NGO Board in Uganda since 2004. Membership is open to all professionally trained counsellors, counselling students, counsellor educators, supervisors, student service workers, and supporters of counselling. UCA has a registered membership of over 600. Members agree to abide by the UCA Code of Ethics and Standards of Practice.

Titles of Counsellors: Individuals who are assisting with the psychosocial needs of people within society, but who do not qualify to be called counsellor or counselling psychologist, are called Para- Counsellors; Individuals who have completed a formal diploma or Bachelors degree programme with: course units, case supervision, personal counselling hours and a practicum of a minimum of 180 hours are called Counsellors. Individuals, who have completed a Masters level course of study, including case supervision and a practicum of minimum of 360 hours, are known as a Counselling Psychologists.

Why UCA was formed: The initial reasons for people associating and forming the organisation were:

a) To ensure high level competence, holistic services, ethical standards, standardization and regulation of counseling practice countrywide.

b) To provide avenue for learning, recognition, acquisition of professional qualification in counselling, independence/self governance and professional exposure.

To date, UCA has over 600 registered individual and 14 corporate members, including institutions of higher learning, private counseling firms, HIV and AIDS service organizations, and government departments.

1.2 Justification

Counselling is a growing practice in Uganda, and this has attracted many training institutions and practitioners. Currently in Uganda, at least 20 institutions of higher learning are offering counsellor training programmes at different levels. In the absence of well structured standards, the profession risks having practitioners who do not meet professional requirements. In line with its obligation to regulate the training and practice of counselling in Uganda, UCA seeks to develop the guidelines and procedures for accrediting counsellor training institutions and programmes.

It shall also facilitate the process of certifying individual practitioners and regulating counselling practice. Currently the bulk of counselling work is being performed by counsellors who were trained by NGOs. These organisations include TASO, Mildmay, AIC, JCRC among others. In the last three years, TASO alone has trained 2,177 for the year 2006, 2,359 for 2007 and 2,486 for 2008 Para Counsellors.

Many of these trainings were a response to the immense need for counselling services that was made more urgent by the HIV and AIDS pandemic. It is important therefore for UCA to provide a framework for the continued and professional development of these counsellors. The provision for different levels of training that is certificate, diploma, bachelors and masters provides room for those that seek to advance in counselling profession.

Furthermore, an increasing number of universities are taking up counsellor training at different levels. Many of these universities are following their own curricula which may not strictly meet the minimum standards of the counselling profession.

An increasing number of employers are asking for professional counsellors in HIV and AIDS. There is therefore a need to standardise counsellor training and practice in the country.

1.3 Purpose of Accreditation and Certification guidelines

Whereas counsellor training and practice is rapidly growing in Uganda, the absence of training and practice guidelines makes this rapid growth difficult to regulate. In the absence of these, counsellor training remains inadequate which impacts on the quality of services delivered by these counsellors.

Therefore, the accreditation and certification guidelines shall form a framework that shall guide counsellor training and practice in Uganda. These guidelines shall also be used by UCA to regulate counsellor training.

1.4 Definition of Terms:

1.4.1 Accreditation: Refers to the process of formal recognition of a training institution attesting to the required ability and performance in an area of education, training and practice. Accreditation accords counsellor training institutions the capacity to award professional qualifications in counselling formally recognized by UCA.

Institutions seeking accreditation by UCA shall be first assessed on the basis of specific guidelines set out by UCA Accreditation Committee.

1.4.2 Certification: Refers to the process through which UCA grants recognition to an individual that completed formal training in counselling. Certification allows the individual practitioner to practice counselling in Uganda.

1.4.3 Counselling: Counselling is a therapeutic and growth process through which individuals are helped to define goals, make decisions, and resolve problems related

to personal, social, educational, health and psychosocial concerns. It is an interaction in which the counselor offers another person the time, attention and respect necessary to explore, discover and clarify ways of living more resourcefully. The aim of counselling is to enhance the client's personal growth and ability to cope with his/her presenting concerns to enable him/her to live a more resourceful and satisfying life.

1.4.4 Guidelines: This refers to rules or guiding procedures for determining a course of action.

1.4.5 Course Unit: A course unit is made up of 15 hours of teaching.

1.4.6 Semester: This refers to a period of academic study. An academic year is made of two semesters of 17 weeks each.

1.4.7 Practicum: This refers to supervised practice. It involves placing counselling students into a real life setting that allows them to practice their counselling skills under the supervision of an experienced counselor.

P U R P O S E

2.0 Purpose

The purposes of these guidelines are:

a) Stipulate the minimum standards or core themes that constitute the components of the different levels of counselor training

b) Set standards for the institutions that are seeking to provide counsellor training.

c) Provide framework for the counselling practice in Uganda.

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3.0   Procedure for accreditation

a) Accreditation shall be granted to institutions that seek to provide or are providing counsellor-training programs

b) The institution that is seeking for accreditation shall apply to UCA

c) Upon receipt of the request, UCA board shall study the application to ensure that the applicant meets the minimum standards

d) An accreditation committee shall visit this institution to assess its infrastructure, human resource, and training materials

e) The accreditation committee shall report back to the board their findings for appropriate decisions

3.1   Levels of accreditation

a) Probation Accreditation

b) Full Accreditation

c) Renewal of Accreditation

    i.   Probation accreditation shall be for two years

    ii. Full accreditation shall be for five years

    iii. Renewal of accreditation shall be upon expiry of probation or full accreditation

The Accreditation Committee shall develop tools for accreditation.

3.2   Accreditation of training programs

UCA recognizes the following levels in counsellor training:

a) Certificate

b) Diploma

c) Bachelors degree

d) Post graduate diploma

e) Masters degree

f) Doctorate degree

C E R T I F I C A T I O N

4.0 Guidelines for certification of individual counsellors

The levels of certification shall be:

a) Para counsellors

b) Counsellors

c) Counselling psychologists

4.1 Para counsellors: Individuals who provide counselling services to those in need, but have not attained the level of counsellor or counselling psychologist, shall be referred to as Para-counsellors.

4.2 Counsellors: Individuals who have completed a formal diploma or bachelor's degree in counselling shall be referred to as Counsellors.

4.3 Counselling Psychologists: Individuals, who have completed a Masters degree in counselling and above shall be referred to as Counselling Psychologists.

For a counsellor to be recognized and certified by UCA, the following standards shall have to be met:

a) The individual who has completed a certificate, diploma, degree, masters or doctorate in counselling qualify for certification by UCA

b) The individual shall apply for certification from UCA

c) The applicant shall be required to sit for an examination for certification

d) The individual who satisfactorily completes this process shall be granted a three year renewable certificate of practice that shall allow him/her to practice counselling in Uganda

e) The certificate of practice may be revoked upon breach of the professional ethics as stipulated in the counsellors' code of ethics.

5.0 Core courses for different levels of training

General introduction to the courses including practicum

5.1. Certificate in HIV and AIDS counselling

Preamble

This programme provides an opportunity to those individuals who have undertaken basic training in HIV and AIDS counselling. It provides a foundation for those who seek further professional development. This course shall last for one academic year and applicants with a minimum of "O" level and demonstrated experience in counselling shall be eligible.

Course units

1. Knowledge on HIV and AIDS

To equip students with factual information on HIV and AIDS for them to ably or effectively dispel myths and misconceptions.

2. Introduction to HIV & AIDS Counselling

This course is intended to provide students with knowledge of HIV & AIDS counselling, its evolution, and current state and emerging issues. It focuses at helping students clarify their values and the relevance of the course to their career aspirations

3. Introduction to Human Growth and Development

This course seeks to equip students with knowledge of human growth and development as an individual interacts with genetics and the environment in the process of maturation and to understand the different theories that explain human development

4. Typology –Tools for self-awareness

This course is intended to equip students with skills for self awareness and, self reflection so as to be able to identify their limitations and strength for further growth.

5. Selected models of counseling

This course orients students on the models of counselling to form a basis for counselling practice. Models in this context refer to general theoretical frameworks like psychoanalytic, cognitive, behavioral or humanistic theoretical framework.

6. Ethical and Professional Issues in Counselling

To generate an understanding of the regulations guiding the counselling service, and the implications of not observing the ethical principles .

7. Workshop 1: The counselling process, skills and techniques

Provide students with practical skills and techniques that shall be used in the counselling intervention

8. Spiritual counseling

Equip students with knowledge and skills of supporting their clients to reflect on their relationship with their supreme being in the context of HIV and AIDS

9. Bereavement counselling and Succession planning

To equip students with knowledge and skills for preparing and supporting clients to manage the loss reactions, plan for their future and that of the immediate family

10. Child and adolescent counselling in the context of HIV AND AIDS

Equip students with knowledge and skills for counselling children and adolescents to cope with issues/challenges associated with HIV AND AIDS in their lives

11. Family Counselling

To equip the students with the knowledge of the family system and its influence on the individual decisions or choices.

12. Anti Retroviral Therapy

To equip the students with knowledge on the principles of ART and the role of counselling in ART.

13. Nutrition and HIV

To equip students with knowledge on the role of nutrition in the prevention, care and management of HIV and AIDS

14. Community Care of HIV and AIDS

Equip students with knowledge and skills for making community care of HIV and AIDS competent. Such skills shall include community mobilization skills, home nursing care skills, palliative care skills, sustainable livelihood counselling.

15. Workshop 2: HIV and AIDS counselling interventions

Equip students with knowledge and skills required to provide counselling in the different HIV and AIDS service delivery contexts. These shall include HCT, HBHCT, PMTCT, VCT etc

16. PRACTICUM 90 HRS

Students in practicum will be supervised and mentored.

6.0 Diploma in Counselling

Preamble

This programme forms the foundation for professional counselling. Students shall undertake both coursework and supervised practicum. Applicants to this programme shall have an A' level or its equivalent. Those who hold a certificate in HIV and AIDS Counselling from an accredited institution shall be eligible to apply. The programme shall last for two academic years.

The following are the core courses that may be offered for the diploma.

Year One

a) Semester I

    i.   Course Unit 1: Introduction to Counselling

This course unit shall introduce students to the different modalities (principles and practices) of guiding and counselling individuals, couples, groups and families.

    ii.   Course Unit 2: Human growth and development

This course shall equip students with knowledge on the theories and the process of development through life span.

    iii.   Course Unit 3: Typology Tools for Self awareness

This course is intended to equip students with skills for self awareness and, self reflection so as to be able to identify their limitations and strength for further growth.

    iv.   Course Unit 4: General Theories of Counselling

The course unit introduces students to the different theories of counselling and their application. More attention shall be paid to humanistic, behavioral and cognitive theories.

    v.   Course Unit 5: Introduction to Community Psychology

This course unit shall help students to understand characteristics of communities and how to effectively work with them. Focus shall be on how culture, tradition, religion and beliefs influence counselling practice.

b) Semester II

    i.   Course Unit 1: Introduction to Social Psychology

This course unit shall equip students with skills to handle different situations. They shall be able to assess the needs of different groups and provide appropriate counselling interventions.

    ii.   Course Unit 2: Counselling Workshop 1 (Basic Counselling Skills and practice)

This unit shall improve students' attitudes towards counselling and equip them with appropriate knowledge and skills to deal with clients. Students shall appreciate good interpersonal relationships and basic counselling skills, techniques, and their application.

    iii.   Course Unit 3: Introduction to Psychopathology

This course unit introduces students to the different psychological distresses and their management. They shall be able to provide appropriate interventions for persons suffering from depression, anxiety, mental illnesses, stress disorder and other related illnesses.

iv.   Course Unit 4: Career Guidance

This course unit shall empower students with knowledge on the principles of career guidance and how to help people make appropriate decisions and choices for professional development.

v.   Course Unit 5: Ethical and Professional Issues in Counselling

The course unit helps students to understand the regulations guiding the counselling service, and the implications of not observing the ethical principles.

vi.   Course Unit 6: Practicum 1

The course unit helps students to translate theoretical counselling skills into practice.

Students shall undertake supervised practice of not less than 90 hours in a setting that allows them to practice their counselling skills and techniques.

Year Two

a) Semester I

i.   Course Unit 1: Psychosexual Issues and Counselling

The course unit helps students understand the different human sexual orientations and variations, sexual dysfunctions and the counselling interventions.

ii.   Course Unit 2: Introduction to Family and Group Counselling

In this course unit students are exposed to family and group dynamics, and apply relevant counselling theories to manage concerns or problems.

iii.   Course Unit 3: Introduction to marital counselling

The course unit empowers students with skills to provide effective counselling to those facing courtship or marital challenges to enable them have fulfilling relationships.

iv.   Course Unit 4: Substance and Acquired Abuse

In this unit students shall be introduced to the different forms and causes of substance and /or acquired abuse (sex, pornography, sports and other forms of addiction), the legal implications, management and rehabilitation.

v.   Course Unit 5: HIV and AIDS Counselling

The course unit shall equip students with knowledge and skills required for the provision of HIV and AIDS counselling.

b) Semester II

i.   Course Unit 1: Introduction to Multicultural counselling

The course introduces students to the different socio-cultural issues; beliefs, norms and behaviors. They are then able to help students counsel people with different social cultural and ethnic backgrounds.

ii.   Course Unit 2: Child and Adolescence Counselling

The course unit shall provide students with knowledge and skills for counselling children and adolescents.

iii.   Course Unit 3: Trauma and Grief Counselling

The course equips students with knowledge and skills on how to work with adults and children suffering from trauma, grief and bereavement challenges.

iv.   Course Unit 4: Counselling Workshop II

The purpose of this unit is to provide the opportunity to the students to practice the counselling skills acquired in role play situation for mastery.

The course unit helps students to build their confidence and competence in providing counselling.

v.   Course Unit 6: Practicum II

The course unit helps students to practice counselling skills and theories in the real world. Students shall undertake supervised practice of not less than 90 hours in a setting that allows them to practice their counselling skills and techniques.

7.0   Bachelors degree in Guidance and Counselling

Preamble

Students shall undertake both coursework and supervised practicum. Applicants to this programme shall have an A' level or its equivalent. Those who hold diploma in counselling from an accredited institution shall be eligible to apply. The course shall last for three academic years.

The following are the core courses that may be offered for the bachelors degree.

Year One

a) Semester I

   i.   Introduction to Counselling

This course shall introduce students to the basic knowledge in counselling.

   ii.   Human Growth & Development

This course shall equip students with knowledge on the theories and the process of development through life span.

   iii.   Counselling Theories

This course shall introduce students to the counselling theories and their application in counselling practice. A minimum of two theories may be covered from each of these families; psychodynamic, behavioral, cognitive and humanistic theories

   iv.   Social Psychology

This course shall help students to learn about individuals and societal dynamics and implications to counselling.

   v.   Tools for Self-Awareness

This course is intended equip students with skills for self awareness and, self reflection so as to be able to identify their limitations and strength for further growth.

b) Semester II

   i.   Introduction to Psychometric Assessment

This unit shall equip students with the basic knowledge and skills of applying psychological tests in counselling which may include intelligence, personality, interest etc.

   ii.   Career & Life Skills Development

This course unit shall equip students with knowledge and skills needed in career guidance and counselling for life development

   iii.   Psychopathology

This course unit introduces students to the different psychological distresses and their management. They shall be able to provide appropriate interventions for persons suffering from depression, anxiety, mental illnesses, stress disorder and other related illnesses.

   iv.   Community Psychology

This course unit shall help students to understand characteristics of communities and how to effectively work with them. Focus shall be on how culture, tradition, religion and beliefs influence counselling practice.

   v.   Learning and Cognitive Psychology

This course shall equip students with knowledge about learning and cognitive processes.

Year Two

a) Semester I

   i.   Psychosexual Issues in Counselling

The course unit helps students understand the different human sexual orientations and variations, sexual dysfunctions and the counselling interventions.

ii.   Marital Counselling

This is to equip students with the knowledge and skills needed for counselling couples on different marital issues.

iii.   Group & Family Counselling

This course shall equip students with knowledge and skills in group theories, dynamics and family counselling issues so that they are able to handle group and family counselling issues.

iv.   Ethical & Professional Issues in Counselling

The course unit helps students to understand the regulations guiding the counselling service, and the implications of not observing the ethical principles.

b) Semester II

i.   Addiction Counselling

This course equips students with knowledge and skills on handling persons suffering from various addictions.

ii.   Trauma & Grief Counselling

This course shall equip students with the knowledge and skills of interventions required to help persons experiencing trauma and grief.

iii.   HIV and AIDS Counselling 1

The course unit shall equip students with knowledge and skills required for the provision of HIV and AIDS counselling.

iv.   Counselling Workshops I (Basic counselling skills & practice)

This unit shall improve students' attitudes towards counselling and equip them with appropriate knowledge and skills to handle clients. Students shall appreciate good interpersonal relationships and basic counselling skills, techniques, and their application.

v.   Practicum I (Recess)

This is where students are sent to the field to have a hands-on practical experience in counselling.

Year Three

a) Semester 1

i.   Personal Financial Management & Entrepreneurship

This course shall equip students with tools of financial management and make them learn how to create, own and manage businesses.

ii.   Parenting

This course equips students with knowledge and skills about parenting styles in families, child care and adoption laws.

iii.   Child & Adolescence Counselling

This course equips learners with knowledge and skills for counselling children and adolescents.

iv.   Crisis Management

This course equips students with knowledge and skills in crises intervention.

b) Semester II

i.   HIV and AIDS Counselling II

This course gives knowledge and skills to students in the counselling of HIV and AIDS and its related issues.

ii.   Positive Psychology

This course equips students with knowledge about positive living.

iii.   Multicultural counselling

Introduction to Multicultural counselling

The course introduces students to the different socio-cultural issues; beliefs, norms and behaviours. They are then able to help students counsel people with different social cultural and ethnic backgrounds.

iv.   Stress Management & Conflict Resolution

This course equips students with knowledge and skills about stress, conflict and their management.

v.   Counselling Workshop II

This course shall continue to give students an opportunity to practice and develop additional skills and intervention strategies.

vi.   Supervised Practicum II (Recess)

This course continues to give students a broad range of knowledge and skills as well as developing personal characteristics necessary for effective counselling.

8.0 Postgraduate Diploma in Guidance and Counselling

This shall target people who do not have previous training in counselling but who are graduates of related disciplines. It shall be a one-year program

a) Semester I

Course description:

    i.   Human growth and development

This course shall equip students with knowledge on normal growth and development from infancy through adolescence, adulthood and old age in the physical, cognitive, emotional, social, moral, and perceptual processes, and challenges at each stage.

    ii.   Social psychology

This course shall help students to learn about individuals and societal dynamics and implications to counselling.

    iii.   Typology: Tools for self awareness

This course is intended to equip students with skills for self awareness and, self reflection so as to be able to identify their limitations and strength for further growth.

    iv.   Ethical and professional issues in counselling

The course unit helps students to understand the regulations guiding the counselling service and the implications of not observing the ethical principles.

    v.   Theories of counselling

This course shall introduce students to the counselling theories and their application in counselling practice.

    vi.   Multicultural counselling

The course introduces students to the different socio-cultural issues; beliefs, norms and behaviours. Students will be empowered to counsel people from different social, cultural and ethnic backgrounds.

    vii.   Counselling workshop I

This unit shall improve students' attitudes towards counselling and equip them with appropriate knowledge and skills to handle clients. Students shall appreciate good interpersonal relationships and basic counselling skills, techniques, and their application.

b) Semester II

    i.   Grief and trauma counselling

This course shall equip students with the knowledge and skills of interventions required to help persons experiencing trauma and grief.

    ii.   Psychopathology

This course unit introduces students to the different psychological distresses and their management. They shall be able to provide appropriate interventions for persons suffering from depression, anxiety, mental illnesses, stress disorder and other related illnesses.

iii. Family and group counselling

In this course unit students are exposed to family and group dynamics, and apply relevant counselling theories to manage concerns or problems.

iv. HIV and AIDS counselling

This course unit will equip the students with knowledge on HIV and AIDS, facts, skills on interventions and support systems.

v. Practicum

This course unit is designed to give trainees an opportunity to practice the theoretical aspects of counselling through selected counselling, or related agency.

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9.0 Masters degree programme

Preamble

The Masters degree programme targets people who hold a bachelors degree or post graduate diploma in counselling from an accredited institution. It is intended to provide specialised training in counselling. Students shall undertake general courses in the first year and thereafter specialise in one area of counselling

Objectives

a) To equip the counsellor with advanced knowledge, techniques and skills in counselling

b) To enhance the quality services and professionalism in counselling profession

c) To build capacity for the improvement of mental health in the society

This program shall be a highly specialized. The following are the minimum courses that may be offered.

Year One

a) Semester I

i. Research Methods

This course unit will empower the students with skills of investigation, observation and identification. The students will acquire skills of data collection, analysis and writing of acceptable and scientific report of findings.

ii. Theories of counselling

The students shall be taken through advanced knowledge, analysis and application of theories of counselling.

iii. Psychometric Assessment

The unit will equip students with the skills for developing and administering psychological tools.

iv. Spiritual counselling

The course aims at training a student counsellor to use client's faith and believe system during the intervention to address the client's challenges.

v. Positive psychology

The course aims at helping counselor students to appreciate and apply positive psychology concept and methods in counselling to enable people to lead more satisfying, more engaged and meaningful life.

vi. Management of counselling services

The student counselor is trained to acquire skills to provide systematic and professional counselling services.

b) Semester II

i. Community inter disciplinary intervention

The student counselor will be trained to participate in community interest and complement other community workers. The course unit instills social skills in networking.

ii. Advanced counselling

This course shall equip the students with knowledge and skills to manage the more complex challenges in counselling in a changing society.

iii. Counselor supervision

This course shall equip students with skills to provide support supervision to practicing counsellors.

Year Two

Students shall be expected to choose one area of specialization in which they shall focus in training of the second year.

The area of specialization may include the following:

a) HIV AND AIDS palliative care counselling
b) Marital counselling
c) Child and adolescent counselling
d) Addiction counselling
e) Forensic counselling
f) Trauma and crisis counselling
g) Career counselling
h) Violence and abuse counselling
i) Psychosexual counselling
j) Counselor supervision

Dual Practicum

Dual practicum means learning and practice taking place at the same time. The student is required to identify their area of interest, focus and practicum site. The practicum hours are 360 hours for the first and second year. The practicum must be supervised and mentored. This model shall help the students to use the theories and concepts immediately.

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