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An Integrative Model of Staff Development in Counseling Agencies

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Abstract

Successful staff development in counseling agencies requires responsive strategies that address each employee's readiness for change. This article presents an integrative model of staff development based on a combination of the transtheoretical model of change with widely recognized principles of authentic leadership. This model is designed to create a holistic work environment that promotes organizational integrity, individualized supervisee development, and client-centered care.

Keywords: supervision, authentic leadership, transtheoretical model of change

Ambiguity and change have become constants in counseling agencies. Privatization, downsizing, and restructuring have reshaped the landscape of professional practice and service delivery (Altman, Taylor, & Baker, 2011). The unwritten traditional work contract founded on the exchange of hard work and loyalty for lifetime employment is irrecoverable. Now constant transitions in organizational life are requiring workers to accomplish more with fewer resources (J. M. Prochaska, 2000). Cost-cutting measures, however, often fail to produce anticipated profitability and productivity and contribute to deteriorating staff morale and retention, undermining the foundations of effective leadership and negatively impacting the emotional well-being of the people charged with caring for others (Altman et al., 2011). There is no one "big tool" that will turn things around or lift the burden. Rather, supervisors in counseling agencies must take a proactive stance in trying to ensure employee well-being while implementing comprehensive and responsive care (Altman et al., 2011). Effective leadership, which focuses on both staff and client care, is needed. As William George (2003) said, "We need leaders who lead with purpose, values, and integrity; leaders who build enduring organizations, motivate their employees to provide superior customer service and create long-term values for stakeholders" (p. 9).

Providing successful leadership is difficult in challenging times. The unique stressors facing counseling agencies demand a renewed focus on leadership and supervision that (a) understands the complex and varied impact that transition has on clinicians and (b) provides credible and authentic leadership that will provide the direction needed (Altman et al., 2011). This article presents an integrative model of staff development (IMSD) that combines the transtheoretical model of change (TTM) with widely recognized principles of authentic leadership. The TTM is an integrative model that conceptualizes the process of intentional change (J. J. Prochaska, Prochaska, & Prochaska, 2013). That is, the TTM takes constructs from other theories to build a theory of change. Authentic leadership is defined as “a process that draws from both positive psychological capacities and a highly developed organizational context, which results in both greater self-awareness and self-regulated positive behaviors on the part of leaders and associates, fostering positive self-development” (Luthans & Avolio, 2003, p. 243). The integrative model of staff development (IMSD) is designed to create a holistic work environment that promotes organizational integrity, individualized supervisee development, and client-centered care.

Human Resource Development

The consistent execution of shared values and authentic behaviors requires closing the gap between philosophical ideas and purposeful application (Lee, 2004). This is achieved through multi-level collaborations that blend organizational purpose and human resource development. The IMSD presented here is based on proven models (TTM and authentic leadership) in counseling and human resources development.

Traditional human resource development strategies classify the functions of human resource practitioners in three categories: (a) individual development (focusing on performance improvement), (b) career development (focusing on future job assignments), and (c) organizational development (focusing on strategies that optimize human potential, human performance, and improve efficiency and profitability; Gilley, Egglund, & Gilley, 2002). Historically, these functions were viewed as separate (Gilley, Dean, & Bierema, 2001).

More recently, human resource practitioners and organizational leaders/supervisors have concluded that quality service delivery and sustained organizational performance require an understanding of the complex needs that affect individuals' motivation and performance (Lewis, Packard, & Lewis, 2012). Strength-based, participatory work environments foster employee development, encourage employee well-being, reflect transparent communication, convey shared values, promote positive social exchanges, respect individual differences, and adhere to ethical standards and organizational commitment (Avolio & Gardner, 2005).

Deloitte and Touche (1996, as cited in Vakola & Nikolaou, 2005), in a survey of 400 organizations, found that employee resistance was the number one reason for failure of organizational change initiatives. When considering the need for change, supervisors often focus on the organization's financial survival. This approach emphasizes the mechanics of implementing change but often ignores the people side of the equation (Altman et al., 2011). As supervisors proceed with action plans, they are frequently surprised by the level of resistance and conflict they encounter. Overt and covert

resistance is the product of a breakdown in orientation and communication, and poorly implemented initiatives (Conner, 2006). A common mistake made by supervisors is to impose action initiatives on supervisees who are not prepared or have not participated in the decisional or change process (J. J. Prochaska et al., 2013; J. M. Prochaska, Prochaska, & Bailey, 2013).

An additional factor leading to resistance is the assumption that the articulated organizational values are shared by supervisees (Avolio & Gardner, 2005). Often, supervisors attribute conflict and resistance to supervisee disposition and motivation, while supervisees attribute conflict to the situation or supervisor. In reality, conflict and resistance are the result of a paradigm clash. For example, supervisors may focus on program sustainability (billable hours, documentation requirements for payees) whereas counselors may focus on client needs. Discussing the interconnectedness of program sustainability and client care may build a better supervisor/supervisee relationship and increase counselor readiness for change.

In traditional hierarchical staff development models, supervisees are evaluated on how well and how quickly they adapt to organizational structure or adhere to the guidelines and expectations of the agency. When supervisees are not prepared to follow, the action-oriented supervisor may react with impatience and frustration. Conflict occurs between the interests of the organization and the individuals within the organization. Frequently, this conflict results in supervisee termination, either by resignation or by firing, and if the supervisee does not leave the organization, he or she may lose investment in the organizational purpose and vision. Such a loss is costly to the supervisee, the clients he or she serves, and the agency. According to J. M. Prochaska et al. (2013), predictable resistance results from unplanned conflict between supervisors who are prepared to take action and supervisees who have not been prepared for change. Understanding readiness for change allows for the utilization of relationally based interventions that foster supervisees' self-awareness, prompt organizational engagement, increase self-efficacy, and enhance productivity (Avolio & Gardner, 2005; J. J. Prochaska et al., 2013; J. M. Prochaska et al., 2013). Understanding readiness for change is the first component of the IMSD.

Transtheoretical Model of Change

Although some organizational change models attempt to facilitate individual behavior change by altering organizational characteristics such as rules, policies, and incentive plans, J. M. Prochaska et al.'s (2013) transtheoretical model (TTM) is considered the foremost approach to explaining behavioral change across a broad range of behaviors, from addictive disorders to professional health practices (J. J. Prochaska et al., 2013; Sun, Prochaska, Velicer, & Laforge, 2007). Through individualized interventions, the TTM also has applicability to organizational structures across entire populations of employees (J. M. Prochaska et al., 2013). That is, changes in individual organization members' behavior yield broad organizational changes. To assist in organizational and individual change, the TTM integrates four theoretical constructs: stages of change, decisional balance, self-efficacy, and processes of change (J. J. Prochaska et al., 2013).

Stages of Change

Stage of change is the fundamental organizational construct of the TTM. J. M. Prochaska et al. (2013) and J. J. Prochaska et al. (2013) identified five stages through which individuals progress when modifying behavior, either through self-governance or formal intervention: *Precontemplation*, *Contemplation*, *Preparation*, *Action*, and *Maintenance*.

In the Precontemplation stage, individuals are not considering change and are not intending change in the foreseeable future. These individuals are partly or completely unaware that a problem exists, that they need to make change, or that they may need help. In the Contemplation stage, individuals are becoming aware that a problem exists and are considering change. However, these individuals show ambivalence regarding change, and may seek information or help to support efforts for change (J. J. Prochaska et al., 2013; J. M. Prochaska et al., 2013). For example, in Precontemplation, the staff member does not recognize or support adjustment to the existing model of service delivery. Skill familiarity with existing protocols produces conceptual rigidity (“this is the way we have always done it”) that interferes with an openness to change. Supervisors encourage movement toward change by affirming the supervisee’s clinical contributions, while increasing their awareness of expanding administrative and clinical demands. Individuals in the Contemplation stage are open to the idea of change, but have difficulty conceptualizing how the changes will impact the current standard and provision of care. Ambivalence can be addressed through supportive supervision and organizational forums that reinforce individual and collaborative contributions, provide information, and promote ongoing education and skill development.

In the Preparation stage, individuals’ intention and commitment to change are strengthened. They are beginning to evaluate their capability for change and develop a specific plan. Movement into the Action phase is marked by increased individualization or personalization of clinical strategies that integrate established skill sets while progressively implementing the suggested changes. Deliberate supervision that focuses on the covert concerns of the supervisee rather than overt functions of the supervisee generates an atmosphere of collaboration and shared ownership (Altman et al., 2011). This collaboration strengthens self-exploration, skill initiation, and skill integration that guide the Action stage. In the Action stage, individuals choose strategies for change that reflect a modification of behavior, assimilation of experiences, and acclimation to environmental expectations in order to achieve change (J. J. Prochaska et al., 2013; J. M. Prochaska et al., 2013). Ongoing supervision provides transitional support through the use of feedback and skills training. Group supervision is utilized to foster organizational community and mutual cooperation.

When supervisees have sustained change for more than 6 months, individuals enter the Maintenance stage, where they focus on maintaining change and avoiding relapse (return to their previous behavior; J. J. Prochaska et al., 2013; J. M. Prochaska et al., 2013). For many, the change process is not linear but spiral. That is, individuals can return to previous stages before sustained behavioral change occurs. When faced with changes that create internal dissonance, supervisees will often revert to a pattern or skill level that is familiar, thereby lessening the internal conflict or apprehension. For example, substance abuse counselors learning motivational interviewing may understand the need for increasing client motivation but revert to traditional confrontive practices

when in counseling sessions. Ongoing supervision provides a platform to identify the internal conflict and identify avenues for resolution.

When evaluating readiness for change, Prochaska and Norcross (2001) found that, typically, 40% of pre-action individuals are in the Precontemplation stage, 40% are in Contemplation stage, and only 20% are in the Preparation stage. They suggested that if only 20% of employees in organizations are prepared to take action, it is not surprising that the majority of organizational action-based initiatives fail.

Decisional Balance

Decisional balance is concerned with the pros and cons of change. In studies of organizational change, the balance of pros and cons was related to the stage of change in the behaviors examined (J. J. Prochaska et al., 2013; J. M. Prochaska et al., 2013). That is, the cons of changing outweighed the pros in the Precontemplation stage. There was equivalence of pros and cons in the Contemplation and the Preparation stages, and the pros outweighed the cons in the Action stage.

Self-Efficacy

Self-efficacy, or the degree to which individuals believe they have the capacity to attain a desired goal, influences both motivation and persistence (Bandura, 1977). Like decisional balance, levels of self-efficacy differ across the stages of change. Individuals in the Action and Maintenance stages of change have higher levels of self-efficacy and, thus, there is less likelihood of relapse to a prior stage of readiness (J. J. Prochaska et al., 2013; J. M. Prochaska et al., 2013).

Processes of Change

The TTM identifies 10 fundamental processes that generate change (J. J. Prochaska et al., 2013). These processes include covert and overt activities, which supervisors can use to encourage change in work behavior, affect, cognition, or interpersonal relationships among staff. They include: (a) *consciousness raising* (awareness of a problem and potential solutions), (b) *dramatic relief* (an emotional awakening, such as fear regarding failure to change), (c) *self-reevaluation* (a realization that change is important to one's identity, happiness, or success), (d) *self-liberation* (a belief that one can change and a commitment to change), (e) *environmental reevaluation* (an understanding that change will positively impact the social and work environment), (f) *reinforcement management* (rewards for new ways of working), (g) *counter-conditioning* (substitution of new behaviors and cognitions for old ways of working), (h) *helping relationships* (the use of social support to facilitate change), (i) *stimulus control* (restructuring of the environment to elicit new behaviors and inhibit old behaviors), and (j) *social liberation* (empowerment of individuals by providing choices and resources).

Change, whether it is individual or organizational, is dependent on the success of the interventions used. The TTM suggests that stage-matched interventions, tailored to the needs of supervisees, have a greater impact on change than more traditional action-oriented, one-size-fits-all strategies that underpin theories of organizational change. Stage-based approaches are useful in several ways. First, stage-matched interventions are matched to individual supervisees' readiness for change. For example, supervisees in the Precontemplation stage benefit from consciousness-raising by supervisors

communicating about the organizational mission, vision, and directions for the future. Supervisees in the Action stage are more receptive to organizational leaders who facilitate stimulus control (providing the resources that supervisees need for development) and helping relationships (providing ongoing training and mentorship; J. J. Prochaska et al., 2013; J. M. Prochaska et al., 2013).

Further, stage-matched interventions foster supervisee participation in the change process, even though supervisees may not be ready to take action. Finally, stage-matched interventions reduce supervisee resistance and levels of stress, thereby decreasing the time needed to effect change (J. J. Prochaska et al., 2013; J. M. Prochaska et al., 2013).

The TTM offers a readiness model by which supervisors can assess stages of change in individual employees. Recruiting, orienting, and training supervisees through stage-based interventions matched to supervisees' stages of readiness reduces resistance while increasing progress toward desired change. Individualized, stage-based interventions also promote supervisee investment and retention (J. J. Prochaska et al., 2013; J. M. Prochaska et al., 2013).

Authentic Leadership

There are a number of leadership styles: autocratic, bureaucratic, democratic, and laissez-faire leadership, to name a few (Mohammadi, Mohammadi, & Moniri, 2015). Covering all leadership styles is beyond the focus of this article. Authentic leadership was chosen for the IMSD due to its foundation in humanistic psychology. Early applications of the concepts of authenticity and leadership emerged in the fields of sociology and education and focused on the characteristics of inauthentic leadership. Sociologists, for example, described inauthentic leaders as having excessive plasticity and seeking to comply with the demands of public roles; educational advocates identified leaders as inauthentic when they were overly compliant with stereotypes and demands related to the leader role (Avolio & Gardner, 2005). More recently, leadership models have endorsed the strength-based constructs of leadership found in humanistic psychology and the theoretical foundations found in positive psychology (Avolio & Gardner, 2005; Avolio, Griffith, Wernsing, & Walumbwa, 2013). Authentic leadership is characterized by four multi-dimensional components: self-awareness, balanced processing, internalized moral perspective, and relational transparency (Avolio et al., 2013).

Self-Awareness

A core component of authentic leadership is *self-awareness*. Authentic leaders understand themselves and how their values, beliefs, and perceptions influence their assessments of people and situations (Avolio et al., 2013). Supervisors who evaluate their core beliefs, assumptions, perceptions, and intrinsic motivations through deliberate reflection of triggering events (events that occur naturally through interactions with others during leadership activities, major life events, or perceived success/failure) display greater awareness of their leadership capabilities. This self-awareness empowers supervisors to assess situations clearly and respond proactively, rather than reactively (Avolio et al., 2013). Without such awareness, supervisors can become fixated on organizational scripts that can lead to automatic patterns of behavior and response

(Avolio et al., 2013). Over time, a lack of self-awareness, self-reflection and self-regulation diminishes supervisor performance.

Psychological resource theory suggests that qualities such as confidence, optimism, hope, and resilience are personal “resources” or “energies” that affect the actions and behaviors of individuals (Hobfoll, 2002). A reserve of such positive resources increases the likelihood of successfully completing difficult tasks, having a positive perspective on work, and rapidly recovering from challenging circumstances (Luthans, Avolio, Avey, & Norman, 2007). Authentic supervisors possess high levels of these psychological resources. They are positive about who they are and what they can accomplish through others (Avolio & Gardner, 2005). The development of positive psychological resources in those they lead through self-reflection produces transformational leaders who instill a sense of confidence (to put in the necessary effort to succeed), optimism (to succeed now and in the future), hope (a will to succeed and the ability to identify, clarify, and pursue success), and resilience (to sustain and bounce back from adversity; Luthans & Avolio, 2009). In essence, authentic leaders develop “authentic followers.” Authentic followers display qualities parallel to those of their supervisors (Gardner, Avolio, May, & Walumbwa, 2005).

Authentic followers develop a greater understanding of their values, emotions, and identity (personal and professional). Self-understanding and self-acceptance assist in self-regulation of behaviors, which leads to an authentic supervisor/supervisee relationship. An authentic supervisor/supervisee relationship is characterized by open, positive interactions that lead to a successful, collective work environment (Avolio et al., 2005).

Balanced Processing

Balanced processing is a relatively unbiased form of information processing. Supervisors who apply balanced processing techniques are less susceptible to denial, distortion, exaggeration, and avoidance of external evaluations or internal experiences, which can help direct ethical decisions. In other words, balanced processing produces supervisors who consider multiple sides and perspectives before coming to a decision (Avolio & Gardner, 2005; Avolio et al., 2013; Gardner et al., 2005).

Self-regulation is a key component of balanced processing. It involves (a) setting internal standards, (b) assessing discrepancies between internal standards and actual or expected outcomes, and (c) identifying intended actions for reconciling these discrepancies. Self-regulation is the process through which authentic leaders align their values with their intentions and actions in order to accomplish worthy objectives (Avolio & Gardner, 2005; Gardner et al., 2005).

Internalized Moral Perspective

An *internalized moral perspective* leads to supervisor behaviors guided by sound moral standards, self-transcendent and benevolent values (social justice, equality, honesty, loyalty and responsibility), and appreciation of and concern for others. An internalized moral perspective thwarts behaviors based on external pressures such as peer evaluations and organizational expectations (Avolio et al., 2013). Authentic leaders display consistency in their words and conduct. Ethical behavior stimulates supervisee trust. Similarly, credibility is established when supervisors’ claims are confirmed and

when supervisors demonstrate that they possess the knowledge, expertise, and skills to deliver tangible results (Avolio et al., 2013; Gardner et al., 2005).

Relational Transparency

Relational transparency reflects open and transparent supervisor behaviors. These behaviors promote trust through sharing information on organizational goals, resources, progress, change, and decision-making processes. Relational transparency involves expressions of the supervisor's genuine thoughts and feelings, with minimal display of inappropriate emotion (Gardner et al., 2005). Authentic leaders in turn encourage supervisees to share information, ideas, and suggestions in a transparent manner, with each other and those in supervisory or leadership positions (Avolio & Gardner, 2005). In essence, authentic leaders lead by exemplifying a commitment to authenticity, trust, and employee development (Gardner et al., 2005).

In addition to organizational investment and individual well-being and development, relational transparency fosters interpersonal and collective social identities. Both individual and social identities promote a sense of worker significance and value within the work team or organization. Effective social identities build a "we" feeling and establish that individuals are similar to and belong with the group (Gardner et al., 2005). Individual and social identities develop over time, through ongoing interaction and self-evaluation.

Through integration of the four components of authentic leadership (self-awareness, balanced processing, internalized moral perspective, and relational transparency), supervisors create a strength-based, participatory work environment that fosters supervisee well-being, transparent communication, shared values, positive social exchanges, respect for individual needs, and commitment to ethical standards. The outcome is sustained engagement and quality service delivery and performance (Avolio & Gardner, 2005).

A basic premise of authentic leadership is that supervisors and supervisees develop professionally over time, as the relationships between them become more authentic. Because supervisors influence supervisees' internalizations of organizational values and mission, it is important that supervisors understand the developmental processes involved in supervisees' readiness for change. Understanding readiness for change allows the use of relationally based interventions that foster supervisees' self-awareness, prompt organizational engagement, improve self-efficacy, and enhance productivity.

Implementing the Integrative Model for Staff Development in Counseling Agencies

The integrative model for staff development (IMSD) presented here offers practical approaches for integrating the transtheoretical model of change (TTM) with principles of authentic leadership. This approach can enhance employees' readiness, organizational commitment, self-efficacy, and social awareness, leading to more effective, client-centered care.

Concrete and Graduated Orientation

A supportive, developmentally responsive organizational environment is most likely to exist when mission, values, expectations, and purpose are clearly stated and are transferred in an inclusive, relational manner (Lewis et al., 2012). Assessing supervisees' levels of readiness for change during a concrete and graduated orientation provides valuable information about their needs, along with strategies that can foster their integration into the organizational culture. Supervisees' readiness for change can be assessed using various self-report methods, depending on organizationally determined behaviors such as skills development and organizational investment. Most often, the assessment is a classification system that evaluates readiness based on supervisees' responses (Petrocelli, 2002). Assessment results can guide the integration of stage-matched interventions.

Personally Relevant Application

Stage-matched interventions allow for personally relevant application and growth. For example, supervisees in the Precontemplation stage need tailored interventions that include consciousness raising, dramatic relief, and environmental re-evaluation. Supervision will be directive and task focused in nature and feedback timely. Those in the Contemplation stage benefit from supervisory interventions that support ongoing self-evaluation and concrete measurements of progress. Supervisory interactions would encourage reflection of experiences, verbal reinforcement of recognized growth, and encouraged risk-taking with regard to skill expansion. Supervisees in the Preparation stage respond to supervision that provides opportunities for autonomy, while those in the Action and Maintenance stages respond to supervisory interventions such as contingency, case management, and stimulus control (Petrocelli, 2002). For example, the supervisory relationship is one of a mentor-leader and guide.

Skill Development

The process of skill attainment and integration requires sensitivity to the anxiety and fear that supervisees experience in beginning a new task. Often, supervisees fear that they will not be able to perform or complete a task. In the early stages of employment, supervisees in the Precontemplation and Contemplation stages tend to evaluate the motives and intentions of others, seeking ways to please and gain their approval (Petrocelli, 2002). Supervisees who are promoted to a new position or have been given additional responsibilities can "relapse" to the Contemplation stage. Using active listening (attending, acknowledging, paraphrasing, and reflecting), peer observation, direct supervisory observation, supportive feedback, and ongoing education (didactic and experiential) can reduce anxiety and enhance supervisees' ability to incorporate new ideas, perspectives, and higher-order skills. For example, an individual offered promotion from a counselor to a supervisor might experience ambivalence about the change in relationship with those who were cohorts. Supervision can be used to process the apprehension and support supervisory role development.

Guided Reflection and Integration

Personal reflection and ongoing "meaning making" are fundamental to supervisee development and retention (Gardner et al., 2005). Using the IMSD, supervisors

proactively initiate and guide supervisees' reflections on new experiences, challenges, ethical concerns, progress, and sense of well-being. The use of training, group discussions and peer/leader dialogue can encourage supervisees' personal and professional learning (Gardner et al., 2005).

The use of supervisee journaling, followed by developmentally based supervisory responses, also supports supervisees' meaning-making. The Reiman, Sprinthall, and Thies-Sprinthall's (1997) adaptation of the Flanders (1970) Interaction Analysis Technique for Teachers can be used as a guideline for matching supervisory responses to supervisees' developmental levels. Sprinthall and colleagues provided seven types of *interaction* (accepts feelings, encourages, clarifies ideas, prompts inquiry, provides information, gives directions, and discovers when problems exist), followed by corresponding *journal patterns* and *instructor/supervisor responses*. (For more information on responding to supervisee narratives in journals, see Fenwick, 2001).

Supportive Collaborative Feedback

Authentic leaders create a growth-producing environment that facilitates supervisees' development and self-efficacy (Gardner et al., 2005). It is important for supervisors to balance experience, learning, and reflection. Individual and group supervision can be used to provide concrete information about skill development and to share experiences for mutual learning (Gardner et al., 2005). These approaches can decrease supervisees' anxiety and foster the development of social and individual identities within the organization (Gardner et al., 2005).

As supervisees exhibit stage-related growth, their sense of confidence and efficacy improves. They display greater transparency and decisional participation (Gardner et al., 2005; Lewis et al., 2012). The result is an internalized investment in organizational goals, improved performance, and more client-centered care (Avolio & Gardner, 2005).

Mentoring

Development is a relational process (Avolio & Gardner, 2005). Authentic leadership/supervision is built on the premise that when supervisors model expected behaviors, others will begin to mirror the expected behaviors (Avolio & Gardner, 2005; Avolio et al., 2013). The IMSD reinforces the importance of mentoring to assist in the formation of a supervisee's work identity. Part of progressive development involves the assignment of a mentor, whose role is to model intended behaviors and share wisdom and expertise regarding the integration of organizational principles and the application of core competencies. Mentors offer an example of what the climate of the organization "looks like" in a practical sense. Supervisors and organizational mentors can provide supportive feedback that encourages supervisees to explore and validate their own self-awareness and development (Avolio & Gardner, 2005). For example, a new staff member would be assigned a peer mentor that would assist in their orientation to the agency expectations and serve as a supportive resource for their integration into the organizational structure.

Continuity and Follow-Up

Development and clinical competence continue to mature when there are continuity and consistency in feedback and follow-up. As supervisees progress through

the stages of readiness, they gain greater competence and autonomy (Prochaska & Norcross, 2001). Supervisors can support and encourage this progress by assisting in the integration of stage-matched work roles and environments (Avolio & Gardner, 2005; Avolio et al., 2013). Continuity in supervision and staff development provides a way for supervisees to address ethical considerations and adjust to disparities between their ideas of how counseling “should be” and the realities of their clinical responsibilities (Avolio et al., 2013).

Discussion

The integrative model of staff development (IMSD) is a responsive organizational design focused on supervisees’ unique development needs. The design integrates supervisees’ readiness for change with authentic leadership principles. The model provides individualized, strength-based, holistic, stage-matched interventions and strategies that promote personal and professional growth. Specific components of the model include a graduated orientation that is personally relevant to supervisees, skill development followed by guided reflection, supportive feedback and mentoring, and, finally, continuous and consistent feedback and follow-up.

There are limitations to this model. First, organizational leaders and supervisors must ascribe to tenets of authentic leadership. Second, supervisors must be knowledgeable about the stages of change and ways to assess each supervisee’s readiness for change. Third, implementing authentic leadership/supervision principles requires time, planning, and a consistent level of organizational commitment. Finally, while the IMSD may be successful in retaining staff and increasing productivity, the scope and nature of its effectiveness should be tested and evaluated.

Likewise, there are noted limitations to the TTM that should be considered prior to integrating the theory within the clinical environment. First, the delineation of stages can be arbitrary with no clear set of criteria for determining placement within a particular stage of change. Second, there is no clear time frame for movement among the stages or the duration of time an individual remains in each stage. Third, there are concerns regarding the applicability of the model to specific populations (Macnee & McCabe, 2004). More specifically, there may be cultural differences that impact the effectiveness of the TTM.

Implications for Research and Practice

Incorporation of the integrative model of staff development (IMSD) necessitates organizational structures and service delivery systems that understand the process of change and the unique stages of change that influence staff development and response to organizational change (i.e., At what stage of change is the individual in understanding the need for or implementation organizational change? What is the individual’s understanding and/or experience of the organizational mission and vision? What are the supervisory needs at each stage of the change process?). From an administrative perspective, the IMSD supports the need for organizational structures and policies that: (a) reflect authentic leadership principles; (b) reflect an understanding of the individual experience of change; (c) support the inclusion of stage-specific interventions that

promote responsive and holistic change; (d) ensure proactive and ongoing staff development, training, and supervision; and (e) encourage organizational collaboration and individualized strength-based integration of skills (Altman et al., 2011; Lewis et al., 2012; J. J. Prochaska et al., 2013).

Although advancements have been made in understanding the importance of readiness for change in staff development, gaps remain in the research with regard to standardization of stage of change instruments that are sensitive to the social, gender, and developmental influences on the change process (Macnee & McCabe, 2004). Additionally, integrated authentic leadership models that incorporate the stages of change are limited. Further research is needed that explores authentic leadership and the stages of change specifically related to counseling staff development and organizational restructuring.

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