EFFECTIVENESS OF GROUP SUPERVISION VERSUS COMBINED GROUP 
AND INDIVIDUAL SUPERVISION WITH MASTERS-LEVEL 
COUNSELOR TRAINEES

DISSERTATION

Presented to the Graduate Council of the 
University of North Texas in Partial 
Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

Dee C. Ray, B.S., M.Ed.

Denton, Texas

August, 1998
Ray, Dee C., *Effectiveness of group supervision versus combined group and individual supervision with masters-level counselor trainees*. Doctor of Philosophy (Counseling and Student Services), August, 1998, 109 pp., 13 tables, 1 illustration, references, 85 titles.

This study was designed to investigate the effectiveness of large group supervision, small group supervision, and combined group and individual supervision on counselor trainees. Specifically, instruments were used to measure the progress in counselor efficacy and counselor development. Three comparison groups were employed to compare the effectiveness of each supervision format. 64 study participants enrolled in masters-level practicum were divided randomly into the three treatment groups that received supervision over 10 weeks. The Large Group supervision group (LG) received one and one-half hours of group supervision weekly consisting of eight members to one facilitator. The Small Group supervision group (SG) received one and one-half hours of group supervision weekly consisting of four members to one facilitator. The Individual and Group supervision group (IG) received one and one-half hours of group supervision consisting of eight members to one facilitator in addition to one hour weekly of individual supervision.

For pretest and posttest purposes, each practicum level counselor completed a *Supervisee Levels Questionnaire - Revised* to determine progress in counselor development. Each participant submitted a pre-tape of a counseling session and a post-tape of a counseling session. The counseling sessions were rated on-site by clients.
and practicum supervisors using the Counselor Rating Form - Short. The tapes of the same counseling sessions were rated by objective raters on the same instrument. At the completion of the 10 weeks, each participant was asked to rate preferences in supervision experiences.

Analyses of Covariance revealed that all supervision formats produced similar progress in counselor effectiveness and counselor development. Large group supervision, small group supervision, and combined group and individual supervision appear to be equivalent in their effectiveness. Large group supervision did produce a significant result on the factor of autonomy/dependency of counselor. As compared to small group supervision and combined individual and group supervision, large group supervision promoted more autonomy and less dependency on the supervisor than the other two formats. However, the participants showed a marked preference for individual feedback and supervision.
EFFECTIVENESS OF GROUP SUPERVISION VERSUS COMBINED GROUP
AND INDIVIDUAL SUPERVISION WITH MASTERS-LEVEL
COUNSELOR TRAINEES

DISSERTATION

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

Dee C. Ray, B.S., M.Ed.

Denton, Texas

August, 1998
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>viiii</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF FIGURES</td>
<td>ix</td>
</tr>
</tbody>
</table>

Chapter

## I. INTRODUCTION

1. Statement of the Problem .................................................. 3
2. Review of Related Literature ............................................. 4
   - Supervision History and Process ................................ 4
   - Group Supervision ..................................................... 7
   - Individual Supervision ............................................... 13
   - Group Versus Individual Supervision ............................... 16
   - Developmental Growth of Supervisees ............................... 17
   - Evaluating Counselor Efficacy ....................................... 22
   - Council for Accreditation of Counseling and Related
     Educational Programs ............................................... 24
3. Summary .............................................................................. 26

## II. PROCEDURES

1. Research Questions .......................................................... 28
2. Hypotheses .......................................................................... 28
3. Definition of Terms ........................................................... 29
4. Participants .......................................................................... 33
5. Instrumentation ..................................................................... 36
6. Procedures ............................................................................ 41
7. Data Analysis ......................................................................... 44

## III. RESULTS AND DISCUSSION

1. Results .................................................................................. 47
## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. One-Sample Statistics For Total Gain On CRF-S By Rating Source</td>
<td>48</td>
</tr>
<tr>
<td>2. Adjusted Means And Standard Errors By Supervision Group For Each Rating Source</td>
<td>49</td>
</tr>
<tr>
<td>3. CRF-S Summary ANCOVA Table For All Rating Sources</td>
<td>50</td>
</tr>
<tr>
<td>4. CRF-S Adjusted Means And Standard Errors By Faculty Supervisor For Each Rating Source</td>
<td>51</td>
</tr>
<tr>
<td>5. CRF-S ANCOVA Summary For Faculty Supervisors/Rating Source- Clients</td>
<td>52</td>
</tr>
<tr>
<td>6. CRF-S ANCOVA Summary For Faculty Supervisors/ Rating Source- Supervisors</td>
<td>52</td>
</tr>
<tr>
<td>7. CRF-S ANCOVA Summary For Faculty Supervisors/Rating Source- Objective Raters</td>
<td>52</td>
</tr>
<tr>
<td>8. Factor Matrix For SLQ-R</td>
<td>54</td>
</tr>
<tr>
<td>9. One-Sample Statistics For Total Gain On SLQ-R</td>
<td>55</td>
</tr>
<tr>
<td>10. Adjusted Means And Standard Errors By Supervision Group For Each SLQ-R Factor</td>
<td>56</td>
</tr>
<tr>
<td>11. SLQ-R Summary ANCOVA Table For All Factors</td>
<td>58</td>
</tr>
<tr>
<td>12. Adjusted Means And Standard Errors By Faculty Supervisor For SLQ-R Total</td>
<td>59</td>
</tr>
<tr>
<td>13. ANCOVA Summary For Faculty Supervisors For SLQ-R</td>
<td>59</td>
</tr>
<tr>
<td>Figure</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>1.</td>
<td>Scree Plot For SLQ-R Factors</td>
</tr>
</tbody>
</table>
CHAPTER I

Introduction

The Council for Accreditation of Counseling and Related Educational Programs (CACREP), the accreditation governing board for counselor education programs, sets the standards for counselor training on the masters and doctoral level. CACREP is recognized by the Commission on Recognition of Postsecondary Accreditation (CORPA) and functions as an independent council whose purpose is to implement minimum standards for counseling and human development graduate-level training programs (Archival Feature, 1995). Currently, CACREP requires that individual supervision of a counselor in training includes a minimum of one hour per week by a program faculty supervisor or a student supervisor under faculty supervision (Standard III.H). This standard requires that each graduate level student receives one hour of individual supervision each week of the practicum and internship semesters. The graduate level practicum student is also required to participate in one and one-half hours of group supervision weekly. Such a requirement demands significant time from faculty members who often are already facilitating group supervision during the practicum time.

In addition, many counseling programs, accredited and non-accredited, find this time commitment to be prohibitive in providing needed training to graduate-level counselors. Bobby and Kandor (1992) conducted a study in which they found that both CACREP accredited and nonaccredited counselor education programs identified the
supervision requirement as being a concern in the endeavor of seeking and achieving accreditation. Counselor education programs are finding that they do not employ the number of staff needed to meet this standard, thereby harming their chances for accreditation. Of the 522 academic institutions that offer one or more graduate level counseling programs (Hollis, 1997), reportedly, only 119 are accredited by CACREP in at least one program (CACREP, 1998).

If individual supervision were the only way to promote the growth of a professional counselor, the sacrifice would be well worth the effort. However, the counseling field has supported the concept of group supervision for many years as a viable method of training counselors. A review of the literature upholds group supervision as cost efficient, time efficient, and clinically rich (Bernard & Goodyear, 1992; Hayes, 1989; Newman & Lovell, 1993). Benefits as outlined by Bernard and Goodyear (1992) include avoiding trainee dependence, diminishing the hierarchical issues between the supervisor and trainee, increasing the variety of behavioral and experiential supervision strategies and helping alleviate the sense of intellectual and emotional isolation felt by beginning counselors. Group supervision provides the opportunity for peers and supervisor to interact more openly and offer support to one another in their growth. In a review by Ellis (1991), he found that the most frequent supervisory issues entailed support and emotional awareness. These concerns are addressed in group supervision through an environment that facilitates personal growth and awareness, as well as peer support. Hayes (1989) further outlines benefits of group supervision that include more accurate perceptions of self and others through consistent feedback from others, an opportunity to enhance
empathy and social interest, and a sense of psychological safety to support the elimination of self-defeating behaviors. Through group interactions, supervisees can gain a stronger sense of self by testing reality and letting go of negative perceptions and intellectual isolation.

Other than the logistical reasons of time and money, group supervision appears to offer greater clinical benefits than individual supervision. Therefore, it is hard to understand the insistence of the CACREP standard that students participate in additional individual supervision as opposed to only group supervision. Furthermore, there appears to be no empirical evidence to support this standard of individual supervision. An intense review of the literature demands the execution of empirical research to explore the feasibility and success of group supervision (Bernard & Goodyear, 1992; Hayes, 1989; Newman & Lovell, 1993; Stoltenberg & Delworth, 1987). Practitioners have experienced the success of group supervision but the research has not followed. Further study on group versus individual supervision will have an impact on the university setting for counselors-in-training, CACREP standards, client care, and economic factors in the delivery of a training program.

Statement of the Problem

This study is designed to measure the efficacy of group supervision as compared to combined group supervision and individual supervision upon the skill delivery and developmental level of counselors-in-training. Current CACREP credentialing requires one hour of individual supervision and one and a half hours of group supervision to be offered to practicum and internship participants. This requirement has not been empirically
validated in the supervision research. The present study will serve to determine the
efficacy of these two methods upon the professional and personal growth of beginning
counselors.

Review of Related Literature

Supervision History and Process

As the field of therapy has followed an undetermined and fluid path in its growth
from psychoanalytic roots to the contemporary version of broad-based theoretically
influenced models and techniques, so has the field of supervision. The historical literature
of supervision is filled with diverse theoretical opinions, assertions, and research
outcomes. For the purposes of this study, supervision is defined by Lambert and Arnold
(1987) as the part of overall training of mental health professionals that deals with
modifying their actual in-therapy behaviors including either group or individual training
activities, wherein the supervisor arranges experiences that are aimed at helping the
therapist-trainee to modify specific behaviors with particular clients.

Historically, supervision dates back to the emergence of psychodynamic theory
and progresses through facilitative theory, behavioral theory, and skills training phases
(Leddick & Bernard, 1980). As part of the facilitative model, Rogers (1957) advocated
group therapy and a practicum experience to enhance the supervisory process with new
counselors. Behavioral approaches to supervision emphasized the specific tasks of learning
to help clients and counselors identify problems and solutions (Leddick & Bernard, 1980).
The skills training approaches to training, particularly when employed by Ivey (1971),
combined the elements of the facilitative and behavioral models by focusing on the
supervisee’s process behaviors while using a behavioral method of learning. Upon their review, Leddick and Bernard (1980) concluded that the supervision research up to 1980 included several assumptions:

1. The supervisor must be an excellent therapist. 2. It is more important for the supervisor to be an excellent therapist than an excellent teacher. 3. The supervisor/trainee relationship must somewhat parallel the counselor/client relationship. 4. The trainee will perceive the supervisor as a role model. 5. The trainee will emulate the supervisor. 6. The trainee will be able to perceive and integrate what the supervisor is attempting to model. 7. Direct teaching is not good, or direct teaching is the better approach. 8. Authoritative relationship and facilitative relationships are mutually exclusive. 9. Supervisors do not need supervision. (pp. 193-194)

It can be seen that there was little agreement in the assumptions and outcome of supervision research during this time period. In the past two decades, the supervision literature has supported a developmental model that has come to dominate thinking and research in supervision (Holloway, 1987). This model has also come under considerable controversy (Birk & Mahalik, 1996), and will be discussed at length later in this review.

Considering the extensive history of supervision, one might assume that research in the field has offered conclusive results on effective models and methods of supervision. However, this is not the case. In reviewing the supervision research from 1970 to 1980 (Hansen, Pound, & Petro, 1976; Hansen, Robins, & Grimes, 1982), the researchers found conflicting results regarding method, salient factors and evaluation. Initial conclusions
(Hansen, Pound, & Petro, 1976) found “modeling techniques can be used effectively in the practicum; when didactic and experiential approaches to training were compared, didactic approaches were found to be more effective; audiotape procedures were as effective as videotape techniques; and training in the core conditions of facilitative communication has been the major concentration of supervision research” (p.113). In the following five years, researchers concluded that matching trainees and supervisors according to similar traits appears to offer no advantage. They further offered tentative support for peer supervision; and support for training that includes modeling, didactic and experiential approaches (Hansen, Robins, & Grimes, 1982). In a later review of literature, Lambert and Arnold (1987) concluded that the elements of supervision that seem most important for efficient learning include instruction, modeling, practice, and feedback. Simple skills can be learned with minimal intervention yet more complex skills require different teaching components, such as modeling.

Throughout the literature, there is consensus that supervision research is lacking in volume, vision, and precise methodology. Hansen, Robins, & Grimes (1982) concluded that supervision research continues to be isolated and generally does not build on previous work. Holloway (1984) recognized that due to the three assumptions in supervision research (supervisor is the focus of evaluation in the supervision interview, the trainee is evaluated primarily on counseling behaviors in the counseling interview, and the roles of supervisor and counselor are very similar and can be evaluated by counseling assessments), supervision research no longer reflects current models of supervision that describe multifaceted roles of supervisor and trainee and distinct roles between supervisor
and counselor. Ellis (1991) confirmed that empirical research on supervisor training is conspicuously absent in contrast to the available models for training supervisors. And Holloway and Hosford (1983) agreed that even though comprehensive models of supervision have been developed, there has been little empirical evidence to document how the practice is actually carried out and how it affects the counseling skills of trainees. Concluding their review of supervision research, Lambert and Arnold (1987) claimed that “research on the effects of supervision is linked to research on psychotherapy outcome and will not progress faster than knowledge about the effective ingredients of psychotherapy” (p. 222).

Group Supervision

Although arguments have ensued regarding the theoretical delivery of supervision, little attention has been paid to the format. Group therapy, as mentioned previously, was added to the training curriculum by Rogers (1957). At that point, it was assumed that the personal growth of the counselor was integral to professional growth. Hence, group supervision was a natural outcome of this assumption. Group supervision has been widely embraced in the field as useful and additive to individual supervision (Holloway & Johnston, 1985). However, research has not been conducted extensively enough to support this format (Bernard & Goodyear, 1992; Hayes, 1989; Hillerbrand, 1989; Holloway & Johnston, 1985; Prieto, 1996). Group supervision is defined as an activity “in which supervisors oversee a trainee’s professional development in a group of peers” (Holloway & Johnston, 1985, p. 333). An even more specific definition is offered by Bernard and Goodyear (1992), “In order to qualify as group supervision, therefore, the
procedure must depend on the interaction of group members and must have at its core the
dynamics of group process, including the delicate balance between individual growth and
development and group growth and development” (p.69).

Theorists do agree that group supervision offers a variety of benefits noticeable
through practitioner experience, if not research based. MacKenzie (1990) noted benefits of
group supervision to include an opportunity for counselors to experience mutual support,
share common experiences, solve complex tasks, learn new behaviors, participate in skills
training, increase interpersonal competencies, and increase insight. Werstlein (1994b)
further added that group supervision can be used as a social modeling experience that
helps supervisees learn to interact with peers in a way that encourages self-responsibility
and increases mutuality between supervisor and supervisee. Hillerbrand (1989) recognized
the power of group supervision to increase cognitive growth of participants based on
experience of exposure to cognitive process of novices at various skill levels. Sansbury
(1982) further supported group supervision based on the provision of a setting where
“behaviors and feelings are both more complicated and more enhanced, since they emerge
within the context of the group’s own dynamic interaction” (p. 54).

Hayes (1990) listed many benefits of group supervision that will be briefly
summarized here. Group supervision offers the opportunity to test self-perceptions.
Through group interactions distorted perceptions and false assumptions of self and others
may become more apparent. Group supervision has the potential to provide a sense of
psychological safety to support the elimination of self-defeating behaviors. Group
supervision provides an opportunity to interact in real-life situations, allowing the
supervisee to try out new behaviors in a safe environment. Responses of others can help supervisees appreciate the universality of some personal concerns. Group supervision enables supervisees to increase their abilities to give and to solicit appropriate self-disclosures and feedback thus aiding in their development as helpers and helpees.

Interaction with others in a group can enhance one's empathy and social interest. Long-term groups offer opportunities to make systematic progress toward personal changes by receiving reinforcement for changes. Group supervision exposes supervisees to alternative modes of helping. Consistent feedback from others in group supervision can enhance the supervisee's accuracy of perception and communication.

Bernard and Goodyear (1992) also strongly supported the use of group supervision based on several reasons. Group supervision can help avoid trainee dependence that might arise from individual supervision. Group supervision can help diminish power struggles that might arise between the supervisor and trainee by encouraging more input in case analysis from other group members. Group supervision can also help to bridge the gap between the classroom, which provides cognitive understanding, and the practice of therapy. Less important, but still a significant variable, group supervision is more efficient and cost-effective than one-on-one supervision.

Despite claims of insufficient research to support group supervision, several studies have been conducted that reveal the efficacy and notable factors of group supervision. Altekruse and Austin (1972) found that while studying restrictive versus non-restrictive leadership in practicum groups, it was the control group with no leader that emitted more understanding responses to clients. The researchers concluded that a
supervisor-absent practicum group might facilitate understanding through the trainees’ focus on each other’s affective feelings and thoughts without dependence on a supervisor. Axelson (1967) explored the effect of the trainee’s emotional needs on empathy and rapport in group supervision. This researcher found that empathy increased with the number of hours in group supervision. McKinnon (1969) compared the effect of group counseling and group supervision on trainee growth. Trainees who received both group counseling and group supervision, as opposed to just one of these interventions, showed significant growth. These studies appear to support the efficacy of group supervision.

In addition, several studies have been conducted to study the varying factors that affect group supervision. Hoese (1987) explored the structural and process aspects in group supervision including roles, effectiveness, and behavior. A significant outcome of this study included that supervisors rated group supervision as more effective than the trainees did. Kruger, Cherniss, Maher, and Leichtman (1988) explored group supervision problem-solving processes and group satisfaction according to experience of supervisor. Outcomes included that members of experienced supervisors’ groups were more satisfied and that group supervision focused on a task orientation in problem-solving. Rosenberg, Medini, and Lomranz (1982) compared supervisor’s perceptions of trainees by supervision format and found that individual supervisors saw trainees more personally while group supervisors saw trainees in a more social way. Savikas, Marquart, and Supinski (1986) surveyed medical student groups to explore what factors related to effective group supervision. The supervisor behaviors rated most effective were modeling, teaching problem-solving, and giving encouraging feedback. The researchers also suggested that
students' perceptions were used to evaluate effective supervisory experiences which may have been influenced by their needs for structure and reassurance. Finally, Wilbur, Roberts-Wilbur, Hart, Morris, & Betz (1994) studied the effect of a structured approach (Structured Group Supervision) to group supervision on trainee growth. They showed that trainees exposed to the structured approach showed significantly higher gains in personal growth and skill than did the control group. However, both structured group supervision and group supervision showed improvement, indicating the efficacy of both methods. The researchers concluded that the structured approach may be more developmentally appropriate for beginning counselors.

Two research studies utilized qualitative methods to study the processes of group supervision (Reed, 1990; Werstlein, 1994a). Reed (1990) observed 17 students in three group practicum classes. He found that process material seems to have the most impact on students and identified four tasks faced by group practicum students as they develop as counselors:

a) Overcoming fears of being evaluated by their peers. b) Learning how to use comments from their peers to assist them in their development as counselors. c) Learning how to think like a counselor by considering the process, rather than the content, of human interactions. d) Learning to trust their own 'instincts' as counselors. (pp. 12-13).

Also using qualitative methods, Werstlein (1994a) found that guidance and self-understanding were cited by supervisor and supervisees as the most important therapeutic factors in their group. She observed that the initial stages of group development were
apparent in the supervision groups but later stages were less noticeable as indicated by higher risk behaviors. As revealed in these studies, the process of group supervision requires further empirical research to lead to a greater understanding of the impact and efficacy of variables related to this format of supervision.

Sansbury (1982) cited four areas of focus to which a supervisor may attend in group supervision. They include teaching interventions directed at the entire group, specific case-oriented information, suggestions, or feedback, affective responses of a particular supervisee as to how the feelings pertain to his or her client and the group's interaction and development, which can be used to facilitate supervisee exploration, openness, and responsibility.

In presenting a case example of group supervisory process, Newman and Lovell (1993) recognized that as genuine group affection and ownership developed, the supervisor's centrality diminished and supervisory group members actively offered support, provided constructive feedback to one another, and independently engaged in supervisory techniques. In addition, Borders (1991) noted that observation of group members have indicated that counselors become aware of their own blind spots in peer group supervision and adapt the group method for challenging themselves. They will also consider multiple viewpoints of client cases and integrate these perspectives into their treatment plans.

A final issue affecting the delivery of group supervision is the lack of agreement and research base for the optimal size of the group itself. Bernard and Goodyear (1998) reported that no research has been conducted on the best size for a supervision group.
Although research is not supportive, several theorists propose a variation of sizes ranging from five to twelve members, depending on the theorist’s opinion and practice. And, even though, historically, CACREP supported a five to seven member supervision group (CACREP, 1988), currently, the standard is a ten member to one supervisor model of group supervision (CACREP, 1994). Hence, another issue for further research is the impact of group number on the efficacy of group supervision.

**Individual Supervision**

Despite the growing popularity and support for group supervision, individual supervision continues to be the most widely used format of supervision. Bernard and Goodyear (1998) reported that individual supervision is, “still considered the cornerstone of professional development” (p. 89). Many supervisees will experience group supervision but almost all supervisees will participate in individual supervision. And, once again, although individual supervision plays a critical role in maintaining the standards of the profession, research is sparse especially when compared to psychotherapy research (Holloway & Neufeldt, 1995). However, more research has been conducted on individual supervision than group supervision thus far in the literature.

In reviewing the supervision research, Holloway and Neufeldt (1995) concluded that more effective and less effective therapists were distinguished almost entirely by relationship variables as opposed to technical ones. Hence, just as in psychotherapy, a facilitative, therapeutic supervisory relationship is most associated with supervisee growth. Carkhuff and Berenson (1967) explored the importance of the relationship variables of
empathy, positive regard, genuineness, and concreteness in the supervisory relationship. They, too, concluded that individual supervisors who demonstrated these skills facilitated these same variables in their supervisees.

Pierce and Schauble (1970) studied the progress of 15 graduate level counselors who participated in individual supervision. They found that the interns who were supervised by supervisors demonstrating high levels of empathy, regard, genuineness, and concreteness changed significantly and positively on these scales over a period of an academic year. Those interns who were supervised by supervisors demonstrating low levels of these skills were not significantly different from their supervisors to begin with, and showed no significant change. At a nine month follow-up of this study, Pierce and Schauble (1971a) found that of these same subjects, the high supervision group continued to function more effectively on the measured dimensions than the supervisees of the low-level supervisors. From this research, the authors emphasized the importance of the individual supervisor who has the major potential for impact on the level of facilitative functioning of the counselor.

From a slightly different perspective, these same authors (Pierce & Schauble, 1971b) again conducted a study of 22 counseling students on the dimensions of empathy, regard, genuineness, and concreteness. In this study, they compared supervisees placed with high-level practicum instructors and high-level individual supervisors with supervisees placed with high-level practicum instructors and low-level individual supervisors. They found that the high-level practicum and individual supervisor group showed significant growth while the students with high-level practicum and low-level
individual supervisors showed gains but took a longer period of time to do so. This research again stressed the importance and impact of the individual supervisor.

In further support of individual supervision, Hodge, Payne, and Wheeler (1978) studied the skills of 72 students who participated in three groups; individually supervised, programmed, and control. Using an empathy scale to compare the groups, the researchers determined that learning was greatest in the individual supervision group. The programmed group had participated in taped instruction with no supervisor interaction and the control group was given no instruction. The programmed group produced only 60% of the gains in empathy as shown by the individually supervised trainees. The control group showed no significant growth. However, in comparing the experience level of the individual supervisors, the authors found no difference between those supervisors with significant experience and those who had participated in an eight week training program. It appeared that the mere presence of the supervisor was the key variable, possibly due to increased trainee attention or motivation.

Individual supervision does appear to be effective. However, the techniques and theories employed by individual supervisors are varied and elusive. Bernard & Goodyear (1998) suggested several interventions of use to the individual supervisor. They included self-report by supervisee, audiotape and critiques, videotape, Interpersonal Process Recall, live observation, and instruction. However, there does not seem to be a consensus of the salient factors that help determine trainee growth. These authors concluded that although the superiority of individual supervision may be a myth and remains unproven, they do not suggest that individual supervision be replaced by group supervision.
Group Versus Individual Supervision

Although group supervision has been tentatively found to be effective in the research and receives significant support from the literature, individual supervision is still the primary method of delivering supervision (Bernard & Goodyear, 1992). When group supervision is used, it is used in addition to individual supervision. As a matter of logistics, CACREP requires this combinatory method for accredited counselor education programs.

In the last thirty years, only two research studies can be cited as having compared the efficacy of individual supervision versus the efficacy of group supervision. Lanning (1971) studied the relationship between group and individual counseling supervision as measured by the trainee perceptions of the supervisory relationship, trainee expectations of their own counseling relationships, and client perceptions of the trainee’s counseling relationship. His study revealed no significant differences between the two methods of supervision, concluding that both were equally as effective. However, the researcher did find an interaction effect between the supervisor and the type of supervision. The nature of this effect was discussed as being possibly attributable to sex of the supervisor, theoretical orientation, experience level, training, commitment to type of supervision, and/or general charisma.

The second empirical study was conducted by Averitt (1988) in which he directly compared the effectiveness of individual versus group supervision as measured by empathic responding. Through using a pre-test/post-test measure of empathic responding and a pre-tape/post-tape authentic counseling session, the researcher studied the possible differences in empathic responses among the group supervision experimental group and
the individual supervision experimental group. Supervision was randomly assigned to four supervisors, three doctoral students and one professor. The study concluded that both methods were equally effective in teaching the counseling skill of empathic responding. He also found that participants in both groups were equally satisfied with their overall supervision experience and with their personal supervisor.

Both of these studies lead to the tentative conclusion that individual and group supervision are equally effective in promoting the growth of the beginning counselor. However, the small sample size in both studies limits their generalizability. To date there has been no research undertaken to compare the superiority of group supervision to the combinatory group and individual supervision method. Sansbury (1982) contended that group supervision actually may be a more effective method of supervision than individual supervision. However, this supposition remains unproven.

Developmental Growth of Supervisees

Developmental models of supervision have become the predominant focus in the last twenty years and have been readily accepted as experientially true by the majority of the supervision field (Bernard & Goodyear, 1992; Borders, 1990; Holloway, 1987; Tryon, 1996). According to Borders (1986), developmental models describe “counselor growth as a series of sequential, hierarchical stages, each requiring different supervision interventions” (p. 9). The primary theories of the developmental approach have been presented in Loganbill, Hardy, & Delworth (1982) and Stoltenberg and Delworth (1987). These theories have been the most revised and empirically researched of the numerous developmental concepts available in the supervision field.
In the first comprehensive model of developmental counselor supervision, Loganbill, et al. (1982) identified eight professional issues that follow a developmental course. These eight issues include competence, emotional awareness, autonomy, identity, respect for individual differences, purpose and direction, personal motivation, and professional ethics. A supervisee transitions between three developmental stages within these issues. The first stage is stagnation characterized by unawareness, low self-concept, black and white thinking, and dependency on supervisor. The second stage is confusion which is a stage of disorganization and disruption resulting in mixed feelings of failure with feelings of expertise, anger replacing dependency toward supervisor, and knowledge that something is wrong. The final stage is integration which is noted by flexibility, new cognitive understanding resulting in more creative ways of coping with problems, realistic view of self and supervisor, and sense of confidence. At each stage, the supervisor is expected to intervene to support the supervisee in the current stage and encourage movement to the next higher stage.

Stoltenberg and Delworth (1987) revised Stoltenberg's (1981) original developmental model, Counselor Complexity Model, to include concepts from Loganbill's model. In the revised model, Integrated Developmental Model (IDM), three developmental levels are addressed through eight dimensions including intervention skills, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics. The three developmental levels are described in terms of three structures: trainee's awareness of self and others, motivation toward the developmental process, and the amount of
dependency or autonomy displayed by the trainee (Bernard & Goodyear, 1992).

Specifically, the supervisee progresses in each of the structures across the three levels. At Level 1, the supervisee is a beginning trainee with high motivation, dependent on the supervisor, and with limited self-other awareness. At Level 2, supervisees are more advanced and show increasing self-other awareness but with motivational fluctuations and a dependency-autonomy conflict toward the supervisor. Finally, at Level 3, the supervisee shows structural flexibility across the domains (Tryon, 1996). McNeill, Stoltenberg, and Pierce (1985) initially developed an instrument, Supervisee Levels Questionnaire (SLQ), to assess the developmental level of trainee counselors according to the original Counselor Complexity Model. Later, McNeill, Stoltenberg, and Romans (1992) revised this instrument to assess the three levels of supervisee development identified in the Integrated Developmental Model. The SLQ-R has been found to be accurate in assessing developmental levels according to the IDM (McNeill, Stoltenberg, & Romans, 1992).

Although developmental models have been strongly supported in the supervision field, there does exist some controversy surrounding their application. Holloway (1987) sparked a controversial debate when she pointed out perceived fallacies in the developmental models. Specifically, Holloway challenged two areas. The first area is the developmental assumption that despite individual cognitive complexity, all supervisees will operate from low conceptual levels in their new field. The second criticism questioned whether developmental models were necessary considering a supervisee’s need for support might be explained by anxiety in a new evaluative relationship, not developmental stage (Birk & Mahalik, 1996). Stoltenberg and Delworth (1988) responded to Holloway’s
criticisms with the consistent argument that although beginning counselors with high conceptual levels progress more quickly through developmental stages, they would still not perform at a high conceptual level initially. The authors also contended that the developmental model had been supported empirically, thereby proving its usefulness. Birk & Mahalik (1996) attempted to research this particular debate by comparing cognitive levels of first year master’s level classes to treatment of non-evaluative or evaluative supervision. The researchers found support for both arguments through the conclusion that although trainees exhibited the same developmental level behaviors regardless of supervision condition, conceptual level and anxiety were moderating variables in describing the phenomenon of counselor development.

Other research supports the position of the developmental perspective of supervision. Tryon (1996) studied practicum trainees over a year of weekly individual supervision. Using the SLQ-R to measure development, she found that supervisee development did occur during training. Specifically, there were gains in the self and other awareness that had been proposed for this level supervisee. Randolph, Slick, & Collins (1995) researched student teachers as compared to student counselors over half of a semester using the SLQ. Again, these researchers concluded that the student counselors progress through practicum in a manner consistent with a developmental model and that supervisors apply supervision strategies in a manner consistent with a developmental model. Borders (1990) measured the development of supervisee over a semester of practicum in order to test the validity of Stoltenberg’s developmental model. Results indicated that the supervisees increased significantly on their total SLQ score as well as
subscales over the semester despite the theoretical orientation of the supervisor. Finally, Krause and Allen (1988) attempted to find support for Stoltenberg’s developmental model and proposed optimal supervision environments by measuring the supervision of students across 31 schools in a self-report from supervisor-supervisee pairs. They discovered supervisors adopted less structured style with more advanced supervisees, supportive of Stoltenberg’s theory. However, supervisees perceived no differences in supervisory style, indicating the supervisee was receiving the appropriate supervision intervention.

Bernard and Goodyear (1992) point out the underlying assumptions of developmental models and suggest several advantages of the developmental approach to counselor supervision. The assumptions in developmental models include: there is a beginning point to learning for the counselor; individual learning styles and personality types fall under the developmental perspective; there exists a logical sequence of stages through which trainees pass in their development; and the order of developmental stages apply for every trainee.

The advantages include that supervisors can track trainees’ progress, allowing them to determine when training is completed. Secondly, developmental models are atheoretical in nature and can be combined within several theoretical approaches to counseling. And, finally, developmental models focus not only on the trainee’s development but also on the supervisor’s development. Thereby, developmental models encompass the relationship between the supervisor and the supervisee.
Evaluating Counselor Efficacy

Evaluating a supervisee’s progress and effectiveness is one of the main roles of a supervisor (Bernard & Goodyear, 1992; Borders & Leddick, 1987; Bradley, 1989). The exact skills of what makes a counselor effective are yet to be determined. The research has suggested and studied variables such as empathy (Carkhuff, 1969), feelings of self-efficacy (Johnson, Baker, Kopala, Kiselica, & Thompson, 1989), perceived credibility (Strong, 1968), and others. There does not seem to be a general consensus on what behavior a counselor actually performs to influence progress with a client. Even though this consensus does not exist, the supervisor is still accountable for the proficiency of those individuals that are determined competent to be employed in the field of counseling (Hanna, 1997).

The literature on effective counselor variables has focused on what Strong (1968) identified as the social influence behaviors. The concept of social influence can further be explained by the perception of the counselor as trustworthy and/or expert (Corrigan & Schmidt, 1983). Additional variables that have been identified under this concept of social influence include attractiveness, credibility, power, or an overall “good guy” factor (Atkinson & Carskaddon, 1975; Corrigan & Schmidt, 1983). These social influence behaviors are dependent on the client’s perception of the counselor, in other words, the counselor’s presentation of self.

Traditionally, client satisfaction measures were deemed doubtful due to the fact that clients assess the degree to which clients feel they have benefited from services, not the degree to which they have actually made improvements (Steenbarger & Smith, 1996).
Yet, client perception is the most common method of assessing a counselor’s effectiveness (Ponterotto & Furlong, 1985; Steenbarger & Smith, 1996). This method has been extended especially due to the popularity of perceptual rating scales based on the social influence concept. Although some may doubt the accuracy of this method, others support the idea that client improvement is based on client perception of improvement. Therefore, if a client perceives his/her counselor as effective, then it can be assumed that the counselor is effective. This perception of the counselor’s efficacy leads to efficacy (Barak & LaCrosse, 1975; Barak & LaCrosse, 1977; Rogers, 1959; Strong, 1968). Outcome of counseling is determined most directly by client variables, not counselor variables (Lambert & Cattani-Thompson, 1996).

According to an extensive review of the counseling outcome literature undertaken by Lambert & Cattani-Thompson (1996), clients’ perceptions of the counselor-client relationship variables appear to be the most prominent ingredients of change. These authors identified common factors across therapies that are associated with positive outcomes. They found support factors such as identification with therapist, therapist expertness, empathy, trust, warmth, respect, genuineness, and acceptance were instrumental to positive outcome. These factors were found to be universal despite theoretical stances or techniques. Due to the best predictors of success being counselor-client relationship variables, Lambert and Cattani-Thompson recommended that the wise counselor will solicit weekly, written feedback from clients at each session to communicate positive and negative feedback.
If counselor efficacy is dependent on the client’s perception of the counseling relationship, what is the purpose of the supervision role in evaluation? Several researchers have found that ratings of counselor performance vary considering the source of the rating such as peer, client, supervisor, or counselor (Benshoff & Thomas, 1992). In contrast, on some scales, Barak and LaCrosse (1977) found that there was considerable agreement among counselors, clients, and supervisors regarding overall perceptions of counselor behavior. These controversial findings lend confusion to the role of the supervisor’s evaluation. Yet, Myrick and Kelly (1971) suggest that there is a need for the objective evaluation in order to avoid the dynamics of transference and dependency in the counseling relationship that would affect perceptual ratings. The supervisor is the most likely candidate to offer an objective on-going evaluation. In addition, group supervision offers the counselor-in-training an opportunity to actually practice the social influence behaviors that influence the counseling relationship. Thereby, a member of a supervision group will receive consistent feedback on personal expertness, trustworthiness, attractiveness, and other variables that will increase counselor efficacy.

**Council for Accreditation of Counseling and Related Educational Programs**

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) was incorporated in 1981. This council was created as an independent body by the American Counseling Association (ACA) and its divisions to implement standards of excellence of the counseling profession’s graduate-level preparation programs. Currently, CACREP is recognized by Council on Recognition of Postsecondary Accreditation and regularly consults with the Council on Rehabilitation Education, American Psychological
As of June, 1998, 119 institutions have been accredited by CACREP for at least one counseling program (CACREP, 1998). However, this number represents fewer than 50% of the potential counselor preparation programs (Bobby & Kandor, 1992). Controversy has surrounded the reasons behind this lack of affiliation with the CACREP standards ranging from arguments of too stringent standards to lack of perceived autonomy in determining program direction (Bobby & Kandor, 1992; Engels, 1991; Kandor & Bobby, 1991; Smaby & D’Andrea, 1995; Vacc, 1992). Issues of supervision have especially been highlighted (Bobby & Kandor, 1992; Smaby & D’Andrea, 1995).

According to the 1994 standards, CACREP (1994) requires that each practicum include 40 hours of direct service to clients, a minimum of one hour per week of individual supervision, a minimum of one and a half hours per week of group supervision with other students in similar practica, and evaluation of the student’s performance. Under the group supervision standards, group supervision is limited to 10 students. Hence, CACREP supports up to a 10 to 1 group supervision model. To this date, CACREP nor ACA has conducted any studies to support these criteria for supervision.

Further, CACREP does not provide rationale for its supervision standards as defined in its standards and procedures manual (CACREP, 1994). Supervision is defined as, “a tutorial form of instruction wherein a supervisor assigned to the student’s program monitors the student’s activities in practicum or internship and facilitates the student’s practicum or internship learning and skill development experiences” (CACREP, 1994, p.
Group supervision is defined as “a tutorial relationship between a senior member of the counseling profession and two or more student trainees. In addition to accomplishing the ends of individual supervision, group supervision offers trainees an opportunity for vicarious learning, as well as group process advantages” (CACREP, 1994, p. 101). The definitions nor the standards address a rationale for requiring a specific way of administering supervision. There is no mention of client welfare or proven studies that support the administration of supervision in order to promote enhanced client welfare.

As mentioned, Bobby and Kandor (1992) conducted a study in which they found that both CACREP accredited and nonaccredited counselor education programs identified the supervision requirement as being a concern in the endeavor of seeking and achieving accreditation. Smaby and D’Andrea (1995) label the supervision requirements as stringent, requiring higher level supervision for students. In attempting to provide supervision individually for every practicum student with the CACREP 10 to 1 faculty student ratio standard, counseling programs find their faculty depleted of time and energy. However, if individual supervision is the necessary way to provide competent and effective counselors, the time and energy are quite worth the result. Up to this point, the question of the most potent format in delivery of supervision remains controvertible.

Summary

Research studies reveal that counselor supervision is a complex, arguable necessity of training counselors. Whether counselors-in-training progress in effectiveness through didactic or experiential methods delivered in a group or individual format has not been proven. Studies appear to show the benefits of a multiplicity of methods. And, current
practices support the formats of a combined individual and group format for supervision. CACREP specifically requires the use of both individual and group supervision on a weekly basis to train counselors. Promoting developmental growth and determining counselor efficacy are key components in judging the competency of any beginning counselor.

The purpose of this study was to evaluate the formats by which supervision is delivered to counselors in practicum. The format of individual supervision combined with group supervision was compared to group supervision alone. In addition, the effectiveness of group supervision was studied as an outcome when the component of number of participants was used as an independent variable. Progress of a practicum counselor was measured according to counselor development and counselor efficacy as determined by each person involved in the counseling relationship.
CHAPTER II

Procedures

Research Questions

In examining the formats of group supervision and individual supervision, questions surround comparing the two formats and their combinatory effect. This study was designed to investigate the following questions:

1. Is group supervision alone equally as effective as group supervision with individual supervision in increasing counselor effectiveness?

2. Is smaller group supervision more effective than larger group supervision in increasing counselor effectiveness?

3. Is group supervision alone equally as effective as group supervision with individual supervision in promoting counselor development?

4. Is smaller group supervision more effective than larger group supervision in promoting counselor development?

Hypotheses

In an attempt to answer these research questions and carry out the purpose of this study, the following hypotheses were formulated:

1a. The experimental treatment group, Large Supervision Group (LG), will attain an equal or higher mean at post-taping, adjusting for any differences at pre-taping by using the pre-tape score as a covariate, on the Counselor Rating Form - Short (CRF-S) as rated
by objective raters, supervisors, and clients than the experimental treatment Individual and Group Supervision Group (IG).

1b. The experimental treatment group, Small Supervision Group (SG), will attain an equal or higher mean at post-taping, adjusting for any differences at pre-taping by using the pre-tape score as a covariate, on the CRF-S as rated by objective raters, supervisors, and clients than IG treatment group.

2. SG treatment group will attain an equal or higher mean at post-taping, adjusting for any differences at pre-taping by using the pre-tape score as a covariate, on the CRF-S as rated by objective raters, supervisors, and clients than LG treatment group.

3a. LG treatment group will attain an equal or higher mean at post-test, adjusting for any differences at pre-test by using the pre-test score as a covariate, on the Supervisee Levels Questionnaire - Revised (SLQ-R) than IG treatment group.

3b. SG treatment group will attain an equal or higher mean at post-test, adjusting for any differences at pre-test by using the pre-test score as a covariate, on the SLQ-R than IG treatment group.

4. SG treatment group will attain an equal or higher mean at post-test, adjusting for any differences at pre-test by using the pre-test score as a covariate, on the SLQ-R than LG treatment group.

**Definition of Terms**

The following terms define the specific actions that took place as part of practicum time.
30 minutes administrative/business with whole group. Practicum supervisor informs group of any administrative tasks that must be completed (i.e. file completion, program information, check-in time, session summaries, question/answer period).

2 hours direct client contact. Two staggered counselor/client sessions that run 50 minutes in length took place during practicum time. The remaining 20 minutes were designated for administrative work.

1 hour peer observation/paperwork. Each counselor observed 40 minutes of a peer’s counseling session. During this time, they completed a written peer rating form that was given to the peer upon completion of the observed session. The observer submitted the form to the counselor and gave any additional comments deemed necessary. The remainder of the time was used for administrative work. Each observer used a self-chosen systematic method to ensure observation of each available counselor during their observation time in order to provide for equal peer supervision.

Live observation of direct client contact sessions. Practicum supervisors provided live observation of counseling sessions each week. The supervisor was required to observe at least 30 minutes of each practicum counselor each week and provide written feedback to the counselor. The supervisor submitted the feedback to the counselor and gave any additional comments deemed necessary. These comments did not exceed 10 minutes for any given session. The technique of live observation ensured the safety of each client whose welfare remained the key priority with all the supervisors. Live observation was also used to monitor students who were in need of additional supervision and needed to be dropped from this study.
90 minutes group interaction (8 to 1 model). One facilitator led a supervision
group of eight counselors. The group time consisted of 30 minutes didactic
teaching/group experiential time (may consist of teaching skills, role-plays, or experiential
exercises) presented in the format decided by supervisor. 60 minutes were devoted to case
presentations from two counselors; each counselor awarded 30 minutes. Each counselor
was required to present at least three times over the semester due to time constraints. Case
presentations consisted of the presenting counselor’s videotaped session, presenting
counselor’s conceptualization of the case, feedback from group members, and discussion
of suggested techniques, prognosis, and outcomes. These group activities and case
presentation activities are proposed in both Borders and Leddick (1987) and Bradley
(1989).

90 minutes group interaction (4 to 1 model). Two facilitators each led a
supervision group of four counselors. The group time consisted of 30 minutes didactic
teaching/group experiential time (consisting of teaching skills, role-plays, or experiential
exercises) presented in the format decided by supervisor. 60 minutes were devoted to case
presentations from two counselors; each counselor awarded 30 minutes. Each counselor
was required to present at least six times over the semester. Case presentations consisted
of the presenting counselor’s videotaped session, presenting counselor’s conceptualization
of the case, feedback from group members, and discussion of suggested techniques,
prognosis, and outcomes. Again, these activities are supported in Borders and Leddick
1 hour additional individual supervision. Practicum counselors who participated in the IG treatment model were required to participate in one hour of additional individual supervision outside of practicum time. The times were arranged with their assigned supervisor. The supervisors were doctoral students enrolled in EDSS 6090 Counselor Supervision. Individual supervision consisted of initial goal setting, weekly videotape review, conceptualization of cases, skill-building, and personal integration of knowledge and skills.

Written feedback. Written feedback was delivered in two ways according to the choice of the observer. The Peer Rating Form developed by Carmichael (1992) was available in the practicum room. This form consists of a rating scale on specific counselor behaviors with a space for additional comments (see Appendix H). A second way to deliver feedback to counselors was a blank feedback sheet to be filled with observer comments. Feedback sheets were not part of this study and were not be collected by the researcher.

The following terms are those related to determining counselor progress.

Counselor effectiveness. For the purposes of this study, counselor effectiveness is directly related to the social influence behaviors identified by Strong (1968). Social influence behaviors are tied to a counselor’s perceived credibility. This credibility factor has been linked to attitudinal change and influence over the client (Barak & LaCrosse, 1975). Counselors are deemed effective according to their presentation of expertness, attractiveness, and trustworthiness as measured by the Counselor Rating Form - Short...
Version (Corrigan & Schmidt, 1983). Counselor effectiveness was observed by clients, supervisors, and objective raters to determine progress over the semester.

Counselor development. In becoming a counselor, a trainee progresses through specific stages focused on increasing autonomy and self-awareness, as well as application of acquired skills and theories (McNeill, Stoltenberg, & Pierce, 1985). “In addition, different motivations, needs, and sources of resistance of counselor at different levels of development are noted as a trainee acquires a more complete conceptual self-understanding and a more complex view of the counseling process” (McNeill, Stoltenberg, & Pierce, 1985, p. 630). For the purposes of this study, counselor development was measured and defined by the Supervisee Levels Questionnaire - Revised (McNeill, Stoltenberg, & Romans, 1992).

Participants

Individuals enrolled in Fall, 1997 and Spring, 1998 EDSS Practicum 5690 were asked to volunteer for participation in the study. Enrollment in Practicum 5690 calls for completion of all required degree courses in counselor education with the exception of internship. This course is the first of the clinical courses that requires counseling sessions with actual clients. All enrolled practicum students were asked to participate in the study. There were no exclusion criteria for initial participation.

Subjects were asked to sign an informed consent which specified their right to withdraw from the study at any time (Appendix A). All tapes and self-reports were anonymously coded by the researcher and kept confidential. Participation in the study in no way affected the grade of any practicum student. If subjects were judged to be in need
of additional supervision not provided in the study, they would have been dropped from the research and their materials would have been destroyed. If subjects requested to be dropped from the study, their materials would also have been destroyed.

Overall, 64 subjects completed the SLQ-R pre and post-measure. In addition, all 64 subjects also completed the Counselor Preference List. Due to difficulties in client attendance, complete pre and post counseling tapes could only be collected on 59 participants. Hence, data from 5 subjects was dropped from the CRF-S data set due to lack of completion of both pre and post measures. No subjects were dropped from the study for any other reason. The 64 original subjects included all practicum students from the two semesters. All students enrolled in practicum agreed to participate.

Faculty Supervisors

Each faculty practicum supervisor was asked to volunteer to participate in one of the three treatment models in the study. The participation of the faculty supervisor was needed in order to structure the practicum time according to the research needs. Upon agreement to participation, each practicum was randomly selected to participate in a single model, ensuring that the same model was not being led by the same practicum professor more than twice. There were five separate practicums in the Fall, 1997 and four separate practicums in the Spring, 1998. Hence, because all supervisors agreed, there were three participating practicums in each model. Each subject received randomized treatment due to the randomization of the practicums. Supervisors were given an explanation of the study, along with practicum definitions and requirements of participants (Appendix B).
**Doctoral Supervisors**

Eleven doctoral students were asked to participate as individual supervisors for the IG treatment group. These doctoral students were enrolled in Counselor Supervision, receiving supervisor supervision from a senior faculty member on a weekly basis. During these supervision sessions of the doctoral supervisors, the faculty supervisor monitored supervisee progress in individual supervision and group process in group supervision. The Counselor Supervision class requires the successful completion of at least one year of doctoral studies, including advanced clinical classes. Over the two semesters, each supervisor was assigned a maximum of two supervisees participating in the IG experiential group. The supervisor-supervisee pair were required to meet weekly over a ten week period for an hour of individual supervision. Doctoral supervisors were provided a resource list for supervisory sessions and details for the initial supervision session (Appendix C). In addition, each doctoral student was required to assist in the supervision of a practicum during the same semester.

**Clients**

Each supervisee was assigned a minimum of two clients on a weekly basis. Clients were individuals seeking help through an university clinic and met with their counselors once a week for 50 minutes. Clients were informed of the use of videotapes and reports for research purposes and agreed to participate in a clinic designed for such training.

**Objective Raters**

Three advanced doctoral students, two females and one male, volunteered to serve as raters for this study. Each rater held a state license as a professional counselor and had
at least five years experience as a counselor. The three raters met two separate times for training and to establish and maintain inter-rater reliability. In training, the raters defined each of the twelve characteristics listed on the CRF-S as a group to help establish agreement. Pre and post-videotapes were coded, randomized, and distributed to the raters to be measured according to the CRF-S.

Instrumentation

Counselor Rating Form - Short Version

The original Counselor Rating Form (Barak & LaCrosse, 1975) was developed to measure counselor expertness, attractiveness, and trustworthiness as dimensions of counselor influence with the client. Initially, four expert judges classified adjectives as examples of expertness, attractiveness, or trustworthiness. From this list, 36 adjectives with at least 75% interjudge agreement were selected to construct the CRF, with 12 items describing each of three dimensions. For each term, an antonym was chosen and placed opposite of the original term on a 7-point bipolar scale (Ponterotto & Furlong, 1985).

Barak and LaCrosse (1975) studied the use of the instrument with 202 volunteer students from an introductory psychology course. The subjects viewed three films of counseling sessions led by Carl Rogers, Frederick Perls, and Albert Ellis. At the end of each film, the subjects rated the counselors on the CRF. The study found that each dimension; expertness, attractiveness, and trustworthiness were separate dimensions. In a follow-up study, LaCrosse and Barak (1976) replicated their original research with 127 undergraduates in order to strengthen the factor loadings on dimensions. In this study, they found resulting mean split-half reliabilities for the CRF were .87 for expertness, .85
for attractiveness, and .91 for trustworthiness with a range of .75 to .93 across the three therapists.

Barak and LaCrosse (1977) further validated the use of the CRF in studying counseling interviews with 19 clients. Each was rated by the client, the supervisor, and the counselor. The researchers found that their data supported considerable agreement among counselors, clients, and supervisors regarding overall perceptions of counselor behavior, as reflected in the nonsignificant finding for the source of rating. They concluded that the CRF appeared to be a valid instrument for assessing perceptions of counselor behavior from multiple sources.

In an attempt to update and validate the CRF, Corrigan and Schmidt (1983) revised the instrument to strengthen its use. Specifically, the researchers were concerned with the required reading level for the CRF (10th grade), the lack of subsequent validation of the original factor analyses, and the indication that respondents do not use the full range of ratings available on the 7-point bipolar scales. In revising the CRF, the authors dropped the negative adjective on the scale, and instead, respondents were asked to rate the extent to which a counselor demonstrates the characteristic of the positive adjective on the 7-point Likert scale anchored by the words not very and very. This change was intended to increase the variance of ratings. Additionally, the authors selected 12 of the 36 items to remain in the instrument based on the extent to which the item loaded on the appropriate dimension in previous factor analyses, and the comprehension level required for understanding of the positive adjective in the item. As a result, the new instrument could be completed with an eighth-grade level of comprehension. The new Counselor Rating
Form - Short Version (CRF-S) was validated through the replication of Barak and LaCrosse's (1975) original study. Corrigan and Schmidt (1983) used a sample of 133 college students and a sample of 155 clients from outpatient centers. The results demonstrated mean split-half reliabilities across student and client populations were .90 for expertness, .91 for attractiveness, and .87 for trustworthiness. Factor loadings for the three factor oblique structure were high, with most loadings exceeding .75.

Other studies have continued to show the reliability and validity of the CRF-S. Epperson & Pecnik (1985) studied 215 college students who each rated 15 minute segments of counseling interviews from Rogers, Perls, and Ellis. The internal consistencies of the CRF-S scales for the three counselors ranged from .63 to .89, with a median of .82. These reliabilities compared favorable with those of the longer CRF. Wilson and Yager (1990) also examined the concurrent and construct validity of the CRF-S. Using 160 undergraduate students who rated videotaped role-played counseling sessions, they found that the CRF-S yielded two factors: expertness and attractiveness-trustworthiness. They suggest that the instrument might be better interpreted as a total score instead of factor scores.

Ponterotto & Furlong (1985), who reviewed the six most used rating scale instruments, point out the advantages of using the CRF-S. One advantage is the instrument is relatively brief and therefore easy to administer. The CRF-S requires only an eighth-grade reading level for full item comprehension and thus can be used across various age groups. Finally, the CRF-S has been proven to have some construct validity across both normal and clinical samples. Again, these authors caution that researchers analyze
only the total score as a global measure of client satisfaction with the counselor’s performance, due to the lack of consensus on factor independence.

**Supervisee Levels Questionnaire - Revised**

In an attempt to validate the specific constructs posited originally by Stoltenberg (1981) in his Counselor Complexity Model, McNeill, Stoltenberg and Pierce (1985) developed the Supervisee Levels Questionnaire. This instrument was based on the supposition that as the experiential levels of trainees increased, the trainee would report characteristics associated with higher stages of counselor development. The responses of the trainees should be categorized to measure aspects of counselor development.

In their original validation procedures, McNeill, Stoltenberg, and Pierce (1985) enlisted four expert judges to organize 24 self-report items into three subscales of 8 items each, reflecting self-awareness, dependency-autonomy, and theory/skills acquisition. Cronbach’s alpha scores for items classified into the three subscales were .55 for Self-Awareness, .76 for Dependency-Autonomy, and .67 for Theory/Skills Acquisition. The SLQs were then completed by 91 subjects from eight training programs in counseling and clinical psychology. Participants were divided according to experience level, supervision experience, and education. Preplanned contrasts using one-way analysis of variance for unequal cells were conducted to examine the relations between the three SLQ subscales and the trainee experience measure. Significant differences were found for all three SLQ subscales, with the Dependency-Autonomy subscale appearing to be most sensitive. Researchers concluded that a trainee who progresses through a continuous developmental sequence will move from a dependent to a more autonomous role as a counselor and is
less in need of external direction in both counseling and supervision. The SLQ appeared to be a valid measure of this progression.

With the presentation of the Integrated Developmental Model (IDM), revised by Stoltenberg and Delworth (1987), researchers began to revise the SLQ to reflect the current theoretical constructs of the new model (McNeill, Stoltenberg, & Romans, 1992). The instrument was revised by using the previous 24 items from the SLQ as well as additional items generated to tap the overall constructs and structures of IDM. The 47 self-report items were then rationally organized by three expert judges into three subscales which include self and other awareness, motivation, and dependency-autonomy.

In a replication of the original validation procedures, researchers analyzed 105 completed SLQ-Rs from across eight counseling training programs. The subjects were classified according to counseling experience, supervision experience, and graduate education. Of the original 47 items, those that did not correlate significantly with both the total score and appropriate subscale score at the .0001 level were discarded. The complete SLQ-R consisted of 30 items (score range = 30-210). Cronbach alpha reliability coefficients were calculated for the three subscales, resulting in reliability estimates of .83 for Self and Other Awareness, .74 for Motivation, .64 for Dependency-Autonomy subscales, and .88 for total scores. An analysis of variance using trainee experience as the independent variable indicated that the total SLQ-R scores of the groups differed significantly, $F (2,102) = 7.37, p<.001$. Using a .05 alpha level on one-tailed t tests, the researchers found significant differences in mean subscale and total SLQ-R scores between the beginning and advanced trainee groups and the intermediate and advanced trainee groups. The SLQ-R appeared to
measure the constructs associated with Stoltenberg and Delworth's (1987) integrated model of counselor development with some degree of reliability and validity.

Tryon (1996) conducted an additional study to validate the use of the SLQ-R. She followed 25 advanced psychotherapy practicum trainees in clinical and counseling psychology over one year of supervised counseling. The SLQ-R was administered to supervisee at 5 weeks of practicum, 15 weeks of practicum, and 31 weeks of practicum. Changes over the three testings in Self-Other Awareness, Motivation and Dependency-Autonomy were assessed using a within-subjects repeated measures multivariate analysis of variance. There was a significant main effect, $F(6, 19) = 7.86, p<.0003$. An analysis of variance for Self-Other Awareness was significant, $F = 16.08, p<.001$. Mean scores on this scale increased over the three testings as follows: a) 51.84, SD = 9.66; b) 57.00, SD = 5.12; and c) 63.16, SD = 6.82. There was also a significant ANOVA effect for Dependency-Autonomy, $F(2, 23) = 13.31, p<.0002$. Mean scores on this scale increased over the three testings as follows: a) 38.88, SD = 4.67; b) 42.64, SD = 3.68; and c) 43.92, SD = 4.48. The ANOVA effect for Motivation was not significant. The researcher concluded that the results provide support for supervisee development during training and offered additional validity to the SLQ-R.

Procedures

Each participating practicum was placed into one of three treatment groups. The practicum hours of the treatment groups were structured in the following ways:

1. Individual and Group Supervision Treatment Group (IG):

   30 minutes administrative/business with whole group
2 hours direct client contact
1 hour peer observation/paperwork
Live observation of direct client contact sessions
90 minutes group interaction (8 to 1 supervisee to supervisor ratio)
1 hour additional individual supervision outside of class

2. Large Group Supervision Treatment Group (LG):
30 minutes administrative/business with whole group
2 hours direct client contact
1 hour peer observation/paperwork
Live observation of direct client contact sessions
90 minutes group interaction (8 to 1 supervisee to supervisor ratio)

3. Small Group Supervision Treatment Group (SG):
30 minutes administrative/business with whole group
2 hours direct client contact
1 hour peer observation/paperwork
Live observation of direct client contact sessions
90 minutes of group interaction (4 to 1 supervisee to supervisor ratio)

The provision of individual supervision and the number of members in group supervision served as the independent variables to examine research questions.

Subjects from all treatment groups submitted a counseling videotape within the first three weeks of practicum of a second client session. The subjects again submitted a videotape within the last three weeks of practicum of at least a second or beyond client
session. Each session was rated on site by the practicum supervisor and the client using the Counselor Rating Scale-Short Version at the end of the session. In the same week that subjects were asked to submit videotapes, they were asked to complete the Supervisee Levels Questionnaire - Revised self-report. These were used as a pre-test/post-test measure of development.

The practicum semester was 16 weeks which allowed for 10 weeks of treatment in between the pre and post measures. During this 10 weeks, the IG treatment group participated weekly in eight to one group supervision sessions lasting for 90 minutes and in outside one hour individual supervision sessions facilitated by a doctoral supervisor. The LG treatment group participated in eight supervisees to one facilitator ratio supervision sessions for 90 minutes each week. The SG treatment group participated in four supervisees to one facilitator ratio supervision sessions for 90 minutes each week.

In addition to client and supervisors completing the CRF-S for each videotape, the tapes were rated by three raters who have pre-established interrater reliability according to the CRF-S. The tapes were coded, randomized and distributed to the objective raters for completion of the CRF-S. Randomization of tapes occurred through the use of a random table of numbers. The raters were required to view 15 minutes of the counseling session. The rating time began at exactly 15 minutes into the counseling session.

At the end of the semester, the participants were asked to prioritize their preferences for each supervision experience (Appendix D). The experiences to be prioritized included individual supervision, group supervision, peer supervision (peer feedback), practicum supervisor individual supervision, and self-supervision. The IG group
was the only group that rated individual supervision. This ranking was being used to help determine the role of preferences in counselor growth. Doctoral supervisors were also asked to fill out a questionnaire on their thoughts regarding the individual supervision process, as well as the practicum experience (Appendix E).

Both the videotapes and self-reports were coded by the investigator, Dee Ray, and kept confidential. Any participants who were to be judged to be in need of additional supervision by their practicum supervisor would have been dropped from the study and provided with the necessary supervision.

Data Analysis

Objective Rater Reliability

The inter-rater reliability was established at two separate times. Initially, raters met for a training session on the CRF-S. The raters scored sample counseling sessions blindly to establish reliability. Reliability was determined according to an intraclass correlation coefficient. Tinsley and Weiss (1975) recommended the intraclass correlation ($R$) as the best measure of interrater reliability available for ordinal and interval level measurement. Estimating the between-judges variance as part of the equation led to a conservative estimate of interrater reliability that may be generalized to other judges. The initial coefficient for this first session was calculated at $R = .79$. Following this training session, the raters individually rated the first semester of participants. The second training session took place to ensure continued rater reliability. At the second training session, the intraclass correlation coefficient was calculated at a $R = .78$. The raters then rated the second semester of participants.
Counseling Session Tapes

All study participants received an anonymous code from the point of informed consent. Data from client, supervisor, and objective rater forms of the CRF-S were pooled and entered into SPSS according to code. Each source of rating, client, supervisor, or objective rater, was entered as a separate rater group. An analysis of covariance (ANCOVA) was computed to test the significance of the difference between the three treatment groups on the adjusted posttape means for each hypothesis. In each case, the posttest specified in each of the hypotheses was used as the dependent variable and the pretest as the covariate. ANCOVA was used to adjust the group means in the posttest on the basis of the pretest, thus statistically equating the three treatment groups. Significance of difference between means is tested at the .05 level. On the basis of ANCOVA, the hypotheses were either retained or rejected.

Self-Reports

Each participant was asked to submit a self-report of the Supervisee Levels Questionnaire - Revised (SLQ-R) at the beginning and end of practicum. The pre and post self-report were coded and entered as data into SPSS. Factor analysis was run to verify the three factor scales identified in previous research (McNeill, Stoltenberg, & Romans, 1992). Again, an ANCOVA was computed to test the significance of the difference between the three treatment groups on the adjusted posttest means for each hypotheses. In each case, the posttest specified in each of the hypotheses was used as the dependent variable and the pretest as the covariate. ANCOVA was used to adjust the group means in the posttest on the basis of the pretest, thus statistically equating the three treatment
groups. Significance of difference between means is tested at the .05 level. On the basis of ANCOVA, the hypotheses were either retained or rejected.
CHAPTER III

Results And Discussion

This chapter presents the results of the analysis of the data organized by the instruments employed in this study. In addition, there is a discussion of the results according to hypothesis and research questions. Implications and recommendations for further research are included.

Results

CRF-S

Total gain scores between pre and post measures on the CRF-S were employed for each source of rating: clients, supervisors, and objective raters. A one sample t-test was run for each rating source. Using no gain as the null hypothesis, total gain for all groups rated by clients was not significant at the .05 level, \( t(47) = 1.458, p = .151 \). However, counselors demonstrated a mean gain of 2.31 points on the CRF-S. Total gain for all groups rated by supervisors was statistically significant, \( t(58) = 9.077, p < .001 \), with a mean gain of 10.03 points. Total gain for all groups rated by objective raters approached significance with a \( t(56) = 1.91, p = .061 \), with a mean gain of 4.57 points. Table 1 outlines the one-sample statistics. It must be mentioned that the lack of significance among the client raters may be due to a ceiling effect among this sample of raters.
Table 1

One-Sample Statistics For Total Gain On CRF-S By Rating Source

<table>
<thead>
<tr>
<th>Rating Source</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients</td>
<td>48</td>
<td>2.3125</td>
<td>10.9858</td>
</tr>
<tr>
<td>Supervisors</td>
<td>59</td>
<td>10.0339</td>
<td>8.4913</td>
</tr>
<tr>
<td>Objective Raters</td>
<td>57</td>
<td>4.5789</td>
<td>18.0969</td>
</tr>
</tbody>
</table>

Three one way between-subjects analyses of covariance (ANCOVA) were performed on counseling effectiveness according to the CRF-S. The independent variable consisted of supervision group, LG, SG, or IG supervision group. Covariates were the pre-tape scores with the dependent variable being the post-tape scores. The ANCOVA tested whether group means on the post-tape, adjusted for differences in pre-tape means, were the same for each supervisor group as rated by each rating source.

Results of evaluation of the assumptions of normality of residuals, linearity, homogeneity of variance, homogeneity of regression, and reliability of covariates were satisfactory for the objective raters. The data collected from client raters demonstrated a substantial ceiling effect (Figure 1). Data transformations (logarithmic, square root, inverse, and arcsine) were attempted; however, they were unable to achieve a desirable transformation. Therefore, the raw client data should be interpreted with caution as the p-values may reflect bias inherent in the lack of symmetry between the distribution of the data collected from the clients and the theoretical F distribution. Data collected from supervisors did not demonstrate marked violations of any of the above assumptions; however, two multivariate outliers existed. The outliers were retained in the analysis as
they did not influence the shape of the distribution to a marked extent. A table of adjusted means for each rating source can be found compiled in Table 2.

Table 2

Adjusted Means And Standard Errors By Supervision Group For Each Rating Source

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Clients</th>
<th>Supervisors</th>
<th>Objective Raters</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Adjusted</td>
<td>Adjusted</td>
<td>Adjusted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Std.</td>
<td>Std.</td>
<td>Std.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>Error</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Error</td>
</tr>
<tr>
<td>LG</td>
<td>19</td>
<td>77.84</td>
<td>2.40</td>
<td>65.09</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.61</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>56.55</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.26</td>
</tr>
<tr>
<td>SG</td>
<td>18</td>
<td>75.69</td>
<td>2.06</td>
<td>65.96</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.66</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55.59</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.27</td>
</tr>
<tr>
<td>IG</td>
<td>22</td>
<td>74.10</td>
<td>2.20</td>
<td>65.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>58.77</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.04</td>
</tr>
</tbody>
</table>

Results of the first test in the ANCOVA revealed no significant differences in post-tape scores (with pretape scores controlled) among the three supervision groups as rated by clients, $F(2, 44) = .631, p = .537$. When rated by supervisors, no significant differences were found among the supervision groups, $F(2, 55) = .071, p = .931$. And, finally, the ANCOVA using the objective raters also found no significant differences among supervision groups, $F(2, 53) = .265, p = .768$. These results can be seen in Table 3.

Post-hoc analyses on CRF-S. Due to randomization of faculty supervisors in leading practicum according to a specific supervision model (LG, SG, IG), one faculty member led all three models across four practicums, one led the SG model across two practicums, one led the LG and IG models across two practicums, and one led the IG model in one practicum. In order to ensure that supervision group effects were not confounded with individual faculty practicum supervisor effects, post hoc analyses of the
Table 3

**CRF-S Summary ANCOVA Table For All Rating Sources**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Covariate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(Clients)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>707.448</td>
<td>1</td>
<td>707.448</td>
<td>9.293</td>
<td>.004</td>
<td>.174</td>
</tr>
<tr>
<td>Error</td>
<td>96.047</td>
<td>2</td>
<td>48.024</td>
<td>.631</td>
<td>.537</td>
<td>.028</td>
</tr>
<tr>
<td>Total</td>
<td>3349.413</td>
<td>44</td>
<td>76.123</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covariate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(Super.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>278.735</td>
<td>1</td>
<td>278.735</td>
<td>5.617</td>
<td>.021</td>
<td>.093</td>
</tr>
<tr>
<td>Error</td>
<td>7.063</td>
<td>2</td>
<td>3.532</td>
<td>.071</td>
<td>.931</td>
<td>.003</td>
</tr>
<tr>
<td>Total</td>
<td>2729.489</td>
<td>55</td>
<td>49.627</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covariate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(Object.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>1223.845</td>
<td>1</td>
<td>1223.845</td>
<td>6.403</td>
<td>.014</td>
<td>.108</td>
</tr>
<tr>
<td>Error</td>
<td>101.326</td>
<td>2</td>
<td>50.663</td>
<td>.265</td>
<td>.768</td>
<td>.010</td>
</tr>
<tr>
<td>Total</td>
<td>10129.830</td>
<td>53</td>
<td>191.129</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Group = Supervision Group

Data were employed. Data were analyzed via an ANCOVA with the faculty practicum supervisor serving as the independent variable, CRF-S total score from each rating source on post-tape as the dependent variable and total score on the pre-tape as the covariate.

The results of adjusted means and standard errors are illustrated in Table 4.
Table 4

CRF-S Adjusted Means And Standard Errors By Faculty Supervisor For Each Rating

<table>
<thead>
<tr>
<th>Source</th>
<th>Clients</th>
<th>Supervisors</th>
<th>Objective Raters</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adjusted M</td>
<td>Std Error</td>
<td>Adjusted M</td>
</tr>
<tr>
<td>Super. 1 26</td>
<td>75.23</td>
<td>1.91</td>
<td>63.39</td>
</tr>
<tr>
<td>Super. 2 12</td>
<td>76.84</td>
<td>2.57</td>
<td>68.75</td>
</tr>
<tr>
<td>Super. 3 12</td>
<td>76.05</td>
<td>3.37</td>
<td>64.69</td>
</tr>
<tr>
<td>Super. 4 9</td>
<td>75.48</td>
<td>3.37</td>
<td>68.26</td>
</tr>
</tbody>
</table>

Note: Super. = Faculty Practicum Supervisor

The results of the ANCOVA for the clients as the rating source was nonsignificant, $F (3, 43) = .089, p = .966$, indicating that counselors assigned to different faculty supervisors did not demonstrate differences on CRF-S totals as rated by clients (See Table 5). The results of the ANCOVA for the supervisors as the rating source was also nonsignificant, $F (3, 54) = 2.303, p = .087$, indicating that counselors assigned to different faculty supervisors did not demonstrate differences on CRF-S totals as rated by supervisors (See Table 6). Finally, the results of the ANCOVA for the objective raters as the rating source was again nonsignificant, $F (3, 52) = 1.495, p = .227$, indicating that counselors assigned to different faculty supervisors did not demonstrate differences on CRF-S totals as rated by objective raters (See Table 7).
### Table 5

**CRF-S ANCOVA Summary For Faculty Supervisors / Rating Source-Clients**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>21.296</td>
<td>3</td>
<td>7.099</td>
<td>.089</td>
<td>.966</td>
<td>.006</td>
</tr>
<tr>
<td>Covariate (Clients)</td>
<td>591.580</td>
<td>1</td>
<td>591.580</td>
<td>7.429</td>
<td>.009</td>
<td>.147</td>
</tr>
<tr>
<td>Error</td>
<td>3424.164</td>
<td>43</td>
<td>79.632</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>279798.000</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 6

**CRF-S ANCOVA Summary For Faculty Supervisors / Rating Source-Supervisors**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>310.413</td>
<td>3</td>
<td>103.471</td>
<td>2.303</td>
<td>.087</td>
<td>.113</td>
</tr>
<tr>
<td>Covariate (Super)</td>
<td>162.782</td>
<td>1</td>
<td>162.782</td>
<td>3.623</td>
<td>.062</td>
<td>.063</td>
</tr>
<tr>
<td>Error</td>
<td>2426.139</td>
<td>54</td>
<td>44.929</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>256070.000</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 7

**CRF-S ANCOVA Summary For Faculty Supervisors / Rating Source-Objective Raters**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>812.477</td>
<td>3</td>
<td>270.826</td>
<td>1.495</td>
<td>.227</td>
<td>.079</td>
</tr>
<tr>
<td>Covariate (Object.)</td>
<td>227.548</td>
<td>1</td>
<td>1227.548</td>
<td>6.777</td>
<td>.012</td>
<td>.115</td>
</tr>
<tr>
<td>Error</td>
<td>9418.679</td>
<td>52</td>
<td>181.128</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>197019.000</td>
<td>57</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Principal factors extraction with varimax rotation was performed through SPSS on 30 items from the SLQ-R for a sample of 64 subjects. The factor solution indicated that the SLQ-R was a unidimensional measure (See Table 8). This was additionally confirmed via analysis of the scree plot shown in Figure 1. However, these results may underestimate the actual number of factors due to the small item to subject ratio (N = 64). Therefore, due to this ambiguity, the factor solution proposed by McNeill, et al. (1992) was employed in the following analyses. The factors include self and other awareness, motivation, and dependency/autonomy. Cronbach alpha coefficient reliabilities when calculated for each factor identified by McNeill, et al. (1992). The alpha coefficients for self and other awareness was .8233, motivation was .7128, and dependency/autonomy was .5322.
Table 8

Factor Matrix For SLQ-R

<table>
<thead>
<tr>
<th>Posttest Question #</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.590</td>
<td>0.331</td>
<td>0.117</td>
</tr>
<tr>
<td>10</td>
<td>0.467</td>
<td>0.231</td>
<td>0.247</td>
</tr>
<tr>
<td>11</td>
<td>0.297</td>
<td>0.177</td>
<td>5.816E-002</td>
</tr>
<tr>
<td>12</td>
<td>0.235</td>
<td>3.176E-002</td>
<td>8.170E-003</td>
</tr>
<tr>
<td>13</td>
<td>0.224</td>
<td>0.383</td>
<td>0.214</td>
</tr>
<tr>
<td>14</td>
<td>0.129</td>
<td>-0.196</td>
<td>0.108</td>
</tr>
<tr>
<td>15</td>
<td>0.354</td>
<td>9.066E-002</td>
<td>-0.442</td>
</tr>
<tr>
<td>16</td>
<td>0.260</td>
<td>-0.351</td>
<td>-0.233</td>
</tr>
<tr>
<td>17</td>
<td>0.521</td>
<td>-0.383</td>
<td>-1.432E-002</td>
</tr>
<tr>
<td>18</td>
<td>0.553</td>
<td>0.467</td>
<td>-0.547</td>
</tr>
<tr>
<td>19</td>
<td>-0.316</td>
<td>-0.152</td>
<td>0.266</td>
</tr>
<tr>
<td>2</td>
<td>0.750</td>
<td>-0.256</td>
<td>1.350E-002</td>
</tr>
<tr>
<td>20</td>
<td>0.324</td>
<td>0.114</td>
<td>-0.218</td>
</tr>
<tr>
<td>21</td>
<td>0.687</td>
<td>6.134E-002</td>
<td>2.771E-003</td>
</tr>
<tr>
<td>22</td>
<td>0.339</td>
<td>0.187</td>
<td>-0.147</td>
</tr>
<tr>
<td>23</td>
<td>0.658</td>
<td>-0.138</td>
<td>0.114</td>
</tr>
<tr>
<td>24</td>
<td>0.594</td>
<td>-1.118E-002</td>
<td>0.214</td>
</tr>
<tr>
<td>25</td>
<td>0.441</td>
<td>-4.577E-002</td>
<td>-5.273E-002</td>
</tr>
<tr>
<td>26</td>
<td>0.685</td>
<td>-0.225</td>
<td>0.123</td>
</tr>
<tr>
<td>27</td>
<td>0.614</td>
<td>-3.528E-002</td>
<td>0.259</td>
</tr>
<tr>
<td>28</td>
<td>0.531</td>
<td>-0.102</td>
<td>0.349</td>
</tr>
<tr>
<td>29</td>
<td>0.612</td>
<td>-0.372</td>
<td>-0.164</td>
</tr>
<tr>
<td>3</td>
<td>0.472</td>
<td>0.150</td>
<td>-0.121</td>
</tr>
<tr>
<td>30</td>
<td>0.621</td>
<td>-0.308</td>
<td>-0.121</td>
</tr>
<tr>
<td>4</td>
<td>0.307</td>
<td>-0.266</td>
<td>-1.660E-002</td>
</tr>
<tr>
<td>5</td>
<td>0.453</td>
<td>0.160</td>
<td>-7.339E-002</td>
</tr>
<tr>
<td>6</td>
<td>0.409</td>
<td>0.124</td>
<td>-9.682E-002</td>
</tr>
<tr>
<td>7</td>
<td>0.471</td>
<td>0.511</td>
<td>0.286</td>
</tr>
<tr>
<td>8</td>
<td>0.355</td>
<td>-8.426E-002</td>
<td>-0.155</td>
</tr>
<tr>
<td>9</td>
<td>0.561</td>
<td>3.756E-002</td>
<td>0.138</td>
</tr>
</tbody>
</table>

Extraction Method: Principal Axis Factoring.
a. 3 factors extracted. 14 iterations required.
The total gain for all groups between pre and post measures on the SLQ-R was a mean of 12.34 as can be seen in Table 9. On average, the gain was equal to one standard deviation. Further, a one sample t-test employing zero as a test value indicated a significant gain between pre and post measures; $t(63) = 7.929, p<.001$.

Table 9

One-Sample Statistics For Total Gain On SLQ-R

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAINTOT</td>
<td>64</td>
<td>12.34</td>
<td>12.45</td>
</tr>
</tbody>
</table>
Four one-way between-subjects analysis of covariance (ANCOVA) were performed on the factors of the SLQ-R affecting counselor development proposed by McNeill, et al. (1992). The independent variable consisted of the supervision group: LG, SG, or IG supervision group. Covariates were the pre-test scores with the dependent variable being the post-test scores. The ANCOVA tested whether group means on the post-test, adjusted for differences in pretest means, were the same for each supervision group.

Results of evaluation of the assumptions of normality of residuals, linearity, homogeneity of variance, homogeneity of regression, and reliability of covariates were satisfactory. No outliers were found. The original sample of 64 remained consistent. A table of adjusted means for each factor can be found compiled in Table 10.

Table 10

Adjusted Means and Standard Errors By Supervision Group For Each SLQ-R Factor

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Self &amp; Other Awareness</th>
<th>Motivation</th>
<th>Dependency Autonomy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Adjusted M Std. Error</td>
<td>Adjusted M Std. Error</td>
<td>Adjusted M Std. Error</td>
<td>Adjusted M Std. Error</td>
</tr>
<tr>
<td>LG</td>
<td>22</td>
<td>64.31 1.14</td>
<td>53.70 1.08</td>
<td>48.88 .875</td>
<td>155.42 2.40</td>
</tr>
<tr>
<td>SG</td>
<td>20</td>
<td>62.96 1.20</td>
<td>54.84 1.11</td>
<td>45.74 .925</td>
<td>152.85 2.50</td>
</tr>
<tr>
<td>IG</td>
<td>22</td>
<td>62.22 1.16</td>
<td>54.29 1.07</td>
<td>45.66 .880</td>
<td>151.25 2.41</td>
</tr>
</tbody>
</table>

Results of the first test in the ANCOVA revealed no significant differences in post-test scores (with pretest scores controlled) among the three supervision groups for self and other awareness, $F (2, 60) = .839, p = .437$, motivation, $F (2, 60) = .266, p = $
.768, and total scores, $F(2, 60) = .752, p = .476$. However, on the factor dependence/autonomy, significant differences between groups did occur; $F(2, 60) = 4.33, p = .017$. These results can be seen in Table 11. A priori contrasts in which each group supervision format was compared to the individual and group format revealed that counselors who received the large group supervision format scored higher on this dimension than counselors being supervised with one of the other two supervision formats. A higher score indicates an increased sense of autonomy.

Post-hoc analyses on SLQ-R. Due to randomization of faculty supervisors in leading practicum according to a specific supervision model (LG, SG, IG), one faculty member led all three models across four practicums, one led the SG model across two practicums, one led the LG and IG models across two practicums, and one led the IG model in one practicum. In order to ensure that supervision group effects were not confounded with individual faculty practicum supervisor effects, post hoc analyses of the data were employed. Data were analyzed via an ANCOVA with the faculty practicum supervisor serving as the independent variable, SLQ-R total score on post-test as the dependent variable and total score on the pre-test as the covariate. The results of adjusted means and ANCOVA are illustrated in Table 12 and Table 13 respectively. The results of the ANCOVA were nonsignificant, $F(3, 59) = .077, p = .972$, indicating that counselors assigned to different faculty supervisors did not demonstrate differences on SLQ-R totals.
### Table 11

**SLO-R Summary ANCOVA Table For All Factors**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Eta Squared</th>
<th>Observed Power</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Covariate (Awareness)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>844.162</td>
<td>1</td>
<td>844.162</td>
<td>29.277</td>
<td>.000</td>
<td>.328</td>
<td>1.000</td>
</tr>
<tr>
<td>Error</td>
<td>48.382</td>
<td>2</td>
<td>24.191</td>
<td>.839</td>
<td>.437</td>
<td>.027</td>
<td>.187</td>
</tr>
<tr>
<td>Total</td>
<td>1730.024</td>
<td>60</td>
<td>28.834</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Covariate (Motivation)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>821.526</td>
<td>1</td>
<td>821.526</td>
<td>33.470</td>
<td>.000</td>
<td>.358</td>
<td>1.000</td>
</tr>
<tr>
<td>Error</td>
<td>13.038</td>
<td>2</td>
<td>6.519</td>
<td>.266</td>
<td>.768</td>
<td>.009</td>
<td>.090</td>
</tr>
<tr>
<td>Total</td>
<td>1472.719</td>
<td>60</td>
<td>24.545</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Covariate (Depnd/Aut)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>403.923</td>
<td>1</td>
<td>403.923</td>
<td>23.962</td>
<td>.000</td>
<td>.285</td>
<td>.998</td>
</tr>
<tr>
<td>Error</td>
<td>146.090</td>
<td>2</td>
<td>73.045</td>
<td>4.333</td>
<td>.017</td>
<td>.126</td>
<td>.731</td>
</tr>
<tr>
<td>Total</td>
<td>1011.414</td>
<td>60</td>
<td>16.857</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Covariate (Total)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>4859.397</td>
<td>1</td>
<td>4859.397</td>
<td>38.910</td>
<td>.000</td>
<td>.393</td>
<td>1.000</td>
</tr>
<tr>
<td>Error</td>
<td>187.802</td>
<td>2</td>
<td>93.901</td>
<td>.752</td>
<td>.476</td>
<td>.024</td>
<td>.172</td>
</tr>
<tr>
<td>Total</td>
<td>7493.307</td>
<td>60</td>
<td>124.888</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Group = Supervision Group
Table 12

**Adjusted Means and Standard Errors By Faculty Supervisor For SLO-R Total**

<table>
<thead>
<tr>
<th>Faculty</th>
<th>n</th>
<th>Mean</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor 1</td>
<td>30</td>
<td>152.44</td>
<td>2.13</td>
</tr>
<tr>
<td>Supervisor 2</td>
<td>13</td>
<td>154.29</td>
<td>3.22</td>
</tr>
<tr>
<td>Supervisor 3</td>
<td>12</td>
<td>153.07</td>
<td>3.43</td>
</tr>
<tr>
<td>Supervisor 4</td>
<td>9</td>
<td>153.63</td>
<td>3.86</td>
</tr>
</tbody>
</table>

Table 13

**ANCOVA Summary For Faculty Supervisors On SLO-R**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>30.103</td>
<td>3</td>
<td>10.034</td>
<td>0.077</td>
<td>0.970</td>
<td>.004</td>
</tr>
<tr>
<td>Covariate (SLQ-R)</td>
<td>5269.874</td>
<td>1</td>
<td>5269.874</td>
<td>40.638</td>
<td>.000</td>
<td>.408</td>
</tr>
<tr>
<td>Error</td>
<td>7651.007</td>
<td>59</td>
<td>129.678</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1515024.00</td>
<td>64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Preference Data**

Participants of the study were asked to complete a Counselor Preference List in which they prioritized their supervision experiences from the most helpful to the least helpful. Those in the IG group ranked Group Supervision, Peer Supervision, Practicum Supervisor Individual Supervision (in between sessions), Self-Supervision, and Individual Supervision Sessions (outside of practicum) on a scale from 1 to 5 with 1 being the most helpful. Those in the LG and SG groups were asked to rank the same experiences, excepting Individual Supervision Sessions outside of practicum, from 1 to 4 with 1 being the most helpful. Doctoral supervisors were also asked to rank the same supervision
experiences according to their observations on helping the practicum counselor become a better counselor. Respondents included all 11 doctoral supervisors and all 64 study participants.

A chi square was run to test independence of rank order and supervision group. IG (n = 22), LG (n = 22), and SG (n = 20) were compared in frequencies and crosstabulations. IG and doctoral supervisors were also compared in a chi square analysis to determine independence of rankings. Only significant results will be reported.

**IG, LG, SG Comparison.** The four supervision experiences; Group Supervision, Peer Supervision, Practicum Supervisor Individual Supervision, and Self-Supervision were ranked by all subjects. Eighty-one percent of all respondents from the three supervision groups ranked Practicum Supervisor Individual Supervision within the top two most helpful experiences. Forty-five percent ranked Group Supervision within the top two most helpful experiences while 34% of participants ranked Self-Supervision within the top two. Finally, only 18% of respondents ranked Peer Supervision within the top two most helpful experiences. Chi square analysis indicated a relationship between supervision group and rankings for Self-Supervision as demonstrated by \( \chi^2 (4) = 11.904, p = .018 \). Counselors participating in SG format were more likely to rate Self-Supervision highly than those in IG and LG. 55% of those in SG ranked Self-Supervision within the top two rankings as compared to 18% in IG and 31% in LG. In addition, significance was found regarding Peer Supervision, \( \chi^2 (4) = 23.738, p < .000 \). Those in SG tended to have a neutral opinion regarding Peer Supervision as evidenced by a 75% ranking in the middle rank while those
in IG and LG were more likely to have a strong opinion of like or dislike. 63% of IG respondents ranked Peer Supervision within the lowest two rankings as did 59% of all IG respondents.

**IG and doctoral supervisor comparison.** All five supervision experiences; Group Supervision, Peer Supervision, Practicum Supervisor Individual Supervision, Self-Supervision, and Individual Supervision Sessions were ranked by all IG participants and all doctoral supervisors who led individual supervisory sessions. Of these respondents, 72% ranked Individual Supervision Sessions within the top two rankings, 69% ranked Practicum Supervisor Individual Supervision within the top two, and 30% ranked Group Supervision within the top two supervision experiences. Finally, 15% ranked Peer Supervision in the highest rankings and 12% ranked Self-Supervision as the most helpful. Chi square analysis indicated a relationship between the two groups and Individual Supervision Sessions, $\chi^2 (2) = 6.188$, $p = .045$. One hundred percent of all doctoral supervisors ranked Individual Supervision Sessions as the most helpful, whereas only 59% of IG participants ranked this type of supervision in the top two. IG percentage preferences included Practicum Supervisor Individual Sessions (72%), Individual Supervision Sessions (59%), Group Supervision (27%), Peer Supervision (22%), and Self-Supervision (18%).

**Discussion**

Each hypothesis will be addressed in terms of its outcome, significance, and implications for this study. Personal observations of the researcher and qualitative
comments from study participants are also addressed. Finally, limitations of this study and recommendations for further research will be considered.

Hypotheses

Hypothesis 1a. The experimental treatment group, Large Supervision Group (LG), will attain an equal or higher mean at post-taping, adjusting for any differences at pre-taping by using the pre-tape score as a covariate, on the Counselor Rating Form - Short (CRF-S) as rated by objective raters, supervisors, and clients, than the experimental treatment Individual and Group Supervision Group (IG).

Hypothesis 1a. was supported by the analysis of CRF-S data collected in this study. According to all three ANCOVAs, clients, supervisors, and objective raters scored participants from LG and participants from IG with statistical equivalence.

Hypothesis 1b. The experimental treatment group, Small Supervision Group (SG), will attain an equal or higher mean at post-taping, adjusting for any differences at pre-taping by using the pre-tape score as a covariate, on the CRF-S as rated by objective raters, supervisors, and clients, than IG treatment group.

Hypothesis 1b. was supported by the analysis of CRF-S data collected in this study. According to all three ANCOVAs, clients, supervisors, and objective raters scored participants from SG and participants from IG with statistical equivalence.

Hypothesis 2. SG treatment group will attain an equal or higher mean at post-taping, adjusting for any differences at pre-taping by using the pre-tape score as a
covariate, on the CRF-S as rated by objective raters, supervisors, and clients, than LG treatment group.

Hypothesis 2 was supported by the analysis of CRF-S data collected in this study. According to all three ANCOVAs, clients, supervisors, and objective raters scored participants from SG and participants from LG with statistical equivalence.

**Hypothesis 3a.** LG treatment group will attain an equal or higher mean at post-test, adjusting for any differences at pre-test by using the pre-test score as a covariate, on the Supervisee Levels Questionnaire - Revised (SLQ-R) than IG treatment group.

Hypothesis 3a was supported by the analysis of SLQ-R data collected in this study. According to the ANCOVA employing the SLQ-R total and supervision groups, participants from LG and IG scored themselves with statistical equivalence.

**Hypothesis 3b.** SG treatment group will attain an equal or higher mean at post-test, adjusting for any differences at pre-test by using the pre-test score as a covariate, on the SLQ-R than IG treatment group.

Hypothesis 3b was supported by the analysis of SLQ-R data collected in this study. According to the ANCOVA employing the SLQ-R total and supervision groups, participants from SG and IG scored themselves with statistical equivalence.

**Hypothesis 4.** SG treatment group will attain an equal or higher mean at post-test, adjusting for any differences at pre-test by using the pre-test score as a covariate, on the SLQ-R than LG treatment group.
Hypothesis 4 was supported by the analysis of SLQ-R data collected in this study. According to the ANCOVA employing the SLQ-R total and supervision groups, participants from SG and LG scored themselves with statistical equivalence.

Research Questions

Although all hypotheses in this study were supported by data analyses, the significance of these findings is found in answering the research questions:

Research question 1. Is group supervision alone equally as effective as group supervision with individual supervision in increasing counselor effectiveness?

The results of this study indicated that group supervision alone and group supervision with individual supervision are equally effective in increasing counselor effectiveness. Total gains on the CRF-S, the determinant of counselor effectiveness, are questionable when measured by client rating source due to the lack of normal distribution of data. However, both supervisors and objective raters scored participants with overall gains on the CRF-S. All three groups demonstrated equal growth in counselor efficacy.

Research question 2. Is smaller group supervision more effective than larger group supervision in increasing counselor effectiveness?

As discussed, all three supervision groups, large group, small group, and large group with individual supervision demonstrated no statistical differences in counselor effectiveness. Hence, large group and small group appeared to be equal in increasing counselor effectiveness. Neither format seemed to be more effective. This particular finding addresses the question of recommended group size for group supervision. Previous
literature offers little support for any particular group size (Bernard & Goodyear, 1998). According to this study, there was little difference in developing counselor effectiveness between four group members (SG) and eight group members (LG) participating in supervision groups.

**Research question 3.** Is group supervision alone equally as effective as group supervision with individual supervision in promoting counselor development?

All three supervision groups also demonstrated overall significant growth on the SLQ-R, the measure of counselor development. Again, all three supervision groups were found to be equally effective in promoting counselor development. There was no statistical difference among the three groups. Although total scores were statistically equivalent, the specific factor of dependency/autonomy on the SLQ-R indicated a difference among groups. The LG participants exhibited statistically significant growth on this factor when compared to the other two formats. Hence, the large group format seemed more effective in increasing counselor autonomy than the small group or individual and large group formats. This finding appears to support the logic that counselors who participate in larger groups become less dependent on their supervisors and more reliant on themselves. Whereas, counselors who participate in individual supervision or small group supervision do become more autonomous but not to the same extent as in large group supervision.

**Research question 4.** Is smaller group supervision more effective than larger group supervision in promoting counselor development?
Finally, all three groups, LG, SG, and IG, were equally effective in promoting
counselor development as proven by total scores on the SLQ-R. The large group and
small group participants appeared to be statistically equivalent in their development. Small
group did not seem to be any more effective than large group. And, as discussed, the large
group format was more successful in promoting the factor of autonomy. Considering
equivalence on total counselor development, it might be surmised that large group
supervision is more effective in promoting a certain aspect of development, such as
autonomy, due to the significant increase in this area as compared to the increase found in
the small group format.

Post-Hoc Findings

A consideration in this study included a concern regarding the effects that faculty
practicum supervisors might have on the results. The possibility existed that faculty
characteristics, such as gender, personal charisma, or theoretical orientation, might
interfere with the outcome. Therefore, results regarding effectiveness of supervision
formats might be confounded with individual faculty leadership. In a similar study,
Lanning (1971) found an interaction effect between the supervisor and type of
supervision. Post-hoc measures employing faculty effects versus supervision formats via
ANCOVA procedures were utilized to control for this possible interaction. According to
ANCOVAs employed for the CRF-S and SLQ-R, no interaction existed between
practicum faculty supervisors and supervision format outcome. Consequently, the results
of this study can be considered further validated due to statistical control for such an outside variable.

Preference Rankings

Interestingly, preference rankings appeared to have little impact on the outcome regarding counselor effectiveness and counselor development. Overall, group supervision ranked toward the midpoint, second for LG and SG, and third for IG. Study participants appeared to prefer any type of individual supervision over group supervision. This was evidenced by the overwhelming preference for practicum individual supervision (81% of all participants ranked this supervision in the top two priorities) which in this study was defined as ten minutes of feedback from practicum supervisors directly following counseling sessions. Even those participating in the group supervision with individual supervision preferred the practicum individual supervision to individual supervision sessions. Suppositions regarding the rationale for the preference of this type of supervision include immediacy of feedback, and/or the preference of receiving feedback from faculty members as opposed to doctoral supervisors in individual sessions. Although group supervision was not prioritized as a preference, counselor effectiveness and counselor development occurred whether counselors received the bulk of supervision individually or in group. It should be noted that when counselors were asked to make comments regarding supervision experiences, only two negative comments out of 64 possible commentaries were recorded. Counselors appeared to appreciate all of their supervision experiences yet obviously showed a preference for individual attention.
One other salient outcome of the preference data was the comparison of rankings between the doctoral supervisors and the IG participants. Particularly, the ranking of individual supervision sessions indicated a notable difference. One hundred percent of all doctoral supervisors ranked the individual supervision within the top two rankings while only 59% of IG participants ranked this format as high. Several reasons might explain this difference. The first, and most obvious, reason for this difference is the personal investment of each doctoral supervisor in delivering the individual format. Considering their time and effort, it is likely that they would prioritize individual supervision as the most preferred. Another possible reason for this commitment to individual supervision is the personal experience that each doctoral supervisor had been provided in their own individual supervision. In making comments, doctoral students tended to draw on their own supervision and growth experiences. Other possible reasons for the lower ranking by IG participants include the ones already mentioned, regarding immediacy of feedback and preference for faculty feedback.

**Doctoral Supervision and Feedback**

Each doctoral supervisor was asked to fill out a questionnaire/comment sheet on the process of supervision. As a group, the supervisors agreed that individual and group supervision were essential to the supervision process, with a marked preference for individual supervision. All supervisors noted improvements in their individual supervisees which included, increase in basic skills, increased self-confidence, increased ability to conceptualize clients, and increased self-awareness. Offering support for group
supervision, doctoral supervisors recommended more of a focus on group process and less didactic instruction during group time.

All activities involved in individual supervision were monitored throughout the study by a senior faculty member. Activities included videotape review, didactic instruction, role-playing, personal process exploration, and homework. Videotape review, in which supervisees were requested to share sections of counseling sessions and discuss/process with supervisor, was utilized by all doctoral supervisors with all supervisees. Role-playing was the second most used technique to help counselors improve their skills and develop self-awareness. Various other techniques were employed at different times as deemed necessary by the supervisor.

Limitations

The limitations of this study included the choice of the CRF-S as a primary instrument in measuring the effectiveness of counselors, the specific use of the SLQ-R, the use of doctoral-level supervisors, and lack of a control group in the experimental design. The CRF-S was chosen as the instrument to determine the effectiveness of the practicum counselors. This measure is a subjective instrument reliant on social influence factors of expertness, attractiveness, and trustworthiness. Ponterotto and Furlong (1985) listed the CRF-S as one of the most used rating scales to determine counselor effectiveness. However, in this particular study, the subjectivity of the scale was not an optimal method of determining counselor skills. There appeared to be a need for a more objective measure which limits the subjectivity of the clients, supervisors, and objective raters. In addition,
the client rating source demonstrated significant ceiling effects on the CRF-S shown through the lack of normal distribution in the outcome data.

Secondly, the use of the SLQ-R in measuring autonomy in group versus individual supervision may not have been the intended use of this instrument. Although not specifically addressed by McNeill, Stoltenberg, & Romans (1992), the developmental model does support individual supervision. On factor scores regarding autonomy versus dependency on supervisor, the assumption could be made that when addressing supervisory questions, the authors of the instrument intended individual supervisors to be rated, not group supervisors. This was an unknown variable in this study and may have served as a limitation.

A further limitation included the use of doctoral-level supervisors, as opposed to more experienced faculty members, in providing individual supervision may have interfered with the subjects preference for individual supervision. Although experienced in counseling, the doctoral supervisors were new to the experience of supervision. This lack of experience may have influenced counselor supervisees preference for and personal growth in individual supervision.

Finally, this study did not employ the use of a control group due to ethical and accreditation standards. The addition of a true control group would have included a supervision group that received no supervision. Although this might have been useful in determining increases in counselor effectiveness and development, this method would have disregarded the welfare of the clients.
Further Research

The process and outcome of this study indicated the need for further research in the area of group and individual supervision. The observation of the lack of objective measures in determining counselor effectiveness emphasizes the need for an instrument that is sensitive to overall counselor skill development and relies on specific measurable data. Also, this study demonstrated a need for further qualitative observations of the large group versus small group supervision format. The results of this study showed the equivalence of these two formats in increasing counselor effectiveness and development. However, differences between small group and large group formats need to be qualitatively examined to observe the process variables. The outcome of this study that large group supervision promotes greater autonomy than small group format is an interesting one that begs to be further explored.

The finding that large group format promotes greater autonomy may be an outcome of developmental level. In the Integrated Developmental Model, Stoltenberg and Delworth (1987) support that idea that development in counselors is marked by an increase in autonomy. However, comparing this concept to the present study presents the dilemma of timing in training. When should counselors develop more autonomy? Although it appears to be a positive growth toward autonomy as demonstrated through the large group format, this may not be the case. One might conjecture that counselors left to supervise themselves and their peers will simply do so. This could possibly occur whether the counselors are capable of such supervision or not. The question raised by this study is
whether counselors completing practicum-level training are actually capable and/or skillful enough to provide themselves adequate supervision without the intense supervision of an experienced supervisor. The counselors represented in this study may be demonstrating a high level of autonomy too soon in their development.

Along the lines of developmental issues involved in the present study is the clear preference for supervisory immediate feedback during the practicum time. This is also an issue for further exploration. The ten minutes of immediate feedback following counseling sessions presented by doctoral and faculty supervisors was the most preferred mode of supervision. This immediate feedback consisted of didactic, specific points made by the supervisor directly relating to the previous counseling session. Because of time restrictions, supervisors are pressured to be more directive than might normally be the case in individual supervision sessions. The preference for this type of supervision indicates a developmental level of supervisees that requires a directive, concrete supervisory style. This could explain why the immediate feedback was preferred over the individual supervision sessions. Due to the process variables of self-awareness and exploration that are integral to individual supervision, positive response to individual supervision sessions may be an indicator of advanced-level supervisees.

Two other outcomes of this study also present issues to be investigated in subsequent research. The first is the low ranking of peer supervision. Study participants showed a marked lack of preference for peer supervision, ranked lowest by all groups. Although a review of the literature shows the effectiveness of this supervision method,
counselors did not prefer this format to any other format. This lack of preference also supports the developmental need for directive supervision as opposed to process supervision. An in-depth exploration of the rationale behind this lack of preference is needed. And finally, on the CRF-S, supervisors and objective raters scored study participants differentially. Supervisors tended to rank counselors higher and also scored their progress much higher than the objective raters. One might conjecture that the supervisors had several reasons for this scoring difference including personal involvement with supervisees and extent of time observing counselors, as opposed to the objective raters. Hence, the supervisors might have scored each practicum counselor according to a more global view of progress instead of a specific session exhibiting skills, as done by the objective raters. This variable appears to be one worth further study.

Conclusions and Implications

The outcome of this study might be disconcerting to the field of counselor supervision in that the need for individual supervision is placed into question. As Bernard and Goodyear (1992) emphasized, individual supervision is the cornerstone of traditional counselor supervision. Yet, the results of this study offer the idea that group supervision is not only complementary to individual supervision, but may be interchangeable with individual supervision. The field has significantly relied on individual supervision to promote counselor skills and personal development. However, this research demonstrated the effectiveness of small and large group supervision in accomplishing the same task. Another possible explanation for counselor growth is not only supervision, but the
experience of counseling itself, the primary task of practicum. The lack of a control group precluded the observation of this variable. Hence, noting the growth inherent in the actual experience of providing counseling, counselors seem to benefit equally utilizing large group, small group, or large group with individual supervision formats.

Taken to its logical conclusion, the outcome of this study implies that the provision of group supervision and individual supervision, as required by CACREP, is unnecessary. Group supervision alone appears to be sufficient in developing counselors. However, it then becomes necessary to recognize preferences and developmental levels in supervision. As discussed, all doctoral supervisors ranked individual supervision sessions within the highest priority of supervision. Individual feedback during practicum was ranked the highest by all supervision treatment groups. Individual feedback during practicum consisted of approximately ten minutes of feedback delivered to practicum counselors by faculty and doctoral supervisors immediately following their counseling sessions. Individual supervision sessions consisted of one hour weekly sessions led by doctoral supervisors who reviewed counseling sessions and personal/professional progress. Those who participated in group and individual supervision ranked individual feedback during practicum and individual supervision sessions as their highest preferences. The obvious conclusion of the study results is that counselors and supervisors prefer individual interaction over group interaction when receiving supervision. Although group supervision ranked higher than peer or self-supervision, it was not a clear preference to individual feedback or supervision. Therefore, group supervision and individual supervision may
produce similar results but do not rank equally in counselor preferences. In addition, these preferences may be influenced by developmental levels of trainees.

Another logical implication of this study is the supervisor’s use of group to promote certain attributes of counselor development. The large group format produced counselors who were more autonomous and less dependent on their supervisors. If supervisors feel that a counselor may be too dependent on supervisor feedback or approval, the use of a large group supervision format may be useful in influencing counselor growth in this area. As counselors are left to rely on themselves and observe others’ process of self-reliance, development is enhanced. This may not always be the goal of supervision but often supervisees demonstrate a clear lack of autonomy which may inhibit their professional growth.

On a final note, basic implications are observable from this study. One foremost conclusion drawn is the need for further study in the area of counselor supervision. CACREP requirements for supervision are based on an unproven concept of the best way to provide supervision. These particular requirements impede the progress of some universities attempting to earn accreditation. Supervision is imperative to the process of becoming a counselor. However, what is the best way to deliver supervision? The answer to this question remains illusive due to the lack of research. The purpose of this study was to add to the body of supervision research in order to provide the best possible training for counselor candidates. This research only serves as a small link in the long chain of needed research in the field of counselor supervision.
APPENDIX A

INFORMED CONSENT
Practicum Study
Informed Consent

I agree to participate in a study of individuals enrolled in Fall, 1997 EDSS Practicum 5690. This study is designed to evaluate the effectiveness of small group supervision of practicum counselors versus the use of individual supervision. As part of this study, I will be enrolled in a practicum that follows a supervision model specifically designed for this purpose.

As a participant, I agree to submit two counseling tapes. The first tape will be my second session with a client, due by the third week of class. The second tape will be a second session or beyond with a client, taped within the final two weeks of class. I also agree to fill out a self-report questionnaire at the beginning and again at the end of class. All questionnaires and tapes will be kept confidential and recorded with a code number. These materials will be destroyed upon completion of the study.

I understand that the submission of tapes and questionnaires will in no way affect my grade in this class. I also understand that participation in this study will in no way affect my grade in this class.

I have been informed that there is no personal risk directly involved with this research and that I am free to withdraw my consent and discontinue participation in this study at any time.

If I have any questions or problem that arise in connection with my participation in this study, I should contact Dee Ray, researcher, at (940) 565-2910, or Dr. Michael Altekruse, Faculty Supervisor, at (940) 565-2910.

Signature of Participant __________________________  Date

Please circle one:  Male  Female
Age:  20-25 yrs.  26-30 yrs.  31-35 yrs.  36-40 yrs.
        41-45 yrs.  46-over yrs.

Code: ____________

Signature of Witness __________________________  Signature of Investigator __________________________
Date ____________  Date ____________

This project has been reviewed and approved by the University of North Texas Institutional Review Board for the protection of human subjects (940) 565-3940.
APPENDIX B

PRACTICUM SUPERVISOR INFORMATION
An Investigation Into The Efficacy Of Group Supervision For Counselors-In-Training
(Proposed Study)

Purpose: To challenge the current CACREP standards for practicum supervision. To compare the impact of individual supervision versus group supervision versus small group supervision upon the efficacy of beginning counselors.

CACREP Standards
Section III
B. Students serving as individual and/or group practicum supervisors:
   1. have completed practicum and internship experiences equivalent to those within the entry-level program;
   2. have completed or are receiving training in counseling supervision; and
   3. are themselves supervised by program faculty with a faculty/student ratio of 1:5 (p. 53)

H. The program requires students to complete supervised practicum experiences that total a minimum of 100 clock hours. The practicum provides for the development of individual counseling and group work skills under supervision. The student’s practicum includes the following:
   1. a minimum of 40 hours of direct service with clients, so that experience can be gained in individual and group interactions (at least one-fourth of these hours should be in group work.);
   2. a minimum of one (1) hour per week of individual supervision (using audiotape, videotape, and/or direct observation) over a minimum of one academic term by a program faculty member or a supervisor working under the supervision of a program faculty member;
   3. a minimum of one and one-half (1 1/2) hours per week of group supervision with other students in similar practica over a minimum of one academic term by a program faculty member or a supervisor under the supervision of a program faculty member; and
   4. evaluation of the student’s performance throughout the practicum including a formal evaluation at the completion of the practicum. (p. 54)

J. The practicum and internship experiences are tutorial forms of instruction; therefore, when the individual supervision is provided by program faculty, the ratio of 5 students to 1 faculty member is considered equivalent to the teaching of one (1) three-semester hour course. Such a ratio is considered maximum.

K. Group supervision seminars for practicum and internship should not exceed 10 students.
Research Design

3 Treatment Groups

Model 1
- 30 minutes administrative/business with whole group
- 2 hours direct client contact
- 1 hour peer observation/paperwork
- Live observation of direct client contact sessions
- 90 minutes group interaction (8 to 1; supervisee to supervisor ratio)
- 1 hour additional individual supervision outside of class

Model 2
- 30 minutes administrative/business with whole group
- 2 hours direct client contact
- 1 hour peer observation/paperwork
- Live observation of direct client contact sessions
- 90 minutes group interaction (8 to 1; supervisee to supervisor ratio)

Model 3
- 30 minutes administrative/business with whole group
- 2 hours direct client contact
- 1 hour peer observation/paperwork
- Live observation of direct client contact sessions
- 90 minutes group interaction (4 to 1; supervisee to supervisor ratio)

Definitions

30 minutes administrative/business with whole group: Practicum supervisor informs group of any administrative tasks that must be completed (i.e. file completion, program information, check-in time, session summaries, question/answer period)

2 hour direct client contact: 2 staggered counselor/client sessions that run 50 minutes in length. The remaining 20 minutes will be designated for administrative work.

1 hour peer observation/paperwork: Each counselor will observe 40 minutes of a peer's counseling session. During this time, they will complete a written peer rating form that will be given to the peer upon completion of the observed session. The observer will submit the form to the counselor and give any additional comments deemed necessary. The remainder of the time can be used for administrative work. Each observer should use
a systematic method to ensure observation of each available counselor during their observation time in order to provide for equal peer supervision.


**Live observation of direct client contact sessions**: Practicum supervisors will provide live observation of counseling sessions each week. The supervisors will be required to observe at least 30 minutes of each practicum counselor each week and provide written feedback to the counselor. The supervisor will submit the feedback to the counselor and give any additional comments deemed necessary. Live observation will also be used to monitor students who are in need of additional supervision.


**90 minutes group interaction (8 to 1)**: One facilitator will lead a supervision group of eight counselors. The group time will consist of 30 minutes didactic teaching/group experiential time (may consist of teaching skills, role-plays, or experiential exercises) to be presented in the format decided by supervisor. 60 minutes will be devoted to case presentations from two counselors; each counselor awarded 30 minutes. Each counselor will be required to present at least three times over the semester. Case presentations will consist of the presenting counselor’s videotaped session, presenting counselor’s conceptualization of the case, feedback from group members, and discussion of suggested techniques, prognosis, and outcomes.


**90 minutes group interaction (4 to 1)**: Two facilitators will each lead a supervision group of four counselors. The group time will consist of 30 minutes didactic teaching/group experiential time (may consist of teaching skills, role-plays, or experiential exercises) to be presented in the format decided by supervisor. 60 minutes will be devoted to case presentations from two counselors; each counselor awarded 30 minutes. Each counselor will be required to present at least six times over the semester. Case presentations will consist of the presenting counselor’s videotaped session, presenting counselor’s conceptualization of the case, feedback from group members, and discussion of suggested techniques, prognosis, and outcomes.


1 hour additional individual supervision: Practicum counselors who participate in Model 1 will be required to participate in 1 hour of additional individual supervision outside of practicum time. The times will be arranged with their assigned supervisor. The supervisors will be doctoral students enrolled in EDSS 6090 Counselor Supervision. Individual supervision will consist of initial goal setting, weekly videotape review, conceptualization of cases, skill-building, and personal integration of knowledge and skills.

Requirements of Study Participants

Submission of 2 videotapes: The first will be a tape of a second client session submitted within the first three weeks of the semester. The second will be a tape of a second (or beyond) client session submitted within the last three weeks of the semester. The researcher or research assistant (familiar with practicum) will tape these sessions from the control room.

Submission of 2 self-reports: The practicum participant will complete two self-reports of perceived counseling level. The first will be completed and submitted with the first tape and the second self-report will be submitted with the second tape.

Participants who are determined to need additional individual supervision by their practicum supervisor will receive the needed supervision and will be dropped from the study.

Class Time Needed For Study
Researcher will need 15 minutes of the administrative time in each practicum within the first two weeks to present study and solicit participation, and gather signed informed consents. Informally, the researcher will need access to participants between sessions to ensure tape and self-report submission. Researcher will also need access to clients to gather a pre and post-Counselor Rating Form-Short Version.

Requirements of Practicum Supervisors

Commitment to one of the presented treatment models for the entire semester.
Cooperation with researcher in gathering data
Encouragement to practicum students for participation
Pre and Post-Supervisor Evaluation via Counselor Rating Form-Short Version
APPENDIX C

DOCTORAL SUPERVISOR INFORMATION
Supervisory Sessions


Checklist for the Initial Supervision Session

I. Introducing Supervisor and Supervisee
   A. Supervisee describes personal counseling background
      1. Types of counseling experiences
      2. Settings of experiences
      3. Influences of experiences on present counseling orientation
      4. Reasons for interest in becoming a counselor
      5. Motivation for present training in counseling
   B. Supervisor’s reciprocal description of background
      1. Relates to experience of supervisee
      2. Demonstrates qualifications for being in supervisory role

II. Presentation of specific requirements and meeting times
   A. Time required for supervision
   B. Taping requirements
      1. Number of tapes required
      2. Tape reviews to be throughout the semester
      3. Variety of tapes (different clients, different phases)
   C. Evaluation
      1. Acknowledgment of supervisee’s fears concerning evaluation
      2. Presentation of possible evaluation criteria and methods
      3. Supervisee’s feedback on evaluation to be used
      4. Agreement on type of evaluation to be used
      5. Definition of relationship between practicum supervisor and doctoral supervisor

III. Describing anticipated structure and process of supervision sessions
   A. Teaching mode in beginning, moving toward consultation
   B. Review tapes and/or explore process issues of practicum
   C. Supervisee to explore issues concerning personal development
   D. Resource materials from supervisor may be requested or assigned
   E. Exploration of supervisee’s expectations of supervision
   F. Planning for next supervision session
      1. Time scheduling
      2. Arrangement for tape review
   G. Discuss ethical/professional concerns
APPENDIX D

COUNSELOR PREFERENCE LIST
Counselor Preference List

Please rank the following from the most helpful (1) to least (5) in helping you become a better counselor:

____ Group Supervision

____ Peer Supervision (Peer Feedback)

____ Practicum Supervisor Individual Supervision (during practicum time; in between sessions)

____ Self-Supervision (reviewing your tapes at home)

______ Individual Supervision Sessions (outside of practicum)

Please comment on any helpful/unhelpful supervision experiences:
APPENDIX E

DOCTORAL QUESTIONNAIRE
Doctoral Questionnaire

1. CACREP requires 1 hour of individual supervision and 1 and 1/2 hours of group supervision per week for each practicum student. After your experience this semester, what is your opinion of this requirement and its relationship to counselor preparation?

2. How could the process of supervision have improved over this last semester?

3. Please rank the following supervision experiences from 1 (most helpful) to 5 (least helpful) in helping the practicum counselors become better counselors. Rank according to your observations in individual supervision and practicum supervision.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Supervision Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>Group Supervision</td>
</tr>
<tr>
<td>_____</td>
<td>Peer Supervision (Peer Feedback)</td>
</tr>
<tr>
<td>_____</td>
<td>Practicum Supervisor Individual Supervision (during practicum time; in between sessions)</td>
</tr>
<tr>
<td>_____</td>
<td>Self-Supervision</td>
</tr>
<tr>
<td>_____</td>
<td>Individual Supervision Sessions</td>
</tr>
</tbody>
</table>

4. Please comment on your individual supervision sessions (any growth that you saw, patterns that you observed, interesting anecdotes, enlightening experiences for your supervisee).

5. Please list your activities in individual supervision (i.e. videotape review, role-playing, didactic, bibliosupervision, etc.).
On the following pages, each characteristic is followed by a seven-point scale that ranges from “not very” to “very”. Please mark an “X” at the point on the scale that best represents how you viewed the therapist. For example:

FUNNY

not very: ______: ______: ______: ______: ______: ______: ______
very

WELL DRESSED

not very: ______: ______: ______: ______: ______: ______: ______
very

These ratings might show that the therapist did not joke around much, but was dressed well. Though all of the following characteristics we ask you to rate are desirable, therapists may differ in their strengths. We are interested in knowing how you view these differences. This form is confidential and will not be shown to your counselor.

1. Sincere

not very: ______: ______: ______: ______: ______: ______: ______
very

2. Skillful

not very: ______: ______: ______: ______: ______: ______: ______
very

3. Honest

not very: ______: ______: ______: ______: ______: ______: ______
very

4. Expert

not very: ______: ______: ______: ______: ______: ______: ______
very

5. Likable

not very: ______: ______: ______: ______: ______: ______: ______
very
6. Sociable
not very: ______: ______: ______: ______: ______: ______: ______: ______: very
7. Warm
not very: ______: ______: ______: ______: ______: ______: ______: ______: very
8. Trustworthy
not very: ______: ______: ______: ______: ______: ______: ______: ______: very
9. Experienced
not very: ______: ______: ______: ______: ______: ______: ______: ______: very
10. Reliable
not very: ______: ______: ______: ______: ______: ______: ______: ______: very
11. Prepared
not very: ______: ______: ______: ______: ______: ______: ______: ______: very
12. Friendly
not very: ______: ______: ______: ______: ______: ______: ______: ______: very
APPENDIX G

SUPERVISEE LEVELS QUESTIONNAIRE - REVISED
Supervisee Levels Questionnaire - Revised

In terms of your own current behavior, please answer the items below according to the following scale as explained previously.

1: Never  
2: Rarely  
3: Sometimes  
4: Half of the time  
5: Often  
6: Most of the time  
7: Always

1. I feel genuinely relaxed and comfortable in my counseling/therapy sessions.

Never
 Always

2. I am able to critique counseling tapes and gain insights with minimum help from my supervisor.

Never
 Always

3. I am able to be spontaneous in counseling/therapy, yet my behavior is relevant.

Never
 Always

4. I lack self confidence in establishing counseling relationships with diverse client types.

Never
 Always

5. I am able to apply a consistent personalized rationale of human behavior in working with my clients.

Never
 Always

6. I tend to get confused when things don't go according to plan and lack confidence in my ability to handle the unexpected.

Never
 Always
7. The overall quality of my work fluctuates; on some days I do well, on other days, I do poorly.

<table>
<thead>
<tr>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
</table>

8. I depend upon my supervisor considerably in figuring out how to deal with my clients.

<table>
<thead>
<tr>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
</table>

9. I feel comfortable in confronting my clients.

<table>
<thead>
<tr>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
</table>

10. Much of the time in counseling/therapy, I find myself thinking about my next response, instead of fitting my intervention into the overall picture.

<table>
<thead>
<tr>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
</table>

11. My motivation fluctuates from day to day.

<table>
<thead>
<tr>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
</table>

12. At times, I wish my supervisor could be in the counseling/therapy session to lend a hand.

<table>
<thead>
<tr>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
</table>

13. During counseling/therapy sessions, I find it difficult to concentrate because of my concern with my own performance.

<table>
<thead>
<tr>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
</table>

14. Although at times I really want advice/feedback from my supervisor, at other times I really want to do things my own way.

<table>
<thead>
<tr>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
</table>
15. Sometimes the client’s situation seems so hopeless, I just don’t know what to do.

Never  Always
1 2 3 4 5 6 7

16. It is important that my supervisor allow me to make my own mistakes.

Never  Always
1 2 3 4 5 6 7

17. Given my current state of professional development, I believe I know when I need consultation from my supervisor and when I don’t.

Never  Always
1 2 3 4 5 6 7

18. Sometimes I question how suited I am to be a counselor/therapist.

Never  Always
1 2 3 4 5 6 7

19. Regarding counseling/therapy, I view my supervisor as a teacher/mentor.

Never  Always
1 2 3 4 5 6 7

20. Sometimes I feel that counseling/therapy is so complex, I will never be able to learn it all.

Never  Always
1 2 3 4 5 6 7

21. I believe I know my strengths and weaknesses as a counselor sufficiently well to understand my professional potential and limitations.

Never  Always
1 2 3 4 5 6 7

22. Regarding counseling/therapy, I view my supervisor as a peer/colleague.

Never  Always
1 2 3 4 5 6 7

23. I think I know myself well and am able to integrate that into my therapeutic style.

Never  Always
1 2 3 4 5 6 7
24. I find I am able to understand my clients’ view of the world, yet help them objectively evaluate alternatives.

Never 1 2 3 4 5 6 7

25. At my current level of professional development, my confidence in my abilities is such that my desire to do counseling/therapy doesn’t change much from day to day.

Never 1 2 3 4 5 6 7

26. I find I am able to empathize with my clients’ feeling states, but still help them focus on problem resolution.

Never 1 2 3 4 5 6 7

27. I am able to adequately assess my interpersonal impact on clients and use that knowledge therapeutically.

Never 1 2 3 4 5 6 7

28. I am able to adequately assess the client’s interpersonal impact on me and use that therapeutically.

Never 1 2 3 4 5 6 7

29. I believe I exhibit a consistent professional objectivity and ability to work within my role as a counselor without undue over involvement with my clients.

Never 1 2 3 4 5 6 7

30. I believe I exhibit a consistent professional objectivity, and ability to work within my role as a counselor without excessive distance from my clients.

Never 1 2 3 4 5 6 7
APPENDIX H

PEER SUPERVISOR RATING SHEET
# Peer Supervisor Rating Sheet

**Counselor:**

**Time:** Beginning

**Peer Observer:**

**Time:** Ending

<table>
<thead>
<tr>
<th>Counseling Skill Evaluation Criteria</th>
<th>Poor</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishes rapport</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Keeps focus</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Explores problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Reflects feelings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Makes open-ended statements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Communicates clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Does not use questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Congruent non-verbal and verbal behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Problem-solving model evident</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Closure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Summarizes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Clarifies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Generates alternatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Confronts</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Uses humor appropriately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Overall rating**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>

**Additional comments:**

---

REFERENCES


