A COMPARISON OF INDIVIDUAL SUPERVISION AND TRIADIC SUPERVISION

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This study was designed to measure and compare individual supervision to triadic supervision in promoting counselor effectiveness and counselor development. During individual supervision, one counselor met with one supervisor for an hour. Two models of triadic supervision were created for this study: Split Focus and Single Focus. Triadic consists of two supervisees and one supervisor meeting for one hour. During the Split Focus, 30 minutes was allocated to each counselor for supervision. During the Single Focus, the whole hour was spent supervising only one of the counselors. The next week, the whole hour was spent supervising the other counselor.

Three comparison groups were employed to determine the effectiveness of the three supervision models. An instrument was used to evaluate counselor effectiveness and another instrument was used to evaluate counselor development. 47 masters-level counseling students enrolled in practicum participated in this study. The practicum met for 16 weeks.

Each counselor filled out a Supervisee Levels Questionnaire-Revised at the beginning (pre-test) and at the end (post-test) of the semester. This instrument determined the counselor’s developmental growth. Each counselor submitted a tape of a counseling
session at the beginning (pre-tape) and at the end (post-tape) of the semester. The tape was rated on-site by the doctoral supervisor utilizing the Counselor Rating Form-Short. An objective rater also rated the submitted tapes utilizing the same instrument. The instrument determines counselor effectiveness.

At the end of the study, an Analysis of Covariance determined that the three supervision models did differ in developmental growth. The Split Focus grew significantly compared to Single Focus and compared to Individual supervision. However, the Single Focus grew significantly on the factor self and other awareness compared to Individual. In terms of effectiveness, an Analysis of Covariance determined that the three supervision models did not differ significantly.
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CHAPTER I

INTRODUCTION

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) was created to encourage the advancement of “quality” educational program offerings (CACREP, 2001). CACREP was recognized as a specialized accrediting body by the Council on Postsecondary Accreditation (COPA). Schools with programs accredited by CACREP are responsible for providing quality masters and/or doctoral level training programs for the preparation of student affairs professionals, counselor educators, and professional counselors. The CACREP Standards are minimum requirements and were written to guarantee that trainees develop a professional counselor identity as well as demonstrate the knowledge and skills of an effective counselor.

According to CACREP (2001), practicum and internship requirements are considered the most critical experience elements in the program. CACREP requires an average of one hour of individual/and or triadic supervision and an average of one and one half hours of group supervision, weekly on a regular schedule during practicum. “Program faculty members or a supervisor working under the supervision of a program faculty member” (CACREP, 2001, Section III, G.) is responsible for providing the necessary supervision.
The CACREP (2001) glossary defines triadic supervision as one supervisor and two counseling students, engaged in a tutorial and mentoring relationship within an allocated time of one hour. Since the CACREP inclusion of triadic supervision, there have not been any known research studies on the effectiveness of this type of supervision or what the best size for a supervision group is. Furthermore, there are no known studies that exist that examine triadic supervision, as defined by CACREP standards.

It appears that the option of triadic supervision, as opposed to only individual supervision, would be less time taxing for faculty members. Therefore, this decreased time commitment requires fewer supervisors needed to provide supervision for practicum and internship students. It has been noted (Bobby & Kandor, 1992) that the previous supervision requirement was too time intensive and was a major concern for CACREP accredited and non-accredited counselor education programs when they considered or sought accreditation.

As of May 2002, 165 institutions were accredited by CACREP (2002). There may be a steady increase in institutions seeking and being eligible for accreditation due to triadic supervision being more time manageable than individual supervision. Institutions that only offer masters level programs may benefit the most from the option of utilizing triadic supervision due to the fact that usually these institutions’ only resource for supervisors are faculty members. Although institutions that offer masters and doctoral level programs will also benefit from the decreased time commitment for supervision, their resources are more plentiful because they can utilize doctoral students to supervise masters level practicum.
Individual supervision appears to be the most popular type of supervision (Carroll, 1996) and preferred over other types of supervision (Prieto, 1998; Ray & Altekruse, 2000). Whether this is because individual supervision is considered the most effective type of supervision or because the efficacy of other types of supervision lacks the empirical research, and therefore not considered to be just as legitimate, is something that needs to be examined. Major reviews (Hansen, Pound, & Petro, 1976; Hansen, Robins, & Grimes, 1982; Hansen & Warner, 1971; Holloway, 1984, 1992; Kaplan, 1983; Lambert & Arnold, 1987; Loganbill, Hardy, & Delworth, 1982; Russell, Crimmings, & Lent, 1984; Stoltenberg, McNeill, & Crethar, 1994; Worthington, 1987) of empirical research in supervision literature found that the individual format of supervision was the main focus. Regardless of this fact, there are few known research studies that have compared individual supervision to other types of supervision.

Although individual supervision may be the preferred type of supervision (Milne & Oliver, 2000; Prieto, 1998; Ray & Altekruse, 2000), group supervision is the most widely practiced form of supervision (Carroll, 1996). The benefits of group supervision have been noted by many (Bernard & Goodyear, 1992, 1998; Bradley, 1989; Carroll, 1996; Hawkins & Shohet, 2000; Hayes, 1989; Newman & Lovell, 1993; Proctor, 2000), although the empirical research needed to support the use of group supervision is sparse (Holloway & Johnston, 1985; Prieto, 1996). The empirical literature that exists on group supervision is full of methodological difficulties that disqualify it from being a reliable source of information (Holloway, 1992; Holloway & Johnston, 1985; Prieto, 1996).
Statement of the Problem

This study was designed to measure and compare individual supervision to triadic supervision in promoting counselor effectiveness and counselor development. The 2001 CACREP standards require that students in practicum and internship receive one hour of individual and/or triadic supervision and one and one half hours of group supervision, weekly on a regular schedule during practicum. The use of triadic supervision has not been empirically validated in the supervision research. The objective of this study was to evaluate whether the two formats by which supervision is provided to counselors in practicum was equally effective in improving counselor efficacy and the development of the counselor.

Review of Related Literature

History of Supervision

If the central core of the counseling profession is competence, then clinical supervision, the method utilized to convey that competence, is critically important to the profession (Borders & Leddick, 1988). The history of supervision dates back to psychoanalysis (Bernard & Goodyear, 1998). Not only did psychoanalysis precede other therapies, it also addressed supervision from its inception. Since the psychoanalytic conception of supervision, Leddick & Bernard (1980) noted the movement through facilitative theory, behavioral theory, and skills training phases of supervision. Rogers’ (1942) person-centered supervision was part of the facilitative model. As early as 1942, Rogers utilized electronically recorded interviews and transcripts for supervision reasons. In 1966, Wolpe, Knopp, and Garfield were among the first to prepare procedures for
behavioral supervision, according to Borders and Leddick (1980). Ivey (1971) proposed one of the most influential skills training model where the supervisor would model skills and techniques.

Throughout the years, the research on practicum supervision has been plentiful. The problem lies in the findings and congruence of the research. Hansen and Warner (1971) reviewed the literature on practicum supervision from 1960 through 1969. They determined that there were incongruent beliefs about the role of the supervisor and that they had learned very little about: how counselor characteristics relate to effective counseling, how contradictory expected supervisor roles effect supervisees, how new methods are superior to past methods, specific reasons counselors change during supervision, what supervisors can do to improve a counselor’s effectiveness. Although they noted some descriptive data, not a lot of definitive information was added to the useful knowledge of counselor educators. In subsequent reviews of the supervision research published from 1970 through 1974 (Hansen et al., 1976) and then from 1975 through 1980 (Hansen et al., 1982), the authors noted contradictory findings concerning significant factors, ratings, and methods.

From their review of the supervision research up to 1980, Leddick and Bernard (1980) deduced some assumptions: the supervisor should be an outstanding therapist; it is more essential that the supervisor is an outstanding therapist than an outstanding teacher; the supervisor/supervisee relationship should resemble, to some extent, the counselor/client relationship; the supervisee will identify the supervisor as a role model; the supervisee will try to be like the supervisor; the supervisee will be able to identify and incorporate
what the supervisor is trying to model; direct teaching is not okay, or direct teaching is the superior method; facilitative and authoritative relationships are mutually exclusive; and supervision is not necessary for supervisors. Similar to the previous reviews of the literature, there are obvious disagreements and incongruence regarding supervision.

A noticeable theme in the sizable growth in the supervision literature is that of trainee development (Bernard & Goodyear, 1998). Worthington (1984) noted this to be true in counseling, social work, psychology, and psychiatry. Holloway’s (1987) statement that “developmental models of supervision have become the Zeitgeist of supervision thinking and research” (p. 209) appears to be true. Despite the widespread use of this model, criticisms have developed (Birk & Mahalik, 1996).

Regardless of the numerous articles, criticism has developed regarding many facets of supervision research. Supervision research appears to be independent and commonly does not build on prior research (Hansen et al, 1982). Although the development of comprehensive supervision models has come about, there is an insufficient amount of empirical data to detail how to put into practice the methods and how it affects the counseling abilities of supervisees (Holloway & Hosford, 1983). Goodyear and Bernard’s (1998) review of the literature also noted a lack of efficacy studies comparing different supervision models. Holloway (1984) noted that the supervision research no longer represents up to date models of supervision that depicts multifaceted roles of supervisor and supervisee and the individual roles between them. Lambert and Arnold (1987) stated that research on the effects of supervision is connected to research on therapy results and will not move forward quicker than knowledge about the effective factors of therapy.
Individual Supervision

Practically all counselors will experience individual supervision since it is considered the cornerstone of professional growth (Bernard & Goodyear, 1998). The finding that individual supervision is preferred over other types of supervision (Prieto, 1998; Ray & Altekruze, 2000) may be related to Efstation, Patton, and Kardash’s (1990) report that counselors in individual supervision were more apt to feel able to discuss sensitive issues concerning their clients than those in group supervision. Thus, Webb (2000) suggested that a larger number of supervision participants might inhibit the supervisee’s ability to be open.

Holloway and Neufeldt (1995) deduced, after reviewing the supervision research, that relationship factors as opposed to technical factors differentiated more effective and less effective counselors. For this reason, it would seem logical that counselor development is linked to a supervisory relationship that is defined as facilitative and therapeutic. Carkhuff and Berenson (1967) also concluded that individual supervisors who demonstrated the relationship characteristics of empathy, genuineness, positive regard, and concreteness promoted these characteristics in their supervisees. Blocher (1983) and Patterson (1983) supported this belief that a supervisor must possess these core conditions. It seems only logical that supervisors demonstrate the characteristics they are asking their supervisees to develop (Bradley & Kottler, 2001).

Pierce and Schauble (1970) found, as measured by the Carkhuff growth model, that counselors who received supervision by individual supervisors displaying high levels of empathy, genuineness, positive regard, and concreteness changed considerably and
positively in these characteristics during the academic year. No significant change was noted in the counselors receiving supervision by supervisors displaying low levels of these characteristics. The high-level supervision counselors continued to perform more successfully on the measured characteristics than the counselors paired with the low-level supervisor at a nine month follow-up (Pierce & Schauble, 1971a). In a similar study, Pierce and Schauble (1971b) found that counselors paired with high-level practicum instructors and high-level individual supervisors demonstrated significant growth whereas counselors paired with high-level practicum instructors and low-level individual supervisors demonstrated growth at a slower rate.

In keeping with relationship factors, the concept of social influence has been applied to the supervisory process with individual supervisors. Heppner and Handley (1981) determined that attractiveness and trustworthiness were positively related to supervisee ratings of supervisory relationship satisfaction. Heppner and Handley (1982), in a follow-up study, looked at the relationships among supervisor attractiveness, trustworthiness, and expertness and rate of occurrence of specific supervisory behaviors. They noted a correlation between supervisory behaviors and supervisor trustworthiness. They proposed that trustworthiness, and to a lesser degree, attractiveness, is the most significant construct working in supervision relationships.

Dodenhoff (1981) examined the relationship between individual supervisor traits and supervisee performance. She found that perceived supervisor expertness, trustworthiness, and attractiveness were significantly correlated to supervisee performance gains. Carey, Williams, and Sells’ (1988) study tested the applicability of the social influence model
(Strong, 1968) on supervision and provided support for Dodenhoff’s (1981) study. Consistent with these findings, Friedlander and Snyder (1983) found that despite supervisee level of experience, they expect supervisors to be more trustworthy than expert. This adds to the belief that relationship variables are more important than techniques in promoting effectiveness (Lambert & Cattani-Thompson, 1996). Even though Lambert and Cattani-Thompson (1996) were specifically addressing counseling, these findings can be extended to supervision because Bernard and Goodyear (1998) noted that many of the effective conditions in supervision reflect those for therapy.

Hodge, Payne, and Wheeler’s (1978) study also provided support for individual supervision. The authors compared individually supervised, programmed, and control groups in relation to the learning of empathy. The programmed group listened to an audiotape regarding empathy without the presence of a supervisor. The control group listened to an audiotape that did not address training regarding empathy. An empathy scale noted that learning was greatest in individual supervision. The programmed group only attained 60% as much in gains in empathy scores shown by the group receiving individual supervision and the control group did not achieve significant gains. A contributor to the superiority of the individually supervised group may be that supervisees may further their learning through increased attention or motivation in the mere presence of a supervisor.

**Group Supervision**

Despite the advancements made in group supervision, most researchers and theorists have focused on individual supervision (Bernard & Goodyear, 1998). Holloway and
Johnston (1985) reported finding only 33 articles relating to group supervision between 1960-1983. Proctor (2000) advocated using group supervision and stated that a closed system is one of the greatest threats to the creative development to any activity.

In addition to the obvious benefit of being more time efficient (Bernard & Goodyear, 1998; Hawkins & Shohet, 2000; Proctor, 2000; Riva & Cornish, 1995; Werstlein & Borders, 1997), group supervision contributes to the counseling profession in many other ways. Hayes, Blackman, & Brennan (2001) noted many advantages based on the work of Bernard and Goodyear (1998), Dagley, Gazda, and Pistone, (1986), and Kaul and Bednar (1978):

1. Group supervision offers each supervisee the opportunity to reality-test self-perceptions. 2. Through group interactions, distorted perceptions and false assumptions of self and others may become more apparent and lose their value. 3. Group supervision may provide a sense of psychological safety to support the elimination of self-defeating behaviors. 4. Group supervision provides an opportunity to interact in real-life situations, thus providing supervisees with chances to try out new behaviors in a safe environment. 5. Responses of others, especially one’s peers, can help supervisees to appreciate the universality of some personal concerns. 6. Group supervision enables supervisees to increase their abilities to give and solicit appropriate self-disclosures and feedback, thus enhancing opportunities to function as both helpers and helpees. 7. Interaction with others in a group can enhance one’s empathy and social interest. 8. Group supervision exposes supervisees to alternative modes of helping which can help supervisees to develop deeper understandings and
acceptance of different counseling styles. 9. Consistent feedback from others in group supervision can enhance the supervisee’s accuracy of perception and communication. 10. Group supervision provides an arena for the supervisee to learn perspective-taking skills with other group members. 11. Group supervision fosters less dependency on the supervisor than individual supervision. 12. Anxiety of participants in group supervision is lessened as they realize that their peers have similar concerns. 13. Novice counselors find it easier to understand each other’s cognitive processes than to understand an expert’s cognitive processes (pp. 186-187).

Many of the advantages listed above have also been noted by others, as well (Carroll, 1996; Hawkins & Shohet, 2000; Hayes, 1990; Hillerbrand, 1989; Holloway & Johnston, 1985; MacKenzie, 1990).

Prieto (1998) surveyed 112 CACREP-accredited counselor training programs across the nation regarding their use of practicum class supervision. Sixty-five practicum class supervisors returned useable data. An exploratory analysis of post-microskills utilized in practicum supervision was conducted. The findings suggested that supervisors are likely to use a collegial and relationship-oriented style with their supervisees in practicum classes, helping to substantiate the belief that a supportive group environment and facilitative supervisory approach are major aspects of practicum class supervision (Bernard & Goodyear, 1992; Prieto, 1996).

According to Riva and Cornish (1995), 65 percent of pre-doctoral psychology internship sites surveyed reported using group supervision. In two other surveys (Goodyear & Nelson, 1997; Wetchler, Piercy, & Sprenkle, 1989), individual supervision
was used most often with group supervision closely behind. Thus, Bernard and Goodyear (1998) suggested the general validity of the belief that group supervision is commonly used. Holloway and Johnston (1985) and Prieto (1996) both noted that the practice of group supervision was not backed up by a sufficient amount of empirical research.

Although the research is scarce, several studies were performed that established the value of group supervision. When Axelson (1967) investigated the effect of supervisees’ emotional needs on rapport and empathy in group supervision, he found a positive correlation between empathy and the number of hours in group supervision. McKinnon (1969) assessed effects of group supervision in practicum and participation in group counseling, separately and in combination. The group of students that participated in both group supervision and group counseling had significant gains in development. Austin and Altekruse (1972) examined the effects of restrictive and non-restrictive supervisory roles on practicum students. The control group that participated in leaderless small group seminars ranked highest in the understanding and affective variables. The authors hypothesized that this occurred because leaderless practicum groups learn to ask questions, focus on fellow students’ questions, and focus on one another’s affective feelings and thoughts.

Other research was performed that examined the various dynamics that influence group supervision. Rosenberg, Medini, and Lomranz (1982) examined differences between individual and group supervisor evaluation of students. Individual supervisors focused on the affective feelings of “being with” a supervisee and group supervisors focused on relationship, social, and interactional behaviors of supervision. Savickas,
Marquart, and Supinski (1986) studied 84 medical students in practicum to determine the conditions for effective group supervision. Students determined the role requirements important for group supervision were facilitating critical thinking, self-exploration, and exploration; evaluating performance; teaching techniques, skills, and strategies; and modeling target behaviors. Wilbur and Roberts-Wilbur (1994) compared structured group supervision (SGS) with “control” group supervision. The data noted the benefits of both types of group supervision, therefore, giving added support and validation to the attractiveness of using group supervision in counselor education programs. The SGS appeared superior to control group supervision, which supported using SGS in the development of beginning counselors’ counseling skills and personal growth.

Several qualitative studies examined the processes of group supervision. Reed (1990) qualitatively and quantitatively analyzed open-ended short-answer survey forms distributed to 17 group practicum students. Reed noted that the process material appeared to have the most effect on the students. The data suggested that as the students develop as counselors, they confront four tasks. They work to overcome fear of peer evaluation, learn to utilize peer comments to promote counselor development, learn to focus on the process, instead of the content of interactions, and learn to trust their instincts as counselors. Werstlein’s (1994) naturalistic study of 16 graduate supervisees investigated process components of group supervision. She noted that the initial stages of group development were noticeable and higher risk behaviors that characterize the later stages of group development were less apparent. Supervisors and supervisees cited self-understanding and guidance as the most important therapeutic component. In Hilber’s
(1999) study, 14 graduate students were interviewed about their experiences and observations of their supervisory group. The value and benefits of group supervision were noted and included: Peer support and feedback were considered the most helpful aspect of their supervision experience, the peer support increased confidence levels through camaraderie and a non-competitive evaluation of skill levels, and students received tangible help from peers through specific information, resources, and feedback regarding clinical situations.

Starling and Baker (2000) conducted a study with four graduate students receiving group supervision. Intensive interviews were conducted at mid-semester and again at the end of the 15-week practicum to assess the efficacy of group supervision. After an analysis of the interviews, four general themes were noted regarding the group supervision experience: 1. there was a reduction in confusion and anxiety during the group practicum experience 2. students’ goals became clearer 3. confidence improved 4. feedback from peers enhanced the supervision process.

*Triadic Supervision*

CACREP (2001) defines triadic supervision as one supervisor and two counseling students, engaged in a tutorial and mentoring relationship within an allocated time of one hour. Based on this definition, there are no known studies on triadic supervision.

*Individual versus Group Supervision*

It appears somewhat incongruent that individual supervision is preferred over other types of supervision (Prieto, 1998; Ray & Altekruse, 2000) and is a major focus of the supervision literature (Hansen et al, 1976; Hansen et al., 1982; Hansen & Warner, 1971;
Holloway, 1984, 1992; Kaplan, 1983; Lambert & Arnold, 1987; Loganbill, et al., 1982; Russell et al., 1984; Stoltenberg et al., 1994; Worthington, 1987) when group supervision is the most widely practiced form of supervision (Carroll, 1996). Since 1971, only three known research studies have been conducted comparing individual and group supervision.

Lanning (1971) assessed the relationship between individual and group supervision and three separate but interrelated measures: client’s perceptions of supervisee’s counseling relationship, the supervisee’s expectations of one’s own counseling relationship, and the supervisee’s perceptions of the supervisory relationship. The results produced little evidence that individual and group supervision were significantly different. However, the data indicated differences among supervisors between both of the supervision formats. Several supervisor factors could be related to this interaction: experience level, training, theoretical orientation, general charisma, gender of the supervisor, and commitment to the type of supervision.

Averitt (1988) compared the effectiveness of individual versus group supervision on empathic responding of supervisees. Supervisees submitted pre and post-test audiotapes demonstrating their counseling skills, which were rated by a group of trained raters. The data suggested that individual and group supervision of the supervisees were equally effective in teaching empathic responding.

In a more recent study, Ray and Altekruse (2000) compared small group supervision, large group supervision, and combined group and individual supervision in promoting the effectiveness of counseling students. Counselor effectiveness was rated according to
client, supervisor, self-report, and objective rater responses. According to the data, all supervision formats were equally effective in improving counselor efficacy. In spite of this, the counselors preferred individual feedback and supervision.

**Developmental Growth of Supervisees**

One goal of this study was to measure the changes in counselor development near the end of the practicum semester. With the increase of supervision literature in counseling, developmental models of supervision have been the most researched and noticeable theme in recent years (Bernard & Goodyear, 1992, 1998; Borders, 1990; Hawkins & Shohet, 2000; Holloway, 1987; Stoltenberg, McNeill, & Delworth, 1998; Tryon, 1996) and has been described as the “zeitgeist” of supervision models (Holloway, 1987). Developmental models of supervision describe a sequential learning progression that all supervisees experience in evolving from novice to expert counselors (Borders, 1989). Developmental models describe familiar everyday interactions with supervisees and suggest supervisor interventions for each stage of development. Loganbill et al. (1982) and Stoltenberg et al. (1998) described the most comprehensive models of counselor development.

Loganbill et al. (1982) created the first comprehensive model of counselor development (Holloway, 1987). Loganbill et al. (1982) defined eight professional issues for supervisees: identity, autonomy, competence, emotional awareness, respect for individual differences, personal motivation, purpose and direction, and professional ethics. For each issue, the supervisee is at one of three stages or might be in transition between stages. The first stage is stagnation that is distinguished by a supervisee’s
extreme dependence, unawareness, and dualistic thinking. The second stage is confusion that is characterized by a supervisee’s conflict, instability, and fluctuation of feeling concerning ability of self and supervisor. The final stage is integration that is noted as a supervisee’s refreezing of attitudes, calm reorganization, and realistic view of self and supervisor. The supervisor assesses each supervisee for each issue and helps the supervisee progress to the next stage of development.

Stoltenberg and Delworth’s (1987) integrated developmental model (IDM) of supervision incorporated aspects of Loganbill et al. (1982) with Stoltenberg’s (1981) earlier model. Stoltenberg et al. (1998) recently expanded on the IDM. Three overriding structures have been identified that indicate the level of development upon which the supervisee is currently functioning: self and other awareness, motivation, and autonomy. Eight specific domains of clinical activity were also identified for which these structures provide assistance in assessing level of development: intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plans and goals, and professional ethics. At Level 1, the supervisee is highly motivated, dependent upon the supervisor, and has limited self-awareness. At Level 2, the supervisee’s motivation fluctuates, has conflicts with dependency and autonomy, and focuses more on the client. At Level 3, supervisee motivation is stable, there is a firm belief in one’s own autonomy, and there is an acceptance of one’s own strengths and weaknesses.

Based on the Counselor Complexity Model (Stoltenberg, 1981), the Supervisee Levels Questionnaire (SLQ) (McNeill et al., 1985) was developed to assess the developmental
level of counselors. McNeill, Stoltenberg, and Romans (1992) revised the SLQ and created the SLQ-R to assess the three levels of supervisee development hypothesized in the IDM (Stoltenberg & Delworth, 1987), which it was found to accurately measure.

Even though developmental models of supervision have generated substantial research and have received support, concerns developed regarding these models. Holloway (1987) questioned the developmental assumption that all supervisees will function from low conceptual levels in their new branch of learning regardless of individual cognitive complexity. Holloway also noted that a supervisee’s need for assistance might be due to anxiety in a new evaluative relationship, not a developmental stage. Stoltenberg and Delworth (1988) responded to these criticisms with the claim that even if beginning supervisees with high conceptual levels advance more quickly through the developmental stages, in the beginning, they still would not function at a high conceptual level. They also argued that empirical data provided evidence that the developmental model was useful. Birk and Mahalik (1996) looked into this particular dispute by comparing non-evaluative versus evaluative supervision on cognitive levels of supervisees. They found support for both points of view. Regardless of supervision conditions, supervisees showed the same developmental level. Nevertheless, conceptual level and anxiety were moderating factors in describing the experience of counselor development.

Holloway (1987) and Stoltenberg and Delworth (1988) took notice of a problem in the empirical support developmental models have received. They noted that the most prevalent finding of counselor development research has been that differences exist only between beginning graduate students and doctoral interns. As a reaction, Melchart and
Hays (1996) studied change in counselors across a wide range of training and experience. The data suggested that there were four groups that differed considerably regarding counseling self-efficacy. The four groups roughly match the groups identified in stage models of counselor development, therefore, providing support to these models.

Support for the developmental model of supervision was also noted in other research. Borders (1990) measured supervisee development over a practicum semester using the SLQ. The data noted that despite the supervisors’ theoretical orientation, supervisees’ total SLQ scores and subscales increased significantly. Randolph, Slick, and Collins (1995) also used the SLQ to compare student teachers to student counselors during half of a semester. They noted that the student counselors advanced through practicum and supervisors applied supervision approaches both in a way consistent with a developmental model. Tryon (1996) used the SLQ-R to measure the development of supervisees while receiving weekly supervision for a year. There were gains in self and other awareness as predicted for this level supervisee, thus supporting supervisee development while receiving supervision.

Leach and Stoltenberg (1997) also used the SLQ-R to examine the Intervention Skills Competence and Individual Differences domains within the IDM. According to the IDM, Level 2 supervisees will understand process issues and be more effective with difficult client behaviors than Level 1 supervisees, which this study confirmed. Krause and Allen (1988) measured the supervision of students across 31 schools in a self-report from supervisor-supervisee pairs. They found that with more advanced supervisees, supervisors take on a less structured approach, which is supportive of Stoltenberg’s
(1981) developmental model. However, supervisees perceived no differences in supervisory approach, which implied that the supervisees received the appropriate supervision interventions.

Bernard and Goodyear (1992) concluded that there are assumptions regarding the developmental approach to supervision. First, there is a starting point of learning for counselors. Second, a developmental model can include individual learning styles and personality types. Third, supervisees go through a logical sequence of stages in their development. Finally, every supervisee goes through approximately the same order of developmental stages. The authors also noted advantages to the developmental models: supervisors can decide when training is completed because they can track supervisees’ progress; the atheoretical nature of developmental models allows them to be used with several theoretical approaches to counseling; and both supervisee and supervisor development are a focus of developmental models of supervision.

_Evaluating Counselor Effectiveness_

Another goal of this study was to measure the changes in counselor efficacy near the end of the semester. Evaluation of counselor effectiveness has often been addressed in the counseling literature, yet it continues to be a topic that includes many important issues and few areas of agreement (Loesch, 1988). Bernard and Goodyear (1998) believed that evaluation is the heart of clinical supervision. Evaluation of a supervisee is inherent in the supervisor’s mandate to protect clients. Monitoring client care is a supervisor’s chief responsibility (Loganbill, et al., 1982) and was the original purpose of clinical supervision (Bernard & Goodyear, 1998). Nevertheless, Bernard (1994) stated that client
protection because of supervision is not enough; supervision is expected to produce a more effective counselor in the unwritten contract between supervisor and supervisee.

Upon what skills an effective counselor demonstrates has not been agreed. Research has identified the influence of factors such as accurate empathy (Truax & Carkhuff, 1967), perceived credibility (Strong, 1968), ability to build a helping alliance (Orlinsky & Howard, 1986), perception of self-efficacy (Johnson, Baker, Kopala, Kiselica, & Thompson, 1989), and others, on therapy outcome. Despite the lack of agreement on determinants of successful therapy, supervisors are still responsible for monitoring supervisee competence (Bernard & Goodyear, 1998).

Strong (1968) first looked at a counselor’s ability to influence a client by enhancing a counselor’s perceived expertness, trustworthiness, and attractiveness. Corrigan and Schmidt (1983) further described these social influence behaviors. Empirical research have supported the factor of perceived counselor expertness (Atkinson & Carskaddon, 1975; Siegel, 1980; Strong & Schmidt, 1970), perceived trustworthiness (Kaul & Schmidt, 1971; Rothmeier & Dixon, 1980; Strong & Schmidt, 1970), and perceived attractiveness (Carter, 1978; Cash, Begley, McCown, & Weise, 1975; Cheney, 1975; Kerr & Dell, 1976; LaCrosse, 1975; Lewis & Walsh, 1978; Sell, 1974). The center of the social influence model is the client’s perception of a counselor’s behavior.

Seeking client perceptions using rating scales is a very common method of assessing counselor effectiveness (Loesch, 1988; Ponterotto & Furlong, 1985; Steenbarger & Smith, 1996). Despite the popularity, a drawback of client satisfaction instruments is that they assess the degree to which clients believe they have benefited from counseling, not
the degree to which they have in fact made improvements in their lives (Steenbarger & Smith, 1996). In keeping with that argument, others (Barak & LaCrosse, 1975, 1977; Strong, 1968) imply that a counselor is effective as long as a client believes that counselor is effective. The perception of the client, regarding the efficacy of the counselor, is the most important factor in treatment outcome. According to Lambert and Cattani-Thompson (1996), the client, not the counselor, influences outcome to a large degree.

A review of the research literature indicates that the best predictor of success, besides client variables, is counselor-client relationship factors (Lambert & Cattani-Thompson, 1996). High levels of collaboration, respect, empathy, warmth, and positive regard were identified as predictors of positive outcomes, regardless of theoretical orientation or techniques. The authors recommended getting weekly written feedback from clients prior to a session in order to assist the client to convey positive and negative feedback.

The usefulness of supervision can be questioned if indeed counselor effectiveness is determined by the client’s perceptions of the counselor and the counseling relationship. Many researchers (Benshoff & Thomas, 1992; Bozarth & Grace, 1970; Fuqua, Johnson, Newman, Anderson, & Gade, 1984; Hansen, Moore, & Carkhuff, 1968, Loesch, 1988) have found that ratings of counselor efficacy may vary significantly, depending on the source of the rating (i.e., client, counselor, supervisor, peer). Regardless, supervisors may be the best objective source of rating counselor efficacy (Loesch, 1988) due to the limitations of the other raters. The counselor self-rating process inherently lacks objectivity, possibly due to a different understanding of what represents effective
counseling or the self-rater’s narrow knowledge of self and the counseling process (Benshoff & Thomas, 1992). Peer raters may not be competent enough to make valid assessments of other counselors (Loesch, 1988). Moreover, although clients are most often asked to assess counselor efficacy, they may not be knowledgeable of appropriate evaluation criteria, focus only on general satisfaction, or refrain from making negative evaluations of counselors (Loesch, 1988; Myrick & Kelly, 1971).

On the other hand, Barak and LaCrosse (1977) found significant agreement among clients, counselors, and supervisors concerning overall perceptions of counselor behavior. Because the counselor and supervisor’s analysis of the counselor’s interview behavior were similar to the client’s, post-session feedback from the supervisor is likely to be more valid. Trotzer (1976) also found no significant differences between the ratings of graduate students in counseling, counselor educators, and counselors regarding counselor empathy, unconditional positive regard, congruence, effectiveness, and depth of self-exploration of the client.

Obviously, the conflicting data regarding the functional nature of a supervisor’s evaluation leads back to the question of the usefulness of supervision. Bernard and Goodyear (1998) note that the evaluation function of supervision is based on ethical and legal issues surrounding client care. The supervisor has a responsibility to the profession and to the counselors’ future clients. The supervisor is charged to evaluate the counselor based on some external set of criteria that must meet institutional and national standards of practice. Regardless of this fact, who else would be better suited to evaluate a counselor than a supervisor who is also a counselor? Many of the effective conditions in
supervision reflect those for therapy. A supervisor already has experience in verbalizing counseling rationale, identifying client needs and goals, and examining counseling dynamics (Myrick & Kelly, 1971).

History of Supervision Standards

In 1973, the Association for Counselor Education and Supervision (ACES) adopted the Standards for the Preparation of Counselors and other Personnel Services Specialists, which reflected the current thinking for these groups (ACES, 1977). These standards developed from a combination of the “existing statements on counselor preparation previously adopted by ACES: ’Standards for the Preparation of Secondary School Counselors-1967’; “Standards for the Preparation of Elementary School Counselors,’ February, 1968; and ‘Guidelines for Graduate Programs in the Preparation of Student Personnel Workers in Higher Education-1969”” (p. 596). Regarding supervision, the 1973 standards state that the supervisor’s role is clearly recognized and supervision is allocated sufficient time (ACES, 1977). One hour of individual supervision and one hour of group supervision, weekly, during the practicum term is recommended. Supervisory responsibilities consist of evaluating live or recorded, on audiotape or videotape, counseling sessions. The maximum ratio for practicum was one supervisor and five students (1:5).

In 1981, the ACES Committee on Accreditation transferred responsibility for accreditation to the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and in 1982 CACREP produced their completed standards (Adams, 2000). The 1988 (CACREP) standards require a minimum of one hour per week of
individual supervision and a minimum of one and one-half hours per week of group supervision. Students use audiotapes and/or videotapes of counseling sessions in supervision and the supervisors are responsible for a formal evaluation of the student’s performance. In 1994, the individual supervision ratio remained 1:5 and the group ratio was raised to 1:10. These standards were slightly modified in 2001 (CACREP). Supervision now entails weekly interaction with an average of one hour per week of individual and/or triadic supervision. CACREP does not note the rationale behind the modification.

Purpose of Study

The purpose of this study was to examine the practicum supervision formats that are required by CACREP. CACREP requires the use of triadic and/or individual supervision in conjunction with group supervision. Although there are numerous articles regarding the benefits of individual and group supervision, there are no known studies that examine the efficacy of triadic supervision, as defined by CACREP. Therefore, it appeared necessary to examine the efficacy of triadic supervision compared to individual supervision.
CHAPTER II

PROCEDURES

Much of the format and procedures of this study were taken from Ray’s (1998) dissertation on small group supervision versus large group supervision. Ray did not study triadic supervision, a new form of supervision suggested by CACREP (2001). CACREP requires that practicum students receive either individual or triadic supervision weekly for one hour. Because CACREP does not define specifically how to deliver triadic supervision, two treatment formats of triadic supervision were provided during this study. During the first type of triadic supervision (split focus), 30 minutes was allocated to each counselor for supervision. Therefore, during the one hour of supervision, both counselors received supervision. During the second type of triadic supervision (single focus), the whole hour was spent supervising only one of the counselors. The next week, the whole hour was spent supervising the other counselor. Therefore, each counselor would receive supervision every other week, although always part of the triad.

Research Questions

While researching the formats of individual supervision and triadic supervision, questions encompass comparing the two formats. This study was designed to explore the following questions:
1. Is individual supervision as effective as split focus triadic supervision in increasing counselor effectiveness?

2. Is individual supervision as effective as single focus triadic supervision in increasing counselor effectiveness?

3. Is split focus triadic supervision as effective as single focus triadic supervision in increasing counselor effectiveness?

4. Is individual supervision as effective as split focus triadic supervision in promoting counselor development?

5. Is individual supervision as effective as single focus triadic supervision in promoting counselor development?

6. Is split focus triadic supervision as effective as single focus triadic supervision in promoting counselor development?

**Hypotheses**

The following hypotheses were developed in an effort to answer the research questions:

1. The Individual Supervision Group (Individual) 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 Version (CRF-S) as rated by objective raters and supervisors than the Split Focus Triadic Supervision Group (Split Focus).

2. The Individual 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 and supervisors than the Single Focus Triadic Supervision Group (Single Focus).

3. The Split Focus 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 and supervisors than the Single Focus Group.

4. The Individual Group will attain an equal or higher mean at post-testing, adjusting for any differences at pre-testing by using the pre-test score as a covariate, on the Supervisee Levels Questionnaire-Revised (SLQ-R) than the Split Focus Group.

5. The Individual Group will attain an equal or higher mean at post-testing, adjusting for any differences at pre-testing by using the pre-test score as a covariate, on the SLQ-R than the Single Focus Group.

6. The Split Focus Group will attain an equal or higher mean at post-testing, adjusting for any differences at pre-testing by using the pre-test score as a covariate, on the SLQ-R than the Single Focus Group.

**Definition of Terms**

The following terms are defined to convey their unique meaning to the research study:

*Supervision.* CACREP (2001) defines supervision as:

a tutorial and mentoring form of instruction in which a supervisor monitors the student’s activities in a practicum…and facilitates the learning and skill development experiences associated with practicum and internship. The supervisor monitors and evaluates the clinical work of the student while monitoring the quality of services offered to clients. (glossary)
CACREP (Section III., G.) does not specifically outline the activities that are to take place during the practicum supervision. Nevertheless, supervisors filled out a Counselor Rating Form-Short Version (CRF-S) as they reviewed videotaped counseling sessions during individual and triadic supervision, as required by this department.

*Individual supervision.* The CACREP glossary (2001) defines this as “a tutorial and mentoring relationship between a member of the counseling profession and a counseling student.” This type of supervision was composed of one doctoral level supervisor and one masters level practicum student, meeting for one hour a week.

*Triadic supervision.* The CACREP glossary (2001) defines this as “a tutorial and mentoring relationship between a supervisor and two counseling students.” This type of supervision was composed of one doctoral level supervisor and two masters level practicum students, meeting for one hour a week.

*Group supervision.* The CACREP glossary (2001) defines this as “a tutorial and mentoring relationship between a supervisor and more than two counseling students.” This type of supervision was composed of the practicum instructor, the doctoral supervisors, and the students from that particular practicum class. The maximum number of practicum students in group supervision, as mandated by CACREP (2001, Section III., J), is ten. However, at the University of North Texas, eight is the maximum number of practicum students in group supervision.

*Counselor effectiveness.* Corrigan & Schmidt (1983) determined counselor effectiveness according to scores on the Counselor Rating Form-Short Version (CRF-S). The CRF-S (Appendix E) measures dimensions of a counselor’s expertness,
attractiveness, and trustworthiness (Barak & LaCrosse, 1975). Counselors that demonstrate a high level of these three characteristics are viewed as effective. Objective raters used the CRF-S to rate each counselor’s behavior while viewing videotaped counseling sessions.

Counselor development. In order to measure counselor development, the Supervisee Levels Questionnaire Revised (SLQ-R) was used (Appendix D). Stoltenberg, et al. (1998) assessed counselor development based on three structures: self and other awareness, motivation, and autonomy. The SLQ-R is a self-report that measures these structures (McNeill et al., 1992).

Participants

All students enrolled in COUN 5690 Practicum during Fall 2002 and Spring 2003 were asked to participate in the study. There were no exclusion requirements for participation. Each practicum received a verbal explanation of the study on the first day of class. The requirements of the study, the nature of confidentiality, and the rights of the students were also discussed. All of the information discussed was also provided in the consent form (Appendix A).

Students agreeing to participate in the study were asked to sign a consent form. Participation, lack of participation, or withdrawal from the study did not affect a student’s grade. Videotapes and self-reports were assigned codes by the researcher and kept confidential to insure student anonymity. All videotapes and self-reports were destroyed after the study was completed or when a student withdrew from the study. All students enrolled in practicum agreed to participate in the study. One student dropped out of
practicum mid-semester and this student’s data was pulled out of the study. A final count of 47 students participated in the study.

*Faculty Practicum Instructors*

Each faculty practicum instructor was provided an explanation of the study, CACREP requirements of practicum supervision, and requirements of research participants (Appendix B). Also provided were definitions of practicum activities and an outline of the time allocation and order of specific activities to take place during practicum. Each practicum was randomly assigned at least one of the three treatment groups; therefore, the research participants received randomized treatment assignment. Each practicum received group supervision as mandated by CACREP (2001, Section III., J)

*Doctoral Supervisors*

Doctoral level students enrolled in Counselor Supervision served as supervisors for the Individual Supervision Group (Individual), the Split Focus Triadic Supervision Group (Split Focus), and the Single Focus Triadic Supervision Group (Single Focus). These doctoral supervisors completed at least one year of the doctoral program and were required to serve as practicum supervisors for two semesters.

They met weekly during their three-hour Counselor Supervision class and received supervisor supervision from a senior faculty member during the first semester of serving as a practicum supervisor. This weekly meeting ensured that the doctoral supervisors received the same training. During this time, the doctoral supervisors showed videotapes of their supervisor-supervisee sessions and received feedback from their peers and the faculty supervisor regarding supervision issues and the progress of the supervisees.
Although doctoral supervisors were not required to implement specific activities in their supervisor-supervisee sessions for this study, they were provided a recommended outline for their initial supervision session (Appendix C).

Clients

The supervisees were required to counsel at least two clients every week during practicum. Each client was seen for 50 minutes a week. These clients chose to receive counseling at the university through the Counseling and Human Development Center. Each client signed an informed consent form that stated that counseling sessions were videotaped and discussed for supervision, education, and research purposes.

Objective Rater

An advanced level doctoral student served as objective rater for this study. This student completed all required doctoral coursework and was near the end of the doctoral program. Pre and post-videotapes were anonymously coded and given to the objective rater to be scored utilizing the CRF-S.

Instrumentation

Counselor Rating Form-Short Version

Strong (1968) hypothesized that a client that perceived the counselor as an expert, trustworthy, and attractive could be more influenced by that counselor. Barak and LaCrosse (1975) examined the existence of these three dimensions of perceived counselor behavior. 202 subjects watched film interviews given by Carl Rogers, Albert Ellis, and Frederick Perls and rated each counselor with the Counselor Rating Form (CRF). The CRF was constructed to measure participants’ perceptions of counselor
behavior: expertness, trustworthiness, and attractiveness. Four expert judges classified a list of 83 adjectives according to one of the three dimensions. 36 adjectives were selected from the initial list to construct the final questionnaire. A 75% agreement among the judges was the lower limit for item selection. For each adjective an antonym was chosen to form an opposite adjective pair and a 7-point Likert scale was created for each item pair. The data from this study provided reasonable support for Strong’s (1968) three dimensions of perceived counselor behavior. The CRF predicted outcomes in counseling (Heesacker & Heppner, 1983; LaCrosse, 1980) and assessed both within and between counselor differences (Barak & LaCrosse, 1975).

LaCrosse and Barak (1976) replicated their original study with 127 subjects in order to test the ability of the measured perceived dimensions to discriminate both between and within counselors, to examine the interrelationships among the dimensions, and to assess the measurement instrument reliability. The reliability coefficients for the scales across counselors were: .874 for expertness, .850 for attractiveness, and .908 for trustworthiness. The results of the ANOVA suggest that the CRF can differentiate both within and between counselors on the three dimensions. The data suggests that the CRF reliably measures the three perceived dimensions of counselor behavior.

Barak and LaCrosse (1977) continued to validate the CRF when they studied counseling interviews with 19 clients. The client, the supervisor, and the respective counselor used the CRF to rate the interviews. The data noted substantial agreement among counselors, clients, and supervisors concerning overall perceptions of counselor behavior, as revealed in the non-significant finding for the source of rating. The belief
that counselors and supervisors can perceive counselor behavior akin to the way the client perceives it, was further verified. The study further validated the CRF as an instrument that can assess perceptions of counselor behavior from multiple sources. The CRF is probably the most used (Epperson & Pecnik, 1985; Heppner & Claiborn, 1989; Ponterotto & Furlong, 1985) and best validated instrument to measure social influence (Epperson & Pecnik, 1985).

Corrigan and Schmidt (1983) revised and shortened the CRF in an attempt to further validate it. The CRF-S was re-written to mirror an eighth-grade reading comprehension level, and the negative adjectives were eliminated from the CRF scale in order to “increase the variance in ratings by decreasing the socially undesirable connotations of the negative adjectives” (Corrigan & Schmidt, 1983, p. 65). The format consists of a 7-point Likert scale with the words not very (1) to very (7) on opposite ends. The CRF-S is made up of 12 items, 4 four each of the dimensions of attractiveness, expertness, and trustworthiness. The 12 items represent items that had high factor loadings described in previous factor analytic studies of the CRF. Scores for each subscale range from 4 to 28; high scores indicate the subject has positive perceptions of the counselor.

Barak and LaCrosse’s (1975) original study was replicated with 133 college students and 155 clients from several outpatient community mental health centers (Corrigan & Schmidt, 1983). The CRF-S mean split-half reliabilities across student and client subjects were .91 for attractiveness, .90 for expertness, and .87 for trustworthiness. In regards to validity, the researchers found the scale to be sensitive to perceived differences in counselor behaviors on the three dimensions. Most factor loadings for the three
dimensions exceeded .75. Many studies assessed the reliability of the CRF-S and found Cronbach’s alpha ranging from: .84-92 attractiveness subscale, .84-.93 expertness subscale, and .79-.92 trustworthiness subscale (Corrigan & Schmidt, 1983; Ellingson, 1995; Tracey, Glidden, Kokotovic, 1988; Ponterotto & Furlong, 1985).

Epperson and Pecnick (1985) replicated most of Barak and LaCrosse’s (1975) study with 215 subjects. Each subject viewed a 15-minute video segment of Albert Ellis, Carl Rogers, or Frederick Perls in a counseling session (Epperson & Pecnick, 1985). The subjects rated the counselors using the CRF or the CRF-S. The internal consistencies ranging from .77 to .93, with a median of .87, was calculated for the CRF scales for the three counselors. LaCrosse and Barak (1976) found similar values, .75 to .93, with a median of .89, when they calculated split-half reliabilities in their study. The internal consistencies ranging from .63 to .89, with a median of .82, were calculated for the CRF-S scales for the three counselors. In general, the CRF and CRF-S produced the same pattern of interscale correlations.

Ponterotto and Furlong (1985) critiqued six frequently used counselor competency rating scales during an 11-year period, 1974-1984, and found that the CRF was the most frequently used. They noted several advantages of the CRF-S: reasonably brief, easy to administer, only an eighth-grade reading level is required for full item comprehension, can be used across various age groups, and has some construct validity.

Supervisee Levels Questionnaire-Revised

Stoltenberg (1981) developed the Counselor Complexity Model (CCM), which conceptualizes counselor development as a four-level process. Stoltenberg proposed a
theoretical basis for counselor changes over time, and he believed that the supervisor’s role was connected to the explicit developmental needs of the counselor at each developmental stage. Stoltenberg believed that it was important to match counselor development to specific environments that would give sufficient support while promoting growth toward greater complexity and increased autonomy.

McNeill, Stoltenberg, and Pierce (1985) designed a study to measure Stoltenberg’s (1981) four levels of counselor development. The Supervisee Levels Questionnaire (SLQ) (McNeill et al., 1985) was developed to tap characteristics associated with these levels on a continuum of development. The response format was a 7-point Likert scale with never and always as polar opposites. Expert judges organized the 24 self-report items, which were chosen to reflect counselor development, on the SLQ into three subscales of eight items each. Cronbach’s alpha scores for the three subscales were: .55 for awareness, .76 for dependency-autonomy, and .67 for theory/skills acquisition. Higher scores indicated higher levels of development. Significant differences between the three subscales and the trainee experience measure were found for all three subscales by conducting preplanned contrasts using one-way analysis of variance (ANOVA) for unequal cells. The results of this study provided support and preliminary validation of Stoltenberg’s (1981) developmental approach to counselor training and supervision.

In 1987, Stoltenberg & Delworth integrated the primary constructs of developmental theory and types of clinical supervision that utilized these ideas to create the Integrated Developmental Model (IDM) of supervision. The IDM consists of structural change in motivation, autonomy, and self- and other-awareness. The three levels for each structure
will culminate in a very integrated professional level. Counselors experience sequential
development that occurs with the necessary supervision environment provided.

After the development of the IDM (Stoltenberg & Delworth, 1987), McNeill et al.,
1992) believed there was a need to assess the reliability and validity of the IDM.
Therefore, they developed and validated an instrument that reflected the current
theoretical constructs of the revised IDM, the Supervisee Levels Questionnaire-Revised
(SLQ-R).

The SLQ-R (McNeill et al., 1992) was developed by using the same 24 items from the
SLQ (Stoltenberg & Delworth, 1987). Additional items were added, for 47 items, to tap
the primary structures and overall constructs presented by Stoltenberg and Delworth
(1987). Three expert judges organized the 47 self-report items into three subscales
reflecting the primary structures of Dependency-Autonomy, Motivation, and Self- and
Other-Awareness (McNeill et al., 1992).

One hundred five completed SLQ-Rs from eight training programs in clinical
psychology and counseling were analyzed (McNeill et al., 1992). The participants were
classified as beginning, intermediate, or advanced trainees, depending on their training
experience. Of the 47 items administered to the participants, some were discarded
because they did not correlate significantly with both the total score and appropriate
subscale score at the .0001 level. The final SLQ-R consisted of 30 items, with a score
range of 30-210. Cronbach alpha reliability coefficients were calculated for the subscales,
resulting in reliability estimates of .83 for Self- and Other-Awareness, .74 for Motivation,
.64 for Dependency-Autonomy, and .88 for total scores.
To evaluate the construct validity of the SLQ-R, differences in subscale and total scores between the beginning intermediate and advanced groups were examined (McNeill et al., 1992). An analysis of variance (ANOVA), using trainee experience as the independent variable, indicated significant differences in the total SLQ-R scores of the group, $F(2, 102)=7.37, p<.001$. On a focused one-tailed $t$ test, using a .05 alpha level, the researchers consistently found significant differences in mean subscale and total SLQ-R scores between the beginning and advanced groups and the intermediate and advanced group. The preliminary data from this study indicated that the SLQ-R measured the constructs associated with the IDM with some degree of validity and reliability.

Tryon (1996) further examined the validity of the IDM (Stoltenberg & Delworth, 1987) of supervision by studying the development of counseling and clinical students during their training. Self-rated supervisee development was assessed using the SLQ-R while the students were in an advanced practicum experience. The SLQ-R was administered to the students after 5 weeks, 15 weeks, and 31 weeks of practicum. The results of this study provide support for student counselor development during training.

A within-subjects repeated measures multivariate analysis of variance (MANOVA) was used to assess changes over the testings in Motivation, Self- and Other-Awareness, and Dependency-Autonomy (Tryon, 1996). A significant main effect was found, $F(6, 19) =7.86, p<.0003$. An ANOVA for Motivation was not significant, $F(2, 23)=1.97, p=.17$. Mean Motivation scores for the three testings were: (1) at 5 weeks, 34.88, SD=7.76; (2) at 15 weeks, 36.00, SD=4.65; and (3) at 31 weeks, 38.00, SD=5.66. An ANOVA for Self- and Other-Awareness was significant, $F=16.08, p<.001$. Mean scores on this scale
increased over the testings as follows: (1) after 5 weeks, 51.84, SD=9.66; (2) after 15 weeks, 57.00, SD=5.12; and (3) after 31 weeks, 63.16, SD=6.82. An ANOVA for Dependency-Autonomy was significant, $F(2, 23)=13.31$, $p<.0002$. Mean scores on this scale increased over the testings as follows: (1) after 5 weeks, 38.88, SD=4.67; (2) after 15 weeks, 42.64, SD=3.68; and (3) after 31 weeks, 43.92, SD=4.48.

Procedures

Each practicum received at least one of the three treatment models. Each practicum met for five hours a week, sixteen weeks a semester. The five hours consisted of these specific activities:

1. Individual Supervision Treatment Group (Individual)
   
   30 minutes administrative business with the whole class
   
   2 hours direct client contact
   
   Live observation of direct client contact by supervisor
   
   1 hour individual supervision
   
   90 minutes group supervision

2. Split Focus Triadic Supervision Treatment Group (Split Focus)

   30 minutes administrative business with the whole class
   
   2 hours direct client contact
   
   Live observation of direct client contact by supervisor
   
   1 hour split focus triadic supervision-30 minutes supervision allocated to each subject
   
   90 minutes group supervision
3. Single Focus Triadic Supervision Treatment Group (Single Focus)

30 minutes administrative business with the whole class
2 hours direct client contact
Live observation of direct client contact by supervisor
1 hour single focus triadic supervision—one hour supervision allocated to only one subject each week
90 minutes group supervision

The type of supervision, individual, split focus, or single focus, served as the independent variables. The scores on the Counselor Rating Form-S (CRF-S) and the Supervisee Levels Questionnaire-Revised (SLQ-R) served as the dependent variables.

Practicum lasted 16 weeks, permitting 10 weeks between the pre and the post measures. During the practicum semester, each practicum was randomly assigned to receive individual supervision, split focus supervision, or single focus supervision. The Individual Group, Split Focus Group, and the Single Focus Group each met weekly for one hour.

All subjects submitted a videotaped counseling session by the third week of their practicum class. It was required that this videotape contain the second counseling session with a client. Subjects submitted another videotaped counseling session within the last three weeks of class. It was required that this videotape contain the third session or beyond with a client. When subjects submitted videotapes, they also filled out and submitted the Supervisee Levels Questionnaire-Revised self-report (Appendix D), which was used as a pre-test/post-test measure of development.
When videotapes were submitted, the researcher assigned each videotape an anonymous code, randomized the tapes, and distributed the tapes to the objective rater. The objective rater started viewing the videotapes fifteen minutes into the counseling sessions and then watched the next fifteen minutes of the session. The objective rater immediately filled out a CRF-S after viewing a videotape. The subjects’ supervisors also filled out a CRF-S for each submitted videotape.

Data Analysis

Objective Rater Reliability

In order to determine rater reliability, Cronbach’s alpha coefficient was calculated (Huck, 2000). The objective rater re-watched randomly selected counseling sessions after they had been rated once before. A Cronbach alpha coefficient of .90 was reported; therefore, the rater was considered reliable (Pallant, 2001).

Counseling Session Tapes

When consent forms were turned in, study subjects received an anonymous code. Once filled out, CRF-S forms were collected from the objective rater and the doctoral supervisors. The data was pooled and entered into SPSS according to code. The forms rated by the objective rater and the forms rated by the supervisors were entered as a separate rater group.

An analysis of covariance (ANCOVA) type model was run to determine if there were significant differences between the three treatment groups in promoting counselor effectiveness, based on the adjusted post-tape means. The pre-test of the CRF-S served as the covariate and the post-test of the CRF-S served as the dependent variable in each
treatment group. The ANCOVA was a general linear model of regression with one continuous predictor and one categorical predictor.

ANCOVA was used to adjust the group means from the post-test based on the pre-test, therefore, statistically equating the three treatment groups. Significance of difference between means is tested at the .05 level and the hypotheses were either retained or rejected based on the ANCOVA. The practical significance (effect size) was also determined for every ANCOVA.

Self-Reports

The subjects submitted a Supervisee Levels Questionnaire-Revised (SLQ-R) each time they turned in a videotape, which was at the beginning and the end of the practicum semester. The pre and post SLQ-Rs were coded and entered as data into SPSS. McNeill, Stoltenberg, and Romans (1992) identified three factors of development: self and other awareness, motivation, and dependency/autonomy. An analysis of covariance (ANCOVA) was run to determine if there were significant differences between the three treatment groups in promoting counselor development, based on the adjusted post-tape means. The pre-test of the SLQ-R served as the covariate and the post-test of the SLQ-R served as the dependent variable in each treatment group. The ANCOVA was a general linear model of regression with one continuous predictor and one categorical predictor.

ANCOVA was used to adjust the group means from the post-test based on the pre-test, therefore, statistically equating the three treatment groups. Significance of difference between means was tested at the .05 level and the hypotheses were either retained or
rejected based on the ANCOVA. The practical significance (effect size) was also determined for every ANCOVA.
CHAPTER III

RESULTS AND DISCUSSION

The results of the data analyses for the CRF-S and the SLQ-R are presented in this chapter. The data analyses are organized and grouped by instrument. A discussion of the results are addressed according to the hypotheses and research questions posed in this study. The implications of this study and recommendations for further research are also addressed.

Results

CRF-S

Table 1 illustrates the results for post CRF-S means for each supervision group by rating source. Table 2 illustrates the results once the covariate was used to adjust the means. Doctoral supervisors found statistically significant improvement from pre-tape scores to post-tape scores with all supervision groups. A one sample t-test was run at the .05 level, t (46) = 6.42, p = .000, $\eta^2 = .279$. The effect size indicates medium to large (Cohen, 1992) practical and statistically significant improvement. Assumptions of normality of residuals, homogeneity of variance, homogeneity of regression, linearity, and reliability of covariates were met. In order to assess the internal consistency of the CRF-S as rated by the doctoral supervisors, Cronbach’s alpha coefficient reliabilities
were calculated. The alpha coefficient was .94, which indicates that the scale is reliable and has sufficient homogeneity (Pallant, 2001).

The objective rater found statistically significant improvement from pre-tape scores to post-tape scores with all supervision groups. A one sample t-test was run at the .05 level, $t (46) = 3.65, p = .001, \eta^2 = .155$. The effect size indicates medium practical and statistically significant improvement. Assumptions of normality of residuals, homogeneity of variance, homogeneity of regression, linearity, and reliability of covariates were met. In order to assess the internal consistency of the CRF-S as rated by the objective rater, Cronbach’s alpha coefficient reliabilities were calculated. The alpha coefficient was .97, which indicates that the scale is reliable and has sufficient homogeneity (Pallant, 2001).

Table 1

<table>
<thead>
<tr>
<th>Supervision Group</th>
<th>n</th>
<th>Doctoral Supervisors</th>
<th>Objective Rater</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td>Std. Deviation</td>
</tr>
<tr>
<td>Split Focus</td>
<td>16</td>
<td>70.50</td>
<td>11.56</td>
</tr>
<tr>
<td>Single Focus</td>
<td>12</td>
<td>67.66</td>
<td>11.26</td>
</tr>
<tr>
<td>Individual</td>
<td>19</td>
<td>69.89</td>
<td>7.48</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>69.53</td>
<td>9.85</td>
</tr>
</tbody>
</table>
Table 2

Post CRF-S Adjusted Means By Supervision Group For Each Rating Source

<table>
<thead>
<tr>
<th>Supervision Group</th>
<th>n</th>
<th>Doctoral Supervisors</th>
<th>Objective Rater</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Adj. Mean</td>
<td>Std. Error</td>
</tr>
<tr>
<td>Split Focus</td>
<td>16</td>
<td>67.43</td>
<td>2.42</td>
</tr>
<tr>
<td>Single Focus</td>
<td>12</td>
<td>67.46</td>
<td>2.53</td>
</tr>
<tr>
<td>Individual</td>
<td>19</td>
<td>70.86</td>
<td>2.05</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>68.58</td>
<td>1.35</td>
</tr>
</tbody>
</table>

Table 3 illustrates the results of an ANCOVA for CRF-S scores according to rating source. The supervision group was the independent variable, post CRF-S total score from each rating source served as the dependent variable, and the pre CRF-S total score from each rating source served as the covariate. The ANCOVA revealed no statistically significant difference in post-tape scores among the three supervision groups as rated by doctoral supervisors, $F(2,41) = 1.838$, $p = .172$, $\eta^2 = .082$, power = .361. No statistically significant interaction was found between the Supervision Group and the covariate, $F(2, 41) = 1.785$, $p = .181$, $\eta^2 = .080$, power = .352. The ANCOVA revealed no statistically significant difference in post-tape scores among the three supervision groups as rated by the objective rater, $F(2,41) = 1.369$, $p = .266$, $\eta^2 = .063$, power = .278. No statistically significant interaction was found between the Supervision Group and the covariate, $F(2, 41) = 1.506$, $p = .234$, $\eta^2 = .068$, power = .302.

The ANCOVA still revealed no statistically significant difference between the three supervision types when two outliers were removed from the doctoral student ratings, $F(2, 39) = .309$, $p > .05$. Also, the effect size and power decreased and was found to be .016 (power = .096, $p > .05$). No statistically significant interaction was found between the
Supervision Group and the covariate, \( F (2, 39) = .432, p > .05 \). The effect size and power decreased and was found to be .022 (power = .115, \( p > .05 \)).

Table 3

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Eta²</th>
<th>Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covariate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Doctoral Supervisor)</td>
<td>1188.729</td>
<td>1</td>
<td>188.729</td>
<td>15.465</td>
<td>.000</td>
<td>.274</td>
<td>.970</td>
</tr>
<tr>
<td>Supervision Group</td>
<td>282.534</td>
<td>2</td>
<td>141.267</td>
<td>1.838</td>
<td>.172</td>
<td>.082</td>
<td>.361</td>
</tr>
<tr>
<td>Interaction</td>
<td>274.343</td>
<td>2</td>
<td>137.172</td>
<td>1.785</td>
<td>.181</td>
<td>.080</td>
<td>.352</td>
</tr>
<tr>
<td>Error</td>
<td>3151.515</td>
<td>41</td>
<td>76.866</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>231700.000</td>
<td>47</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>
<td></td>
</tr>
<tr>
<td>(Objective Rater)</td>
<td>175.269</td>
<td>1</td>
<td>175.269</td>
<td>1.436</td>
<td>.238</td>
<td>.034</td>
<td>.216</td>
</tr>
<tr>
<td>Supervision Group</td>
<td>334.365</td>
<td>2</td>
<td>167.182</td>
<td>1.369</td>
<td>.266</td>
<td>.063</td>
<td>.278</td>
</tr>
<tr>
<td>Interaction</td>
<td>367.767</td>
<td>2</td>
<td>183.884</td>
<td>1.506</td>
<td>.234</td>
<td>.068</td>
<td>.302</td>
</tr>
<tr>
<td>Error</td>
<td>5005.676</td>
<td>41</td>
<td>122.090</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>223358.000</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Post hoc-analyses on CRF-S. A total of five faculty practicum instructors led practicum during the Fall 2002 and Spring 2003 semester. Two faculty instructors led the Individual model in one practicum, two led the Split Focus and Single Focus model across two practica, one led the Split Focus and Single Focus model within the same practicum.

Table 4 illustrates the adjusted means and standard error. A post hoc analysis was employed to determine whether particular faculty practicum instructors had effects on their students’ post CRF-S scores. An ANCOVA was run with faculty instructors as the independent variable, post CRF-S total score from each rating source served as the dependent variable, and the pre CRF-S total score from each rating source as the covariate.
Table 4

CRF-S Adjusted Means By Faculty Supervisor For Each Rating Source

<table>
<thead>
<tr>
<th>Faculty</th>
<th>n</th>
<th>Doctoral Supervisor</th>
<th>Objective Rater</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Adjusted M</td>
<td>Standard Error</td>
</tr>
<tr>
<td>Faculty 1</td>
<td>7</td>
<td>66.90</td>
<td>3.12</td>
</tr>
<tr>
<td>Faculty 2</td>
<td>12</td>
<td>70.51</td>
<td>2.38</td>
</tr>
<tr>
<td>Faculty 3</td>
<td>7</td>
<td>75.12</td>
<td>3.13</td>
</tr>
<tr>
<td>Faculty 4</td>
<td>13</td>
<td>64.38</td>
<td>2.31</td>
</tr>
<tr>
<td>Faculty 5</td>
<td>8</td>
<td>73.82</td>
<td>2.92</td>
</tr>
</tbody>
</table>

The result of the ANCOVA with the objective rater as the rating source was not statistically significant, $F(4, 37) = .788, p = .540, \eta^2 = .079, \text{power} = .228$. This indicates that counselors assigned to different faculty practicum instructors did not differ on CRF-S totals as rated by the objective rater. No statistically significant interaction between the Faculty and the covariate was found, $F(4, 37) = .842, p = .508, \eta^2 = .083, \text{power} = .242$.

The results can be seen in Table 5.

Table 5

CRF-S ANCOVA Summary For Faculty Supervisors By Objective Rater

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Eta²</th>
<th>Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covariate (Objective Rater)</td>
<td>31.569</td>
<td>1</td>
<td>31.569</td>
<td>.238</td>
<td>.629</td>
<td>.006</td>
<td>.076</td>
</tr>
<tr>
<td>Faculty</td>
<td>418.339</td>
<td>4</td>
<td>104.585</td>
<td>.788</td>
<td>.540</td>
<td>.079</td>
<td>.228</td>
</tr>
<tr>
<td>Interaction</td>
<td>446.737</td>
<td>4</td>
<td>111.684</td>
<td>.842</td>
<td>.508</td>
<td>.083</td>
<td>.242</td>
</tr>
<tr>
<td>Error</td>
<td>4910.648</td>
<td>37</td>
<td>132.720</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>223358.000</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 6 illustrates the results of the ANCOVA with the doctoral students as the rating source. The results indicate that the counselors assigned to different faculty practicum instructors did statistically significantly differ on CRF-S totals as rated by the doctoral
students, \( F(4, 37) = 2.652, p = .048, \eta^2 = .223, \) power = .682. The effect size indicates medium practical and statistically significant improvement. No statistically significant interaction was found between the Faculty and covariate, \( F(4, 37) = 1.866, p = .134, \eta^2 = .169, \) power = .56. To determine which groups differed from one another, LSD pairwise comparisons were run (See Table 7). Faculty 1’s and Faculty 3’s students were statistically significantly different from one another on the post CRF-S total score, \( p < .05 \). Faculty 3’s and Faculty 4’s were statistically significantly different from one another on the post CRF-S total score, \( p < .05 \). Also, Faculty 4’s and Faculty 5’s students were statistically significantly different from one another on the post CRF-S total score, \( p < .05 \).

Table 6

**CRF-S ANCOVA Summary For Faculty Supervisors By Doctoral Student 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(^2)</th>
<th>Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covariate (Doctoral Supervisor)</td>
<td>945.167</td>
<td>1</td>
<td>945.167</td>
<td>15.132</td>
<td>.000</td>
<td>.290</td>
<td>.966</td>
</tr>
<tr>
<td>Faculty Interaction</td>
<td>662.524</td>
<td>4</td>
<td>165.631</td>
<td>2.652</td>
<td>.048</td>
<td>.223</td>
<td>.682</td>
</tr>
<tr>
<td>Error</td>
<td>471.177</td>
<td>4</td>
<td>117.794</td>
<td>1.866</td>
<td>.134</td>
<td>.169</td>
<td>.516</td>
</tr>
<tr>
<td>Total</td>
<td>2311.083</td>
<td>37</td>
<td>62.462</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>231700.000</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 7

LSD Pairwise Comparisons For Faculty Supervisors By Doctoral Student Raters

<table>
<thead>
<tr>
<th>Faculty vs. Faculty</th>
<th>Sig.</th>
<th>Mean Difference</th>
<th>Standard Error of Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 vs. 2</td>
<td></td>
<td>-3.338</td>
<td>3.441</td>
</tr>
<tr>
<td>1 vs. 3</td>
<td>**</td>
<td>-7.714</td>
<td>3.788</td>
</tr>
<tr>
<td>1 vs. 4</td>
<td></td>
<td>.183</td>
<td>3.493</td>
</tr>
<tr>
<td>1 vs. 5</td>
<td></td>
<td>-6.470</td>
<td>3.680</td>
</tr>
<tr>
<td>2 vs. 3</td>
<td></td>
<td>-4.376</td>
<td>3.270</td>
</tr>
<tr>
<td>2 vs. 4</td>
<td></td>
<td>3.522</td>
<td>2.794</td>
</tr>
<tr>
<td>2 vs. 5</td>
<td></td>
<td>-3.131</td>
<td>3.128</td>
</tr>
<tr>
<td>3 vs. 4</td>
<td>**</td>
<td>7.898</td>
<td>3.320</td>
</tr>
<tr>
<td>3 vs. 5</td>
<td></td>
<td>1.244</td>
<td>3.525</td>
</tr>
<tr>
<td>4 vs. 5</td>
<td>**</td>
<td>-6.654</td>
<td>3.172</td>
</tr>
</tbody>
</table>

** p < .05

SLQ-R

McNeill, et al. (1992) identified three factors in development, self and other awareness, motivation, and dependency/autonomy. In order to assess the internal consistency of these three factors, Cronbach’s alpha coefficient reliabilities were calculated. The alpha coefficient for self and other awareness was .8296, motivation was .7676, and dependency/autonomy was .5430. The alpha coefficients for these factors are very similar to Ray’s (2000) findings.

Statistically significant improvement from pre to post SLQ-R total adjusted means for all supervision groups was found. A one sample t-test was run at the .05 level, t (46) = 4.770, p = .000, \( \eta^2 = .207 \). The effect size indicates medium practical and statistically significant improvement. Statistically significant improvement for factor self and other awareness from pre to post SLQ-R adjusted means for all supervision groups was found, t
(46) = 6.287, p = .000, $\eta^2 = .273$. The effect size indicates medium to large practical and statistically significant improvement. Also, statistically significant improvement for factor dependency/autonomy from pre to post SLQ-R adjusted means for all supervision groups was found, $t (46) = 3.093, p = .003, \eta^2 = .134$. The effect size indicates medium practical and statistically significant improvement. However, no statistically significant improvement for factor motivation from pre to post SLQ-R adjusted means for all supervision groups was found, $t (46) = .999, p = .323, \eta^2 = .043$. Assumptions of normality of residuals, homogeneity of variance, homogeneity of regression, linearity, and reliability of covariates were met. Table 8 illustrates the results for post SLQ-R means for each factor by supervision group and Table 9 illustrates the results once the covariate was used to adjust the means.

Table 8

Means By Supervision Group For Each SLQ-R Factor

<table>
<thead>
<tr>
<th>Supervision Group</th>
<th>n</th>
<th>Self and Other Awareness</th>
<th>Motivation</th>
<th>Dependency-Autonomy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Split Focus</td>
<td>16</td>
<td>67.72 6.11</td>
<td>44.83 6.08</td>
<td>48.63 5.74</td>
<td>161.16 15.34</td>
</tr>
<tr>
<td>Single Focus</td>
<td>12</td>
<td>67.00 3.86</td>
<td>43.92 2.81</td>
<td>47.75 6.45</td>
<td>158.66 9.54</td>
</tr>
<tr>
<td>Individual</td>
<td>19</td>
<td>64.47 8.07</td>
<td>43.16 5.54</td>
<td>47.37 3.03</td>
<td>155.00 17.30</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>66.22 6.59</td>
<td>43.92 5.14</td>
<td>47.89 5.93</td>
<td>158.03 14.93</td>
</tr>
</tbody>
</table>
Table 9

Adjusted Means By Supervision Group For Each SLQ-R Factor

<table>
<thead>
<tr>
<th>Supervision Group</th>
<th>n</th>
<th>Self and Other Awareness</th>
<th>Motivation</th>
<th>Dependency-Autonomy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Split Focus</td>
<td>16</td>
<td>67.41 1.07</td>
<td>45.02 1.01</td>
<td>48.96 1.40</td>
<td>161.60 2.55</td>
</tr>
<tr>
<td>Single Focus</td>
<td>12</td>
<td>66.77 1.24</td>
<td>43.87 1.17</td>
<td>47.51 1.62</td>
<td>158.49 2.99</td>
</tr>
<tr>
<td>Individual</td>
<td>19</td>
<td>65.28 .99</td>
<td>43.00 .93</td>
<td>47.33 1.26</td>
<td>155.55 2.34</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>66.49 .64</td>
<td>43.96 .60</td>
<td>47.93 .82</td>
<td></td>
</tr>
</tbody>
</table>

Table 10 illustrates the results of a four one-way between ANCOVA for the SLQ-R factor scores. The supervision group served as the independent variable, post SLQ-R total factor score served as the dependent variable, and the pre SLQ-R total factor score served as the covariate. The ANCOVA did not reveal statistically significant differences in post SLQ-R factor scores for motivation among the three supervision groups, $F_{(2,41)} = .410$, $p = .666$, $\eta^2 = .020$, power = .973. No statistically significant interaction was found between the Supervision Group and covariate, $F_{(2, 41)} = .303$, $p = .740$, $\eta^2 = .015$, power = .11. Also, the ANCOVA did not reveal statistically significant differences in post SLQ-R factor scores for dependency/autonomy among the three supervision groups, $F_{(2,41)} = .410$, $p = .666$, $\eta^2 = .020$, power = .112. No statistically significant interaction was found between the Supervision Group and covariate, $F_{(2, 41)} = .396$, $p = .675$, $\eta^2 = .019$, power = .11.

However, the ANCOVA did reveal statistically significant differences in post SLQ-R factor scores for self and other awareness among the three supervision groups, $F_{(2,41)} = 3.195$, $p = .051$, $\eta^2 = .135$, power = .579. The medium effect size indicates that somewhat
meaningful as well as significant differences exist between the supervision groups. No statistically significant interaction was found between the Supervision Group and covariate, $F(2, 41) = 2.916, p = .065, \eta^2 = .125, \text{power} = .538$. To determine which groups differed from one another, contrast coefficients were specified using a post hoc (See Table 11). The results of the post hoc revealed that the Single Focus group statistically significantly differed from the Individual group on awareness, $F(1, 41) = 5.923, p = .019, \eta^2 = .126, \text{power} = .661$. The effect size would be considered almost medium and indicates that a somewhat meaningful as well as significant difference exists between these two supervision groups.

Table 10

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Eta²</th>
<th>Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covariate- (Self &amp; Other Awareness)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision Group Interaction</td>
<td>117.139</td>
<td>2</td>
<td>53.464</td>
<td>2.916</td>
<td>.065</td>
<td>.125</td>
<td>.538</td>
</tr>
<tr>
<td>Error</td>
<td>751.605</td>
<td>41</td>
<td>18.332</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td>208112.003</td>
<td>47</td>
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<td>Covariate- (Motivation)</td>
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<tr>
<td>Supervision Group Interaction</td>
<td>13.468</td>
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<td>6.734</td>
<td>.410</td>
<td>.666</td>
<td>.204</td>
<td>.112</td>
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<tr>
<td>Error</td>
<td>673.430</td>
<td>41</td>
<td>16.022</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Total</td>
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</tr>
<tr>
<td>Covariate- (Dependency/Autonomy)</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Supervision Group Interaction</td>
<td>24.044</td>
<td>2</td>
<td>12.022</td>
<td>.396</td>
<td>.675</td>
<td>.019</td>
<td>.110</td>
</tr>
<tr>
<td>Error</td>
<td>1244.243</td>
<td>41</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td>109431.000</td>
<td>47</td>
<td></td>
<td></td>
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</tr>
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</table>
Table 11

Post Hoc Comparisons For Supervision Groups On Self And Other Awareness

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Eta²</th>
<th>Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contrast Split Focus with Single Focus</td>
<td>27.229</td>
<td>1</td>
<td>18.332</td>
<td>1.485</td>
<td>.230</td>
<td>.035</td>
<td>.222</td>
</tr>
<tr>
<td>Error</td>
<td>751.605</td>
<td>41</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contrast Split Focus with Individual</td>
<td>36.640</td>
<td>1</td>
<td>18.332</td>
<td>1.999</td>
<td>.165</td>
<td>.046</td>
<td>.282</td>
</tr>
<tr>
<td>Error</td>
<td>751.605</td>
<td>41</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contrast Single Focus with Individual</td>
<td>108.587</td>
<td>1</td>
<td>18.332</td>
<td>5.923</td>
<td>.019</td>
<td>.126</td>
<td>.661</td>
</tr>
<tr>
<td>Error</td>
<td>751.605</td>
<td>41</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Four outliers were identified and removed using Cook’s distance. Table 12 illustrates means and adjusted means with the 43 subjects. Assumptions of normality of residuals, homogeneity of variance, linearity, and reliability of covariates were met. Homogeneity of regression was more closely met when the four outliers were removed.

Table 12

Total Post SLQ-R Mean and Adjusted Mean

<table>
<thead>
<tr>
<th>Type of Supervision</th>
<th>n</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Adjusted Mean</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Split Focus</td>
<td>15</td>
<td>163.78</td>
<td>11.63</td>
<td>163.25</td>
<td>2.16</td>
</tr>
<tr>
<td>Single Focus</td>
<td>10</td>
<td>155.60</td>
<td>5.54</td>
<td>155.51</td>
<td>2.87</td>
</tr>
<tr>
<td>Individual</td>
<td>18</td>
<td>154.33</td>
<td>17.54</td>
<td>156.60</td>
<td>1.99</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>157.92</td>
<td>13.98</td>
<td>158.45</td>
<td>1.37</td>
</tr>
</tbody>
</table>

Table 13 illustrates the results of an ANCOVA for SLQ-R scores. The supervision group served as the independent variable, post SLQ-R total score served as the dependent variable, and the pre SLQ-R total score served as the covariate. The ANCOVA revealed statistically significant differences in post SLQ-R scores among the three supervision
groups, $F(2,37) = 3.660$, $p. = .035$, $\eta^2 = .165$, power $= .638$. The effect size would be considered medium and indicates that somewhat meaningful as well as statistically significant differences exist between these supervision groups. To determine which groups differed from one another, LSD pairwise comparisons were run (See Table 14).

Table 13

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Eta²</th>
<th>Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covariate</td>
<td>974.381</td>
<td>1</td>
<td>974.381</td>
<td>13.948</td>
<td>.001</td>
<td>.274</td>
<td>.953</td>
</tr>
<tr>
<td>Supervision Group</td>
<td>511.333</td>
<td>2</td>
<td>255.667</td>
<td>3.660</td>
<td>.035</td>
<td>.165</td>
<td>.638</td>
</tr>
<tr>
<td>Interaction</td>
<td>484.445</td>
<td>2</td>
<td>242.223</td>
<td>3.467</td>
<td>.042</td>
<td>.158</td>
<td>.613</td>
</tr>
<tr>
<td>Error</td>
<td>2584.732</td>
<td>37</td>
<td>69.858</td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td>1080621.990</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Table 14

<table>
<thead>
<tr>
<th>Supervision Group</th>
<th>Supervision Group</th>
<th>Sig.</th>
<th>Mean Difference</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Split Focus vs. Single Focus</td>
<td>**</td>
<td>9.81</td>
<td>3.62</td>
<td></td>
</tr>
<tr>
<td>Split Focus vs. Individual</td>
<td>**</td>
<td>6.95</td>
<td>3.11</td>
<td></td>
</tr>
<tr>
<td>Single Focus vs. Individual</td>
<td>-2.86</td>
<td>3.54</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** $p < .05$

The ANCOVA also revealed a statistically significant interaction between the Supervision Group and the covariate, $F(2,37) = 3.467$, $p. = .042$, $\eta^2 = .158$, power $= .613$. According to Pedhazur (1997), a calculation of regions of significance should be performed when a statistically significant interaction between a categorical and a continuous variable is discovered. In order to say that the means differed and to determine where this difference occurs between the statistically significant pairwise
comparisons, the Johnson-Neyman technique was employed. This technique is an alternative to ANCOVA that allows non-parallel regression lines (Karpman, 1986). Karpman provided a program to calculate the regions of significance with SPSS. Figure 1 plots the means from Split Focus and Single Focus. The interaction occurs at the mean of 136.31. Above the mean of 150.85 up to the mean of 174.36, the means were different. Figure 2 plots the means from Split Focus and Individual. The interaction occurs at the mean of 170.11. Below the mean of 143.67 down to the mean of 132.41, the means were different. This interaction between the groups may have occurred because the Split Focus did indeed benefit more from supervision in terms of developmental growth than the other two groups.

Figure 1

Split Focus vs. Single Focus

Plot of Y with X by D
Post hoc-analyses on SLQ-R. A post hoc analysis was employed to determine whether particular practicum instructors had effects on their students’ post SLQ-R total scores. One outlier was identified out of the 47 subjects and removed using Cook’s distance. Table 15 illustrates the means and adjusted means. An ANCOVA was run with faculty instructors as the independent variable, post SLQ-R total score served as the dependent variable, and the pre SLQ-R total score as the covariate. The ANCOVA revealed statistically significant differences in post SLQ-R scores among the three supervision groups, $F (4, 36) = 3.965, p = .009, \eta^2 = .306, \text{power} = .864$. To determine which groups differed from one another, LSD pairwise comparisons were run. Faculty 1’s students
statistically significantly differed from Faculty 4’s students on post SLQ-R total scores, \( p < .05 \).

Table 15

SLQ-R Mean and Adjusted Means By Faculty Supervisor

<table>
<thead>
<tr>
<th>Faculty</th>
<th>n</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Adjusted M</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty 1</td>
<td>7</td>
<td>150.28</td>
<td>25.54</td>
<td>152.73</td>
<td>3.42</td>
</tr>
<tr>
<td>Faculty 2</td>
<td>11</td>
<td>162.76</td>
<td>10.06</td>
<td>162.30</td>
<td>2.81</td>
</tr>
<tr>
<td>Faculty 3</td>
<td>7</td>
<td>159.57</td>
<td>9.10</td>
<td>158.03</td>
<td>3.88</td>
</tr>
<tr>
<td>Faculty 4</td>
<td>13</td>
<td>161.48</td>
<td>12.12</td>
<td>162.79</td>
<td>2.52</td>
</tr>
<tr>
<td>Faculty 5</td>
<td>8</td>
<td>155.87</td>
<td>11.31</td>
<td>158.36</td>
<td>3.35</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>158.81</td>
<td>14.08</td>
<td>158.84</td>
<td>1.44</td>
</tr>
</tbody>
</table>

Discussion

The outcome, significance, and implication of each hypothesis will be discussed in this section. The researcher’s personal opinions will also be noted. The limitations of the study and suggestions for further research will be addressed as a final point of this section.

Hypotheses

1. The Individual Supervision Group (Individual) 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 Version (CRF-S) as rated by doctoral supervisors and objective raters than the Split Focus Triadic Supervision Group (Split Focus).

The hypothesis was retained. The analysis of CRF-S data collected in this study supported this hypothesis. Results of the two ANCOVAs revealed that doctoral
supervisors and objective raters scored subjects from Individual and subjects from Split Focus with statistical equivalence.

2. The Individual 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 doctoral supervisors and objective raters than the Single Focus Triadic Supervision Group (Single Focus).

The hypothesis was retained. The analysis of CRF-S data collected in this study supported this hypothesis. Results of the two ANCOVAs revealed that doctoral supervisors and objective raters scored subjects from Individual and subjects from Single Focus with statistical equivalence.

3. The Split Focus 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 doctoral supervisors and objective raters than the Single Focus Group.

The hypothesis was retained. The analysis of CRF-S data collected in this study supported this hypothesis. Results of the two ANCOVAs revealed that doctoral supervisors and objective raters scored subjects from Split Focus and subjects from Single Focus with statistical equivalence.

4. The Individual Group will attain an equal or higher mean at post-testing, adjusting for any differences at pre-testing by using the pre-test score as a covariate, on the Supervisee Levels Questionnaire-Revised (SLQ-R) than the Split Focus Group.

The hypothesis was rejected. The analysis of SLQ-R data collected in this study did not support this hypothesis. Results of the ANCOVA, using the SLQ-R total and
supervision groups, revealed that the supervision groups did statistically significantly differ. An LSD pairwise comparison determined that Split Focus attained a statistically significantly higher mean than Individual.

5. The Individual Group will attain an equal or higher mean at post-testing, adjusting for any differences at pre-testing by using the pre-test score as a covariate, on the SLQ-R than the Single Focus Group.

The hypothesis was retained. The analysis of SLQ-R data collected in this study supported this hypothesis. Results of the ANCOVA, using the SLQ-R total and supervision groups, revealed that the supervision groups did not statistically significantly differ. Subjects from Individual and subjects from Single Focus scored themselves with statistical equivalence.

6. The Split Focus Group will attain an equal or higher mean at post-testing, adjusting for any differences at pre-testing by using the pre-test score as a covariate, on the SLQ-R than the Single Focus Group.

The hypothesis was retained. The analysis of SLQ-R data collected in this study supported this hypothesis. Results of the ANCOVA, using the SLQ-R total and supervision groups, revealed that the supervision groups did statistically significantly differ. An LSD pairwise comparison determined that Split Focus attained a statistically significantly higher mean than Single Focus.

Research Questions

Five of the six hypotheses were supported by data analyses. By answering the following research questions, the significance of these findings will be addressed.
1. Is individual supervision as effective as split focus triadic supervision in increasing counselor effectiveness?

The results of this study revealed that Individual supervision and Split Focus supervision are equally effective in increasing counselor effectiveness. Both doctoral supervisors and objective rater found a statistically significant increase in counselor effectiveness for both supervision groups.

2. Is individual supervision as effective as single focus triadic supervision in increasing counselor effectiveness?

The results of this study revealed that Individual supervision and Single Focus supervision are equally effective in increasing counselor effectiveness. Doctoral supervisors and the objective rater found a statistically significant increase in counselor effectiveness for both supervision groups.

3. Is split focus triadic supervision as effective as single focus triadic supervision in increasing counselor effectiveness?

The results of this study revealed that Split Focus supervision and Single Focus supervision are equally effective in increasing counselor effectiveness. Doctoral supervisors and the objective rater found a statistically significant increase in counselor effectiveness for both supervision groups.

4. Is individual supervision as effective as split focus triadic supervision in promoting counselor development?

The results of this study revealed that Individual supervision and Split Focus supervision are not equally effective in promoting counselor development. Split Focus
subjects reported more statistically significant growth when compared to Individual subjects. However, subjects from both supervision groups reported a statistically significant increase in counselor development.

5. Is individual supervision as effective as single focus triadic supervision in promoting counselor development?

The results of this study revealed that Individual supervision and Single Focus supervision are equally effective in promoting counselor development. Subjects from both supervision groups reported a statistically significant increase in counselor development. Even though total scores were statistically equivalent, the specific factor of self and other awareness were statistically significantly different between these two groups. The Single Focus subjects reported more statistically significant growth when compared to Individual subjects. Accordingly, this triadic format seemed more effective in increasing self and other awareness than individual supervision.

6. Is split focus triadic supervision as effective as single focus triadic supervision in promoting counselor development?

The results of this study revealed that Split Focus supervision and Single Focus supervision are not equally effective in promoting counselor development. Split Focus subjects reported more statistically significant growth when compared to Single Focus subjects. However, subjects from both supervision groups reported a statistically significant increase in counselor development.
Post-Hoc Findings

The possibility that characteristics of faculty practicum instructors would influence the results of this study was considered. These characteristics might include gender, personality, theoretical orientation, and teaching style. Post hoc measures were employed for the CRF-S and the SLQ-R. An ANCOVA was run with faculty instructors as the independent variable and post CRF-S total score as the dependent variable. When rated by the objective rater, counselors assigned to different faculty instructors did not statistically significantly differ on CRF-S scores. When rated by doctoral supervisors, counselors assigned to different faculty supervisors did statistically significantly differ on CRF-S scores. Faculty 3’s students were rated statistically significantly higher than Faculty 1 and Faculty’s 4 students. Faculty 3 is a female faculty instructor and Faculty 1 and Faculty 4 are male faculty instructors. Faculty 5’s students were rated statistically significantly higher than Faculty 4’s students. Faculty 5 is a female faculty instructor and Faculty 4 is a male faculty instructor. It should also be noted that Faculty 3 and Faculty 5 are the only female faculty instructors in this study. These faculty instructors led different supervision models and have different theoretical orientations. An assumption could be made that a characteristic of theirs, possibly gender, influenced counselor effectiveness.

An ANCOVA was run with faculty instructors as the independent variable and post SLQ-R total score as the dependent variable. The ANCOVA revealed statistically significant differences in post SLQ-R scores among the three supervision groups. A pairwise comparison determined that Faculty 1’s students statistically significantly rated themselves higher on development compared to Faculty 4’s students. Faculty 4 led the
Split Focus and Single Focus model across two practica and both models are forms of triadic supervision, which is also considered a form of group supervision. Faculty 1 led the Individual model in one practicum. An argument could be made that a faculty instructor leading a practicum with a form of triadic supervision can expect higher counselor development at the end of the semester. However, this result was not found for Faculty 2, who also led both triadic models across two practica. An assumption could be made that some characteristic of Faculty 1 influenced counselor development.

Limitations

The limitations of the study included the lack of a control group, the use of the SLQ-R, the use of different doctoral-level supervisors, and the use of different faculty practicum instructors. This study was not a true experimental design. In order to have a control group, supervision would be withheld from some practicum students. This would be in violation of CACREP and ethical standards. According to Loganbill, et al., (1982), monitoring client care is a supervisor’s chief responsibility and was the original purpose of clinical supervision (Bernard & Goodyear, 1998).

Another limitation was the use of the SLQ-R. This instrument is a self-report that only reflects the perceptions of supervisees concerning their counseling and supervision behaviors. Experience level within the training process only approximates the developmental constructs hypothesized to occur at a particular state of training. Self-reports of supervisees’ perceptions of events may not accurately reflect what actually happens during supervision sessions.
The third limitation of the study was the use of different doctoral students as practicum supervisors. Although all supervisors received the same training, they were not required to implement specific activities in their supervisor-supervisee sessions for this study. However, they were provided a recommended outline (Appendix C). Nevertheless, the varying styles of each doctoral student may have affected the supervision learning experience for each supervisee.

Related to the final limitation of the study, doctoral students seemed to be influenced by the faculty practicum instructor they were assigned to work with. It seems that doctoral supervisors’ experience with the faculty practicum instructors influenced how they rated subjects. Subjects that were in certain faculty practicum instructors’ were statistically significantly rated higher on the CRF-S. The objectivity of the doctoral supervisors seems to be questionable. This is supported by the CRF-S ratings from the objective rater. The objective rater did not statistically significantly rate higher subjects in certain faculty practicum instructors’. If the differences in faculty practicum instructors were truly statistically significant, then both the objective rater and doctoral supervisors should have found similar results.

The final limitation of the study was the use of different faculty practicum instructors. The instructors were allowed academic freedom to structure their group supervision time as they deemed fit. In addition to this, CACREP does not define what is to take place during group supervision. Therefore, each faculty practicum instructor structured their group supervision time differently. In addition to this, factors such as gender, personality,
and teaching style of the instructors may have influenced the performance of the subjects in their practicum.

Further Research

Based on the outcomes of this study, suggestions for future research are offered. The finding that doctoral supervisors ranked counselors more effective according to the faculty practicum instructor the supervisor worked with seems to raise some questions. One question that arises is how the doctoral supervisor experiences the faculty instructor. Are there particular instructor characteristics that the doctoral supervisor responds well to? What might these characteristics be: personality, teaching style, interpersonal style, or gender?

The finding that practicum students in the only two female faculty instructors’ practicum were rated more effective definitely needs to be explored. Possibly, the doctoral supervisors believed that the way a faculty instructor structured practicum was more beneficial in promoting effective practicum students than another faculty instructor. Did these two female instructors structure their practicum similarly; therefore, the doctoral supervisors believed that the students were getting better training?

The primary issue seems to be a need for further investigation into how doctoral supervisors respond to specific characteristics of faculty instructors and how this response influences how the doctoral students perceive their supervisees. The objective rater did not know which students belonged to a particular faculty instructor’s practicum. Also, the objective rater was not part of leading any of the practica and did not have that working relationship with the faculty instructors. Consequently, the finding that the
objective rater did not rank counselors higher according to the faculty practicum instructor leads one to believe that the objectivity of the doctoral supervisors is questionable.

Another result of this study indicated the need for further research. One outcome showed that Single Focus promoted more self and other awareness than Individual. It would seem important to qualitatively study what particular process variables take place within these two supervision models to make them differ in terms of that particular component of development. Another outcome of this study revealed that Split Focus promoted more overall development compared to both Single Focus and Individual. Again, it would seem important to qualitatively study the particular process variables of Split Focus, Single Focus, and Individual in promoting overall development. In addition to this, it would be beneficial to determine which process variables of Split Focus promote more development as compared to the other supervision models.

The results of a faculty comparison might be an issue for further exploration. One particular faculty instructor produced students that rated themselves higher in terms of overall developmental growth compared to another faculty instructor. Particular supervision models might be ruled out as the main influencing variable because other comparisons did not produce similar differences. It could be hypothesized that one or more characteristics of these two male faculty instructors contributed to them being significantly different in promoting development in their students.

Finally, the use of the SLQ-R was mentioned as a limitation of the study because it is a self-report. The accuracy of any self-report is questionable. Are the counselors
reporting accurately the behaviors the SLQ-R is attempting to measure? There seems to be a need for future research that would compare the counselor’s perception of their development with a supervisor’s perception of the counselor’s development.

Conclusions and Implications

An interesting outcome of this study is that the objective rater and the doctoral supervisors scored subjects as equally effective. One might speculate that because all of the raters received the same supervision training, they would share the same views on what an effective counseling session looks like. This implies that the supervision training received by the raters was consistent in conveying what can be identified as effective counselor behaviors.

An implication of this study is that supervisors should use the Split Focus model to promote the overall developmental growth of their supervisees. This triadic format allowed each supervisee to receive equal time during each supervision session and development seemed to be enhanced. Because Split Focus is a type of group supervision, it could be argued that the advantages of group supervision promoted counselor development. The proponents of group supervision would likely attribute developmental growth to the dynamics of the group supervision experience.

Another outcome to consider is that counselors seemed to benefit more from Single Focus in terms of the developmental factor self and other awareness compared to Individual. This triadic format allowed one of the two supervisees to be the primary focus and receive the whole hour of supervision each week. One might conclude that the undivided attention that the counselor receiving the supervision receives from the
supervisor and the other supervisee influences self and other awareness. Although a
supervisee in Individual receives an hour of undivided attention from the supervisor,
there is not a peer in the room to give additional feedback. It seems that the supervisee
receiving supervision is focusing on oneself for the whole hour, thus the increased self
awareness. It could also be argued that the supervisee giving feedback is focusing on
another person for the whole hour, thus the increased other awareness. Again, the
dynamics of group supervision may be attributed to this growth.

However, another outcome of this study implied that supervision is not necessary to
improve motivation. The supervision groups did not significantly grow in terms of
motivation. One could speculate that a counselor’s motivation remains consistent and is
not likely to change due to their supervision experience.

The outcome of this study implies that CACREP may be justified in allowing triadic
supervision. If triadic supervision produces equally effective counselors as individual
supervision, yet it is more cost and time efficient, it makes a lot of sense to promote this
type of supervision. Universities attempting to become accredited will have an easier
time in meeting their supervision requirements since this is oftentimes one of their
biggest challenges. However, the outcome of this study may also be upsetting to the
proponents of individual supervision. The outcome of this study supports triadic
supervision as equally effective in promoting counselor skills as individual supervision,
and more effective in promoting counselor development than individual supervision. A
paradigm shift in the belief that individual supervision is the most effective supervision
model may need to take place.
One final conclusion of this study is the need for further study on the structure of practicum. CACREP does not dictate exactly what should take place during practicum. Allowing academic freedom of practicum instructors may not be the best way to produce counselors that are effective and developmentally appropriate. Although this study adds to the body of individual supervision research, hopefully, this will encourage more research in the area of group supervision, specifically triadic supervision.
APPENDIX A

RESEARCH CONSENT FORM
Title of Study: A Comparison of Individual Supervision and Triadic Supervision

Principal Investigator: Thuy Nguyen

Mandatory requirements of students enrolled in COUN 5690 Practicum in Counseling:
As a student enrolled in this class, you are required to counsel clients and videotape record every session with every client. You are also required to receive either Individual supervision or Triadic supervision.

Purpose of the research study:
This study is designed to compare individual supervision versus triadic supervision, and evaluate their effect on efficacy and development of masters level practicum counselors.

Requirements for students participating in research study:
As a participant, you agree to submit two counseling tapes. The first tape will be your second session with a client and will be due by the third week of class. The second tape will be the third session or beyond with a client, taped within the final three weeks of class. You 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 assigned a random code. Your name will be replaced with this code to insure your confidentiality. The researcher will keep all videotapes, ratings, and questionnaires in an off-campus location. Your practicum instructor will not see the ratings or the self-reports. Objective raters will have access to the videotapes and rate them once the videotapes have been turned into the researcher. The videotapes, ratings, and self-reports will be destroyed upon completion of the study.

Confidentiality and student protection:
You understand that the submission of tapes and questionnaires will in no way affect your grade in this class. You also understand that participation in this study will no way affect your grade in this class.

Research Consent Form -Page 1 of 2 ___________ Participant's initials
You have been informed that there is no personal risk directly involved with this research. You understand that you do not have to take part in this study, and your refusal to participate or to withdraw will involve no penalty or loss of rights or benefits or legal recourses to which you are entitled. You understand that your participation, refusal to participate, or withdrawal from the study, will not be known to your practicum instructor.

If you have any questions or problems that arise in connection with my participation in this study, you should contact Thuy Nguyen, researcher, at (940) 565-2910, or Dr. Michael Altekruse, Faculty Supervisor, at (940) 565-2910. Thuy Nguyen is a doctoral student in the department of Counseling and Higher Education. Dr. Michael Altekruse is the Department Chair of Counseling and Higher Education.

You understand your rights as a research subject, and you voluntarily consent to participate in this study. You understand what the study is about and how and why it is being done. You have been informed that you will receive a signed copy of this consent form.

______________________________________                   ____________________
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.

Research Consent Form -Page 2 of 2
APPENDIX B

PRACTICUM SUPERVISOR INSTRUCTION
Practicum Supervisor Instruction


Section III

Clinical instruction includes supervised practicum and internships that have been completed within a student’s program of study. Practicum and internship requirements are considered to be the most critical experience elements in the program. All faculty, including clinical instruction faculty and supervisors, are clearly committed to preparing professional counselors and promoting the development of the student’s professional counselor identity.

A. Each regular or adjunct program faculty member who provides individual or group practicum and/or internship supervision must have

1. a doctoral degree and/or appropriate clinical preparation, preferably from an accredited counselor education program;

2. relevant professional experience and demonstrated competence in counseling; and

3. relevant training and supervision experience.

B. Students serving as individual or group practicum supervisors must

1. have completed counseling practicum and internship experience equivalent to those within an entry-level program;

2. have completed or are receiving preparation in counseling supervision; and

3. be supervised by program faculty, with a faculty/student ratio that does not exceed 1:5.

G. Students must complete supervised practicum experiences that total a minimum of 100 clock hours. The practicum provides for the development of counseling skills under supervision. The student’s practicum includes all of the following:

1. 40 hours of direct service with clients, including experience in individual counseling and group work;
2. weekly interaction with an average of one (1) hour per week of individual and/or triadic supervision which occurs regularly 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. an average of one and one half (1 1/2) hours per week of group supervision that is provided on a regular schedule over the course of the student’s practicum 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 after the student completes the practicum.

I. 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 per course.

J. Group supervision for practicum and internship should not exceed 10 students.

Research Design
3 Treatment Groups

Model 1-Individual Supervision Treatment Group (Individual)
- 30 minutes administrative business with the whole class
- 2 hours direct client contact
- Live observation of direct client contact by supervisor
- 1 hour individual supervision
- 90 minutes group supervision

Model 2-Split Focus Triadic Supervision Treatment Group (Split Focus)
- 30 minutes administrative business with the whole class
- 2 hours direct client contact
- Live observation of direct client contact by supervisor
- 1 hour split focus triadic supervision-30 minutes supervision allocated to each subject
- 90 minutes group supervision

Model 3-Single Focus Triadic Supervision Treatment Group (Single Focus)
- 30 minutes administrative business with the whole class
- 2 hours direct client contact
- Live observation of direct client contact by supervisor
- 1 hour single focus triadic supervision-one hour supervision allocated to only one subject each week
- 90 minutes group supervision
Definitions

30 minutes administrative business with the whole class: Practicum supervisor informs class of any administrative tasks that must be completed.

2 hour direct client contact: Two staggered counseling sessions, 50 minutes each session. The remaining 20 minutes will be used for administrative work.

Live observation of direct client contact by supervisor: The practicum supervisor will observe live counseling sessions each week. The supervisor will observe each practicum counselor at least 15 minutes each week. The supervisor will provide written feedback, as well as any additional comments deemed necessary, to the counselor.

1 hour split focus triadic supervision-30 minutes supervision allocated to each subject:
One doctoral student facilitating supervision with two masters level practicum counselors, meeting for one hour a week. Each counselor will be allocated 30 minutes for case presentations each week. The counselors will present an equal number of times over the semester.

1 hour single focus triadic supervision-one hour supervision allocated to only one subject each week: One doctoral student facilitating supervision with two masters level practicum counselors, meeting for one hour a week. The hour is spent supervising only one of the two counselors each week. The counselor being supervised will be allocated the whole hour for case presentations. The counselors will alternate weeks to be supervised and present cases. The counselors will present an equal number of times over the semester.

90 minutes group supervision: This type of supervision was composed of the practicum instructor, the doctoral supervisors, and the students from that particular practicum class, meeting for 90 minutes each week. The maximum number of practicum students was eight.

Requirement of Study Participants

Submission of 2 videotaped sessions: The first videotape will be of a second client session submitted within the first three weeks of the practicum semester. The second videotape will be of a third, or beyond, client session submitted within the last three weeks of the practicum semester.

Submission of 2 self-reports: The practicum student will complete and submit two self-reports of perceived counseling level. The first self-report will be completed and submitted with the first videotape and the second self-report will be completed and submitted with the second videotape.
Class Time Needed for Study
The researcher will need 15 minutes of administrative time in each practicum within the first two weeks to present the study, solicit participation, and gather signed informed consents. Informally, the researcher will need access to participants to ensure self-report submission.

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
APPENDIX C

INITIAL SUPERVISION SESSION
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. Supervision time required
   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. Acknowledgement of supervisee’s fears concerning evaluation
      2. Presentation of possible evaluation criteria and methods
      3. Supervisee’s feedback on evaluation criteria and methods
      4. 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 explores 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

SUPERVISEE LEVELS QUESTIONNAIRE-REVISED
SUPERVISEE LEVELS QUESTIONNAIRE-REVISED  

The following instrument is designed to study the behaviors of counselors/therapists in training. The gaining of skills as a counselor/therapist is a learning process, and it is therefore necessary to continuously gather new information. Your total honesty will be greatly appreciated.

All information obtained will remain anonymous.

Thank you for your participation and cooperation!

Personal Data:
Age:
Sex:
Current educational status: Masters ____  Doctoral ____  Year in Program ____
Highest degree earned to date: Type of degree ____  Area ____________
Total years seeking degree ____

Previous counseling/therapy supervision received:
(Number of semesters or quarters. If less than full term, number of hours.
include practicum and work related supervision at the graduate level).

Counseling/therapy experience:
(Semesters, quarters, or client contact hours. Again, include both practicum and work related counseling at the graduate level).

Other relevant experiences:

Future career plans:
Supervisee Questionnaire

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 THE TIME
5: OFTEN
6: MOST OF THE TIME
7: ALWAYS

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

NEVER 2 3 4 5 6 7 8

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

NEVER 2 3 4 5 6 7 8

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

NEVER 2 3 4 5 6 7 8

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

NEVER 2 3 4 5 6 7 8
5. I am able to apply a consistent personalized rationale of human behavior in working with my clients.

| NEVER | 1 | 2 | 3 | 4 | 5 | 6 | ALWAYS | 7 |

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 | 1 | 2 | 3 | 4 | 5 | 6 | ALWAYS | 7 |

7. The overall quality of my work fluctuates; on some days I do well, on other days, I do poorly.

| NEVER | 1 | 2 | 3 | 4 | 5 | 6 | ALWAYS | 7 |

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

| NEVER | 1 | 2 | 3 | 4 | 5 | 6 | ALWAYS | 7 |

9. I feel comfortable in confronting my clients.

| NEVER | 1 | 2 | 3 | 4 | 5 | 6 | ALWAYS | 7 |

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.

| NEVER | 1 | 2 | 3 | 4 | 5 | 6 | ALWAYS | 7 |

11. My motivation fluctuates from day to day.

| NEVER | 1 | 2 | 3 | 4 | 5 | 6 | ALWAYS | 7 |
12. At times, I wish my supervisor could be in the counseling/therapy session to lend a hand.

NEVER 1 2 3 4 5 6 7 ALWAYS

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

NEVER 1 2 3 4 5 6 7 ALWAYS

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

NEVER 1 2 3 4 5 6 7 ALWAYS

15. Sometimes the client’s situation seems so hopeless; I just don’t know what to do.

NEVER 1 2 3 4 5 6 7 ALWAYS

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

NEVER 1 2 3 4 5 6 7 ALWAYS

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 1 2 3 4 5 6 7 ALWAYS
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  ALWAYS
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                                     ALWAYS
1  2  3  4  5           6     7

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

NEVER                                     ALWAYS
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                                     ALWAYS
1  2  3  4  5           6     7

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

NEVER                                     ALWAYS
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                                     ALWAYS
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                                     ALWAYS
1  2  3  4  5           6     7
APPENDIX E

COUNSELOR RATING FORM-SHORT VERSION

Used with permission (Corrigan and Schmidt, 1983)
On the following pages, each characteristic is followed by a seven-point scale that ranges from “not very” to “very”. Please make an “X” at the point on the scale that best represents how you viewed the therapist. For example:

**FUNNY**

not very \[ \boxed{X} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \text{very} \]

**WELL DRESSED**

not very \[ \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{X} : \boxed{\_} : \text{very} \]

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.

1. Sincere

not very \[ \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \text{very} \]

2. Skillful

not very \[ \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \text{very} \]

3. Honest

not very \[ \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \text{very} \]

4. Expert

not very \[ \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \text{very} \]

5. Likable

not very \[ \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \boxed{\_} : \text{very} \]
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
REFERENCES


*Counselor Education and Supervision, 16,* 107-116.


*Counselor Education and Supervision, 11,* 261-272.


