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## Group Processes in Group Supervision: A Quantitative and Qualitative Study

Jeremy M. Linton  
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**GROUP PROCESSES IN GROUP SUPERVISION:  
A QUANTITATIVE AND QUALITATIVE  
STUDY**

by

**Jeremy M. Linton**

**A Dissertation  
Submitted to the  
Faculty of the Graduate College  
in partial fulfillment of the  
requirements for the  
Degree of Doctor of Philosophy  
Department of Counselor Education and  
Counseling Psychology**

**Western Michigan University  
Kalamazoo, Michigan  
June 2003**

GROUP PROCESSES IN GROUP SUPERVISION:  
A QUANTITATIVE AND QUALITATIVE  
STUDY

Jeremy M. Linton, Ph.D.

Western Michigan University, 2003

Although group supervision is widely employed with counselors during their training (Holloway & Johnston, 1985; Prieto, 1998) little research concerning its practice has been offered in the literature. The fact that group supervision practices appear to be based on assumptions that lack empirically-based support has led some researchers to raise ethical concerns regarding its continued use (Hess, 1997; Prieto, 1996). In particular, many have raised concerns regarding counselor educators and supervisors' lack of understanding regarding the role of group processes in group supervision. Accordingly, this exploratory study sought to investigate counselor-trainees' experiences of group processes in group supervision. The study also sought to generate research questions for future investigation.

To examine the role of group processes in group supervision both quantitative and qualitative methodologies were employed. In the quantitative investigation, 42 masters-level counseling practicum students from four different university training programs completed a demographics questionnaire and a revised version of Yalom's (1995) Therapeutic Factors Scale (TFS-R). In the qualitative investigation, eight participants from the quantitative sample took part in semi-structured follow up

interviews. These interviews were designed to further assess participants' experiences in group supervision.

The results of the study indicated that group processes may have both positive and negative effects on group supervision of counselors-in-training. In the quantitative investigation, participants rated 11 of the 12 therapeutic factors as measured by the TFS-R to be at least "Slightly Helpful" to their professional training in group supervision. In the qualitative investigation, five domains indicative of group processes (Cohesion, Conflict, Guidance, Observation, and Feedback) emerged during data analysis. Additionally, five other domains describing variables affecting participants' experiences in group supervision (Time Issues, Different Backgrounds, Class Size, Outside Stressors, and Suggestions) also emerged. Based on the results of the study, several suggestions for the practice of group supervision and for further research are offered.

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## CHAPTER I

### INTRODUCTION

Clinical supervision of mental health professionals has been an important component of training since the inception of the helping professions (Bernard & Goodyear, 1998). Today, all of the major mental health disciplines require some form of clinical supervision during a practicum or internship prior to graduation (Bernard & Goodyear, 1998; Lochner & Melchert, 1997; Watkins, 1997). Moreover, in order to obtain licensure, post-degree mental health professionals often must meet additional supervision requirements. Therefore, it seems that clinical supervision is an important and widely practiced task in the field of counseling. This study examined the use of group supervision with counselors during their training.

Potentially, supervision can encourage supervisees' professional growth and skill development as they pursue their requisite degrees. Through supervised practice, supervisees can learn "professional counseling attitudes, high standards of competence, and acceptable behaviors" (Olson, 1995, p. 1). In fact, several researchers have described supervision as the most important and influential component of counseling and psychotherapy training programs (Holloway & Neufeldt, 1995; Lambert & Ogles, 1997; Lochner & Melchert, 1997; Newman & Lovell, 1993; Watkins, 1997).

Although supervision is considered an integral part of counselor training,

“recognition that it is a discrete intervention with its own concepts and techniques is actually new” (Bernard & Goodyear, 1998, p. 1). While research has revealed that supervisors do not practice supervision and counseling alike (Holloway, 1995), many have assumed that good counseling practices are, by proxy, good supervision practices. As a result, research on supervision as an intervention distinct from counseling is still emerging (Borders, 1989; Freeman & McHenry, 1996; Kennard, Stewart, & Gluck, 1987).

The body of supervision literature has increased in both breadth and depth during the last decade. Some of the prevalent research agendas include examinations of supervision models (Holloway, 1995; O’Byrne & Rosenberg, 1998; Ward & House, 1998), contributions of supervision to treatment efficacy (Holloway & Neufeldt, 1995; Stein & Lambert, 1995), social influence in supervision (Carey, Williams, & Wells, 1988; Claiborn, Etringer, & Hillerbrand, 1995; Schiavone & Jessell, 1988), and supervisee development in supervision (Borders & Fong, 1989; Stoltenberg & McNeil, 1997; Stoltenberg, McNeil, & Delworth, 1998). As Freeman and McHenry (1996) note, it can be said that much more is known today about the task of supervision than was the case even 10 years ago.

One area that has received little attention in the literature, however, is the practice of group supervision. In their seminal article, *Group Supervision: Widely Practiced but Poorly Understood*, Holloway and Johnston (1985) commented on the lack of empirical investigations on group supervision of counselor trainees during individual counseling practica. Because of the wide use of group supervision

methods, they stated that “it is imperative that authors and researchers of supervision begin a systematic examination of the group supervision process” (p. 338).

Unfortunately, a decade later, Prieto (1996) found a “continuing lack of empirical research investigating the group supervision of trainees learning individual psychotherapy” (p. 305), and concluded that Holloway and Johnston’s (1985) suggestions have been largely ignored. A review of the literature since 1996 conducted for the current study suggested that this trend has continued.

As noted by Prieto (1996), the lack of research on group supervision is problematic. Group supervision is indeed widely practiced in counselor training programs (Holloway & Johnston, 1985; Prieto, 1998; Stoltenberg, McNeill, & Delworth, 1998). In fact, standards set by the Council for Accreditation of Counseling and Related Programs (CACREP: 2001) require 1.5 hours of group supervision per week for trainees during practica and internships. Likewise, in a survey of 243 clinical and counseling psychology internship sites listed in the Association of Psychology Postdoctoral and Internships Centers Directory (APPIC), Riva and Cornish (1995) discovered that 157 sites (67% of the sample) conducted group supervision with their interns.

Group supervision is generally acknowledged as a beneficial experience for trainees (Bernard & Goodyear, 1998; Carroll, 1996; Goodyear & Nelson, 1997; Holloway & Johnston, 1985; Westwood, 1989). However, the fact that “group supervision seems to be based on theoretical assumptions that lack empirical support” (Savickas, Marquart, & Supinski, 1986, p. 17) may raise ethical questions regarding



its use as a method for training counselors (Hess, 1997). Accordingly, this study sought to fill a void in the professional literature on group supervision: Specifically, counselor trainees' perceptions of group processes in group supervision were explored.

The remainder of this chapter contains definitions of relevant concepts and further delineates the research problem. The research design is introduced in brief, limitations are discussed, and the need for the study is outlined.

### Introduction of Concepts

In this section, concepts and terms relative to the present study are introduced. Comprehensive definitions of supervisor, supervisee, clinical supervision, and group supervision are outlined. The topic of group processes in group supervision is also discussed.

#### Supervisors

In their professional roles supervisors have several responsibilities. These include both administrative and clinical supervision. While many supervisors may engage in both types of supervision, this study focuses only on the practice of clinical supervision. The Association for Counselor Education and Supervision (ACES, 1993) defines clinical supervisors as:

Counselors who have been designated within their university or agency to directly oversee the professional clinical work of counselors. Supervisors may also be persons who offer supervision to counselors seeking state licensure and so provide supervision outside of the

administrative aegis of an applied counseling setting. (p. 2)

### Supervisees

ACES (1993) also offers a formal definition of supervisee. They define supervisees as persons working with clients in predegree practica or internships while enrolled in a counselor-training program, or postdegree counselors employed in applied counseling settings who are being supervised. Pre-degree supervisees take part in supervision as part of their degree requirements. Post-degree professionals may seek supervision as part of licensure requirements or to enhance their professional skills. This study focuses solely on pre-degree counselors-in-training enrolled in individual counseling practica. Throughout, the terms supervisee, trainee, and counselor-in-training are used interchangeably to define this group of people.

### Clinical Supervision

Clinical supervision involves the “supportive and educative activities” (ACES, 1993, p. 1) of supervisors that are aimed at improving supervisee counseling skills and techniques. Throughout the remainder of this study, clinical supervision is referred to simply as supervision. In a well-cited and comprehensive definition, Bernard and Goodyear (1998) defined supervision as:

An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he, or they see(s), and serving as a gatekeeper of those

who are to enter the particular profession. (p. 6)

This broad definition encompasses all aspects of supervision and explicitly delineates the professional tasks and roles of the supervisor. It also points to the tripartite nature of supervision; supervision not only pertains to the relationship between the supervisor and supervisee, but also to the supervisee's clients. Furthermore, clinical supervisors are also responsible to their profession. In addition to their training duties they must help to protect the integrity of the field by serving as gatekeepers to post-degree practice. In their professional roles, supervisors must ensure that only qualified practitioners are allowed to provide professional services.

Although supervision is in many ways similar to other professional functions of counselors, it remains a very distinct intervention. Bernard and Goodyear (1998) describe the ways in which clinical supervision differs from education, counseling, and consulting. First, in education there typically exists a curriculum "with teaching goals that are imposed uniformly on everyone" (p. 7). While supervision does have an educational component, the actual intervention is tailored to the developmental level and needs of supervisees and their clients.

As Bernard and Goodyear (1998) also point out, "there are elements, too, of counseling or therapy in supervision" (p. 7). Supervisors may assist supervisees in examining their behaviors, thoughts, feelings, values, and beliefs. Likewise, an implicit goal of supervision is supervisee growth and development. The difference, however, pertains to the focus of these tasks. In supervision, supervisees' personal attributes are examined only as they relate to their training and work. In other words,

while counseling is conducted for clients' personal gain, supervision focuses exclusively on enhancing supervisees' professional abilities.

Supervision also differs from counseling in the structure of the relationship. As stated above, supervision is a tripartite relationship; it is comprised of the supervisor, supervisee, and the supervisee's clients. While the supervisor may never encounter the supervisee's clients, clients no doubt have a profound impact on supervisory interactions (Haber, 1996). Counseling, on the other hand, is a one-to-one relationship between counselor and client, or counselor and therapy group.

Supervision is further distinguished from counseling in that there is an evaluative component. Supervisors must determine whether their supervisees are adequately prepared to engage in the practice of counseling. Furthermore, supervision of counselors-in-training may require that supervisors assign a grade to supervisee performance and development. While counselors may in certain circumstances engage in evaluative behavior with their clients, the nature of the evaluation is much different from that of supervision.

Lastly, Bernard and Goodyear (1998) distinguish supervision from consultation. Because both interventions involve a tripartite relationship, and typically occur between two professionals, substantive overlap exists between the two roles. However, consultation is usually a voluntary process between professionals who may or may not be of the same profession. Furthermore, consultation tends to occur on a short-term basis and can focus on any variety of work related problems. Supervision, on the other hand, usually extends over a longer period of time and

focuses exclusively on supervisee development and clinical work. Moreover, while supervision may be undertaken voluntarily, it is primarily viewed as a stepping stone towards the completion of a degree or licensing requirements. Finally, supervision necessarily includes an evaluation of the supervisee, a component that may or may not be present in consultation.

### Group Supervision

Group supervision is characterized as one method of supervision (Altfeld & Bernard, 1997; Carroll, 1996; Goodyear & Nelson, 1997; Stoltenberg, McNeill, & Delworth, 1998). “Broadly defined, group supervision has referred to the supervision of counselors-in-training in a group format” (Holloway & Johnston, 1985, p. 331). This definition encompasses all forms of group supervision including peer group supervision, group supervision of trainees acquiring group or marriage and family counseling skills, and group supervision of trainees acquiring individual counseling skills (Holloway & Johnston, 1985). This study focuses solely on group supervision of counselors-in-training who are enrolled in individual counseling practica. Accordingly, the term “group supervision” will be used throughout to refer to this practice.

Bernard and Goodyear (1998) extended the above definition of group supervision. In their view:

Group supervision is the regular meeting of a group of supervisees with a designated supervisor, for the purpose of furthering their understanding of themselves as clinicians, of the clients with whom they work, and/or of service delivery in general, and who are aided in

this endeavor by their interaction with each other in the context of group process. (p. 111)

This comprehensive definition makes reference to all aspects of the group supervisory process including purposes, goals, and roles of those involved. Holloway and Carroll (1999) concur with this description.

### Group Processes in Group Supervision

Bernard and Goodyear's (1998) definition points to the role of group processes and dynamics in group supervision. As Forsyth (1990) noted, every group involves influential interactions between its members. However, little research has addressed these dynamics as they relate directly to supervisees' professional development and experiences in group supervision (Christensen & Kline, 2001; Linton, in press; Werstlein & Borders, 1997).

Just as in counseling, individual and group formats of supervision are necessarily distinct (Bernard & Goodyear, 1998). While individual and group formats of supervision may share the same overall goal of trainee development, "the supervision of counselors in a group is not the same as supervising them individually" (Hayes, 1990, p. 226). The most salient difference between the two formats is that group supervision is practiced in a group setting and may therefore be influenced by group processes (Werstlein & Borders, 1997; Westwood, 1989). Accordingly, the supervisor utilizing the group format must be ready to implement their knowledge of group process (Werstlein, 1994a).

Because empirical research on group supervision is lacking (Holloway &

Johnston, 1985; Prieto, 1996) the manner in which supervisors should use group processes in supervision remains unclear (Werstlein, 1994a). Several anecdotal accounts and theoretical positions regarding group supervision have been offered. As noted by Holloway and Carroll (1999), “every supervision group creates a culture of its own which determines, to a large degree, the working relationship between the members and the environment” (p. 110). They identify intimacy, trust, creativity, and productivity as key components to effective supervision groups. Altfeld and Bernard (1997) suggested that group supervision can be a place for trainees to “let off steam” and share their anxieties. Others propose that group processes such as the development of goals and norms, cohesiveness, universality, group structures, and communication patterns may have an immense impact on supervisee development (Carroll, 1996; Stoltenberg, McNeill, & Delworth, 1998). These statements seem to suggest that the benefits of group supervision may be dependent on group processes and interactions between supervisees (Werstlein, 1994b). Unfortunately, as mentioned, little or no research has been conducted to substantiate these positions.

As part of an increasing call for research on group supervision, some have suggested that the literature on group psychotherapy processes serve as a logical starting point for the exploration of group supervision (Riva & Cornish, 1995; Werstlein & Borders, 1997). In particular, Riva and Cornish (1995) suggested that researchers explore the role of Yalom’s (1995) 12 therapeutic factors as they occur in group supervision. The 12 factors (discussed in detail in Chapter II) are Altruism, Group Cohesiveness, Universality, Interpersonal Learning/Input, Interpersonal

Learning/Output, Guidance, Catharsis, Identification, Family Re-Enactment, Self-Understanding, Instillation of Hope, and Existential Factors (Yalom, 1995) and are believed to be “a prerequisite for change in any group” (Werstlein & Borders, 1997, p. 123). One component of this study explored the presence of these factors in group supervision.

### Statement of the Problem and Design

This study attempts to add to the emerging literature on group supervision. It was hypothesized that group process variables impact counselor-trainees during group supervision in both positive and negative ways. The overall goal of this exploratory study was to establish preliminary theory regarding the role of group process variables in group supervision and to develop research questions for further investigation. To address this goal, the following research questions were asked:

1. Do trainees in group supervision endorse group processes as measured by Yalom’s 12 therapeutic factors as being beneficial to their professional growth?
2. What types of peer interactions (i.e., group processes) in group supervision do supervisees find to be beneficial and detrimental to their professional development?

Because research on group supervision is limited, this study was discovery-oriented and exploratory in nature (Hill, 1990) and utilized both quantitative and qualitative methods. The first research question was addressed quantitatively while qualitative



methods were used to investigate the second question.

Forty-two counselors-in-training enrolled in CACREP-accredited programs in Michigan and Ohio took part in the quantitative portion of the study. These participants completed two instruments designed to assess their experiences in group supervision: (1) a demographics questionnaire, and (2) a modified version of the Therapeutic Factors Scale (TFS-R; Yalom, 1995). Werstlein and Borders (1997) used the TFS-R previously in their research on group processes in group supervision.

Quantitative data gathering took place at two points in time; towards the end of the 2002 Spring/Summer sessions and during the 2002 Fall semester. The TFS-R was used to obtain data concerning supervisees' perceptions of the helpfulness of group process variables in group supervision. Using the TFS-R, trainees reported the degree to which each of Yalom's therapeutic factors was perceived as beneficial to their professional growth.

In the qualitative investigation of the study, eight supervisees from the quantitative sample participated in semi-structured interviews. These interviews were designed to obtain further information on supervisees' perceptions of the helpfulness of group processes in their supervision groups. Questions concerning participants' interactions with other supervisory group members and their supervisors were asked to determine how those interactions affected professional development, satisfaction, and the acquisition of counseling skills. Qualitative analysis of these interviews was conducted using a modified grounded theory approach (Creswell, 1998; Strauss & Corbin, 1990). This portion of the study attempted to establish preliminary theory

regarding the role of group processes in trainee development during group supervision and generate research questions for further study.

### Rationale for the Study

The importance of this study lies in its potential to improve supervision services and, therefore, counseling outcomes. Because little research has been conducted on group supervision, and because it is widely practiced, investigations of the group supervisory process are crucial to the future of the field (Holloway & Johnston, 1985; Prieto, 1996). As more theories and models of supervision are posited, supervisors will be faced with the challenge of deciding which are appropriate for use. If group supervision is to continue as viable among these training options, empirical support for its efficacy as a training tool must be established.

The results of this study may also improve counselor-training programs. As noted, supervised practica and internships are considered by many to be the most important component in counselor training (Holloway & Neufeldt, 1995; Lambert & Ogles, 1997; Lochner & Melchert, 1997; Newman & Lovell, 1993; Watkins, 1997). Because these experiences are most often supervised in a group setting, these results along with future examinations of group supervision may help to enhance current training methods.

### Limitations

Although numerous important findings emerged during quantitative and

qualitative data analysis, several limitations of the methodology employed in the present study merit attention. One major limitation of the entire study pertained to the use of counselors-in-training as participants. Developmental models posit that counselor trainees are much different from experienced counselors in their skills, abilities, and supervision needs (Stoltenberg, McNeill, & Delworth, 1998). As a result, these findings may not be generalizable beyond the population of counselors-in-training. This aspect of the sample should be considered before these results are applied to supervision groups made up of post-degree, experienced supervisees.

A second limitation of the entire study concerned the lack of control over differences in the group supervision received by participants. Because participants were drawn from several supervision groups embedded in numerous counselor-training programs, they necessarily experienced multiple supervisor theoretical approaches and practices. However, because this study was exploratory in nature, one of its goals was to assess current supervision practices. Consequently, leaving this variable uncontrolled allowed for a more accurate assessment of the “state of the art” in group supervision practice as it related to group process variables. To assist the reader in drawing conclusions regarding the influence of participants’ supervisors’ orientation to group supervision practice, information concerning their supervisory styles is presented in Chapter IV. The reader is encouraged to consider this information when evaluating the results of both the quantitative and qualitative investigations.

In addition to these, other limitations of both the quantitative and qualitative

investigations exist. These are considered below.

### Limitations of the Quantitative Design

In this section, limitations of the quantitative investigation are outlined. This includes a discussion of limitations related to sampling techniques and the instrumentation employed in the study.

### Limitations of the Sample

To begin, one major limitation of the quantitative investigation in the study pertained to participant recruitment. Participants in the study were volunteers solicited from master's level counseling practicum courses. Therefore, a sample of convenience, rather than a random sample, was used. While random sampling of the entire population would allow for greater generalizability of findings (Nation, 1997), economies of time and resources prevented the utilization of such sampling techniques. Because a sample of convenience was employed, it is possible that these results may not be generalizable to the entire population of counselors-in-training. Accordingly, caution is encouraged when generalizing the quantitative findings of the study.

A second limitation of the study pertained to issues of diversity in the sample. As specified in Chapter IV, 36 participants in the quantitative investigation were Caucasian while only six were persons of color. Likewise, 34 of the participants were female and only eight were male. Because race and ethnicity, and gender may have an

impact on supervisees' experiences in supervision, this limitation of the sample may prevent generalizability of the findings to non-Caucasian and male supervisees. As a result, the reader is advised to consider lack of diversity in the sample when evaluating quantitative outcomes.

A final sampling limitation of the quantitative investigation related to the overrepresentation of participants from one university training program. Twenty-four participants in the sample came one university while 18 came from the other three participating universities. While the participants from the over-represented university were drawn from two training sites, their responses to items on the TFS-R may have been influenced by their experiences in that university's training program. Because this university was over-represented in the sample, the results of the quantitative investigation may be biased to its training model and method of conducting practicum. Therefore, caution is again encouraged when generalizing findings to other university training programs.

#### Limitations of the Instrumentation

Limitations to the quantitative investigation also exist relative to the instrumentation employed. First, results from the quantitative investigation may be limited because of the use of self-report measures. As Borders (1989) noted, supervisees' self-reports of their experiences in supervision "may provide data that has limited meaning for the actual practice of supervision" (p. 18). Although beneficial to trainee development, certain supervisory practices (e.g., confrontation)

may negatively influence trainee self-reports of satisfaction and professional growth. Therefore, it may be possible for supervisees to be dissatisfied with effective supervision or satisfied with ineffective supervision. In the present study, participants' self-report responses regarding the helpfulness of each of the 12 therapeutic factors may not necessarily indicate that these factors enhanced their development as counselors. In order to determine the impact of the 12 therapeutic factors on trainee development, the use of objective third-party ratings in future research may be warranted.

Similar to the above, participants' perceptions of their professional development may have been influenced by developmental characteristics. According to supervisee developmental models, confusion and instability characterize the beginning stages of training (Stoltenberg, McNeil, & Delworth, 1998). For example, during initial practica and internship experiences, supervisees may vacillate between feeling competent and incompetent in their counseling skills (Borders, 1989). Therefore, supervisees' estimates of their skill development, and the factors influencing that development (including the 12 therapeutic factors), may be marred by fluctuating feelings of inadequacy. While the researcher attempted to control for this by gathering data at the end of participants' practica, participants' self-confidence in counseling skills remained an uncontrolled and confounding variable.

A final limitation of the quantitative investigation concerned the use of the TFS-R, an instrument initially designed for use in group psychotherapy research. Some researchers have called for a moratorium on the use of psychotherapy-based

instruments in supervision research (Borders, 1989; Prieto, 1996). Because of the differences between psychotherapy and supervision, the concern associated with the use of such instruments may be well founded. The lack of research tools for use in group supervision research, however, precluded a resolution to this limitation. As a result of this limitation, the reader is encouraged to interpret the TFS-R results with caution and to use these results only as a guide when considering the role of group processes in group supervision. Until appropriate instrumentation is developed, however, psychotherapy-based instruments may be counselor educators' only option as they investigate group supervision practices.

#### Limitations of the Qualitative Design

Limitations to the qualitative investigation in the study also exist. As with the quantitative investigation, participants in qualitative interviews were all volunteers. While qualitative research does not stress the use of random sampling procedures to obtain large samples representative of the entire population (Creswell, 1998) the use of volunteers may have created a bias in the qualitative data. As with all qualitative research, it is possible that the participants in this study had unique experiences in group supervision not generalizable beyond the sample. However, because the purpose of this exploratory study was to develop ideas for further research, generalizability of findings was not considered to be a main objective of the qualitative research design.

Additionally, similar to the quantitative investigation, participants' reports of

their experiences in supervision could have been biased by characteristics of the training program in which they were enrolled. Six of the eight participants were from one university training program and aspects of their experiences in that training program may have biased their responses to questions during qualitative interviews. There reader is therefore advised to consider this limitation when evaluating the qualitative results.

Finally, the results of the qualitative investigation may be limited by a lack of diversity in the sample. Although persons of all racial and ethnic backgrounds were invited to participate, all eight participants in qualitative investigation were Caucasian. As a result, no information is available relative to the experiences of persons of color in group supervision. One male participant alluded to the fact that racial and ethnic background may have influenced relationships and experiences in his supervision group. This participant reported that a fellow African-American female supervisee in his supervision group may have gotten “the short end of the stick” during practicum as a result of her minority status. Because participants from racial and ethnic backgrounds other than Caucasian did not participate in the study, though, the researcher is unable to comment on the experiences of supervisees of minority status. Therefore, caution should be exercised when applying these results to non-Caucasian supervisees.

In spite of these limitations this study has made an important contribution to the group supervision literature. Not only did this study answer the call for further research on group supervision (Holloway & Johnston, 1985; Prieto, 1996), but the



results also point to several important research questions for future study. Because of the lack of group supervision research, empirically based theory has yet to be established. Therefore, the discovery-oriented nature of this study created a base upon which further research can build.

### Overview of Remaining Chapters

In Chapter II, the literature on group processes and group supervision is reviewed. Throughout the chapter, special attention is paid to research on counselors-in-training. The chapter concludes with an integration of these topics and further delineates the need for the present study. In Chapter III, the research methodology employed in the study is discussed. Procedures for sampling, quantitative and qualitative data collection, and data analysis are delineated. Additionally, the research instrumentation that was used in the study is discussed. Results of both the quantitative and qualitative investigations are presented in Chapter IV. Following this, these results are summarized and interpreted in Chapter V and several research questions for further study are offered.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### Chapter Overview

This chapter begins with a brief discussion of group processes. The purpose of this discussion is to introduce concepts from the group process literature. The question of how group processes operate in small, growth-oriented groups is also considered.

Following this, the literature on group supervision is reviewed. Few studies have addressed group supervision as a research topic. The purpose of this review is to establish the findings of those studies present in the literature and to illustrate the need for further group supervision research. Throughout the review, special attention is given to articles that have examined group supervision of counselors-in-training. The chapter ends with an integration of these topics and a further delineation of the need for the present study.

#### Processes in Groups

Groups exist at all levels of society and are defined as “a collection of individuals who interact and communicate with one another over a period of time” (Lippa, 1994, p. 590). They tend to be powerful, active, fluid, and catalyzing entities that have a strong impact on their members (Forsyth, 1990). Important characteristics

of groups include frequent interaction between members, the creation and maintenance of group rules or norms, and feelings of belonging by members. By this definition, entities as large as religious congregations and as small as nuclear families qualify as groups. The term “primary group” is used to refer to small, intimate groups that interact on a regular basis (Forsyth, 1990).

Two terms, process and outcome, are relevant to the discussion of groups. When applied to groups, the term “process” refers to “the nature of the relationship between two interacting individuals” (Yalom, 1995, p. 130). Processes are described as change mechanisms leading towards some outcome (Forsyth, 1990). “Outcome” is the final product of a group’s interactions or activities together (Lippa, 1994). In supervision groups group processes (i.e., interactions between group members) should lead to an outcome of counselor skill development. Likewise, in psychotherapy groups, group processes are thought to induce therapeutic change in clients.

Much research has been conducted on the role of group processes as they relate to personal change in small, task oriented groups (see Forsyth, 1990). This has included research on psychotherapy groups, training groups, and work teams. A key figure in the investigation of group processes in group psychotherapy has been I. D. Yalom (Butler & Fuhrman, 1983; Kivlighan & Mullinson, 1988). Since its initial publication in 1970, his text, *The Theory and Practice of Group Psychotherapy* (now in its 4th edition), has been considered one of the preeminent treatises on group processes.

## Therapeutic Factors

Based on clinical observations, research, and literature reviews, Yalom (1995) conceptualized group processes and interactions as occurring in 12 distinct but related categories. These categories, termed “therapeutic factors,” are Altruism, Group Cohesiveness, Universality, Interpersonal Learning/Input, Interpersonal Learning/Output, Guidance, Catharsis, Identification, Family Re-Enactment, Self-Understanding, Instillation of Hope, and Existential Factors. Yalom has since condensed these factors into 11 similar factors (1995). However, because valid measures of these condensed factors have not yet been developed, the original model is still used in much research (e.g., Werstlein & Borders, 1997). Although developed with psychotherapeutic groups, these factors are purported as a prerequisite to growth in any small group (Delucia-Waak, 1997; Yalom, 1995). Each of these 12 factors is briefly defined below.

1. Altruism. Altruism refers to the process of “receiving through giving.” In terms of group processes, Yalom suggested that individuals derive personal benefit through interactions aimed at helping other group members.

2. Group Cohesiveness. The second therapeutic factor, group cohesiveness, pertains the relationship between group members. Simply put, cohesiveness refers to “the attractiveness of a group for its members” (Yalom, 1995, p. 48). When cohesiveness is present, members experience warm and comfortable feelings associated with group membership, feel as if they belong, and value and are valued by

their group of association.

3. **Universality.** Universality describes a set of group processes through which group members learn that they are not alone in their life's experiences. It is best described with the phrase, "We're all in the same boat" (Yalom, 1995, p. 6). In therapy groups, group members may learn through universality that others share similar life stressors and concerns.

4. **Interpersonal Learning/Input.** This factor describes the process by which group members come to realize how others perceive them. Through group interactions, members learn about these perceptions and the behaviors that foster them. Interpersonal Learning/Input is an important first step in the sequence of change.

5. **Interpersonal Learning/Output.** Interpersonal Learning/Output works on group members to cultivate behavior change. Through interactions within the group, these processes assist individuals in improving their relationship skills, feeling more trusting, and handling conflict. These changes are intricately related to the learning that takes place through the process of Interpersonal Learning/Input.

6. **Guidance.** Termed "Imparting Information" in Yalom's (1995) more recent writings, guidance is the collection of processes by which group members obtain information. This takes place through didactic instruction about a given phenomenon and the direct offering of advice by group leaders and members. Through guidance, group members gain valuable knowledge about a topic and hear multiple viewpoints regarding possible courses of action.

7. Catharsis. Catharsis, a vital set of group processes, refers to the open ventilation of feelings and affect in the presence of others. In addition to the personal benefit derived from emotional release, catharsis heightens feelings of cohesiveness among group members and fosters a safe, caring environment.

8. Identification. Also known as “Imitative Behavior,” identification is the process through which group members learn new behaviors by watching and imitating others in the group. By identifying with other group members, individuals can learn different and effective strategies that can be used across numerous situations.

9. Family Reenactment. Also described as “The corrective recapitulation of the primary family group” (Yalom, 1995), this collection of processes pertains to interactions within the group that resemble members’ family-of-origin experiences. Groups resemble families “in many aspects: there are authority/parental figures, peer siblings, deep personal revelations, strong emotions, and deep intimacy as well as hostile, competitive feelings” (Yalom, 1995, p. 13). Through group interactions, members may gain insight into early family experiences and overcome difficulties rooted within them.

10. Self-Understanding. As a group process, self-understanding encourages individuals to recognize and integrate previously unrecognized aspects of themselves. When self-understanding is present, members “experience a wholeness and deep sense of liberation” (Yalom, 1995, p. 82).

11. Instillation of Hope. This set of group processes relates to feelings that

change is possible which are instilled by interactions in group. The instillation of hope is facilitated by the presence of group members who are at different developmental stages of the change process. Persons in earlier stages of change can see firsthand what the future holds. Likewise, group members in more advanced developmental stages of change can observe how far they have progressed. Hope is also instilled through group interactions as members work towards a common goal.

12. Existential Factors. Lastly, existential factors represents the set of processes that point to “responsibility, basic isolation, contingency, the capriciousness of existence, and the recognition of our mortality and the ensuing consequences for the conduct of our life” (Yalom, 1995, p. 88). In growth oriented groups, existential factors help members to recognize the “larger picture” of life and existence.

The relative importance of each of these factors in a given group is dependent upon the focus of the group, the length of time that the group has been together, and the personal characteristics of the group members (Kivlighan & Mullinson, 1988; Yalom, 1995). For example, clients in inpatient therapy groups consistently perceive different therapeutic factors as helpful than clients in outpatient groups (Kivlighan & Mullinson, 1988).

To measure the importance of these factors in psychotherapy groups, Yalom and his colleagues created the Therapeutic Factors Scale (TFS), a 60 item Q-sort research tool (see Chapter III for a complete description). Since its development, this instrument has been modified and used in several forms. A widely used form has employed Likert-scale responding methods in place of the Q sort technique (e.g.,

Butler & Fuhriman, 1983; MacDevitt & Sanislow, 1987; Werstlein & Borders, 1997). Another version of the scale, entitled “How Groups Work,” was reduced to 14 Likert-response items (Lieberman, Yalom, & Miles, 1973).

Butler and Fuhriman (1983) reviewed the early literature on therapeutic factors in group psychotherapy. In the 12 studies they reviewed, “the triad of self-understanding, catharsis, and interpersonal learning/input [demonstrated] remarkable consistency as the most highly valued factors in outpatient groups” (p. 140). For inpatient groups, cohesiveness seemed to be the most powerful factor in inducing change. The authors concluded that variables such as the population being worked with in group, group structure, goals, and length of time in group influence the degree to which each of the factors is endorsed.

Lovett and Lovett (1991) studied the role of group therapeutic factors in an inpatient alcohol treatment unit. Seventy-six clients completed the Therapeutic Factors Scale (Yalom, 1995) at either the end of an inpatient unit introductory program (n = 34), at 2 week (n = 12) and 4 week (n = 26) intervals in the treatment program, and at discharge (n = 4). The factors ranked as most helpful during treatment were self-understanding, existential factors, and cohesiveness. Identification, guidance, family re-enactment, and instillation of hope were ranked as least helpful.

Kivlinghan and Mullinson (1990) tested hypotheses regarding the impact of time and individual differences on the endorsement of therapeutic factors. In their study of three college student therapy groups, they found significant differences in



group members' perceptions of the therapeutic factors in "early versus late sessions" (p. 460). Most noticeable to the authors was the over-endorsement of universality early in therapy and interpersonal learning in later sessions. They found only moderate support for their hypothesis regarding individual difference effects. Participants described as more "affiliative" strongly endorsed the factor of self-understanding while "non-affiliative" participants valued cathartic, interpersonal learning, and altruistic factors.

While these and other studies have provided much information regarding the role of group processes in inducing change during group psychotherapy, little is known about their effects in other primary groups. It has been hypothesized that the therapeutic factors are prerequisites to change in any growth oriented groups (Delucia-Waak, 1997). However, little research has been conducted on their role outside of group psychotherapy. Supervision groups, which are growth oriented in nature, have largely been ignored in the group process literature.

### Group Supervision

As stated by Holloway and Johnston (1985) and Prieto (1996) and outlined in the Chapter I, group supervision is widely practiced in counselor training programs but remains poorly understood. Although group supervision appears to be frequently endorsed as an effective training tool, few empirical studies addressing the topic exist. Rather, much of the literature consists of anecdotal accounts of group supervision practices accompanied by speculation regarding the benefits and limitations of group

supervision (e.g., Westwood, 1989). While such studies are important, further exploratory and empirical studies of group supervision are needed in order to justify its continued practice (Holloway & Johnston, 1985; Prieto, 1996). Specifically, very little is known about the role of group process variables in trainee growth during group supervision. Prieto (1996) recommends the use of interview based qualitative methodology for these explorations.

In this section, the literature examining group supervision is reviewed. Included are statements, anecdotal accounts, and empirical investigations of group supervision published since 1990. First, the proposed advantages and limitations of group supervision are outlined.

#### Advantages and Limitations of Group Supervision

Statements regarding the unique benefits of group supervision to counselors-in-training are repeated often in the literature (Bernard & Goodyear, 1998; Hayes, 1990; Hillerbrand, 1989; Holloway & Carroll, 1999; Werstlein & Borders, 1997; Westwood, 1989) and “counselor educators firmly believe in the use of groups to provide supervision” (Werstlein, 1994b, p. 27). Bernard and Goodyear (1998) offer a thorough discussion of the proposed advantages and limitations of group supervision.

#### Advantages

Several advantages of group supervision have been suggested. Despite the lack of empirical validation for group supervision, Bernard and Goodyear (1998)

suggested that these advantages “offer compelling reasons for using this format” and state that it “would seem ill-advised to forego the use of group supervision while we wait for data concerning its processes and outcomes” (p. 112). They summarized several frequently cited advantages of group supervision, which are reviewed below.

Economies of Time, Money, and Expertise. Group supervision is more economic than individual supervision and allows one supervisor to address the needs of several supervisees simultaneously. In agencies and university training programs where supervisor time and reimbursement may be of concern, group supervision offers a practical alternative to individual supervision.

Minimized Supervisee Dependence. Because group supervision involves several supervisees and only one supervisor, the risk of supervisee dependence on the supervisor is reduced. Rather than having the undivided attention of the supervisor, supervisees must share that attention with other group members. This may drive supervisees to seek answers to their clinical questions from a variety of sources, not just their supervisor.

Opportunities for Vicarious Learning. Group supervision allows supervisees to witness first hand the successes and failures of their peers and to learn from those experiences. This learning can include acquisition of counseling skills, professional etiquette, and personal growth.

Applying cognitive psychology concepts to supervision, Hillerbrand (1989) suggested that novices evince greater skill improvement and self-efficacy in the

presence of and when observing other novices rather than experts. In group supervision, trainees can observe their peers at work and evaluate the therapeutic process more objectively. Hillerbrand (1989) suggested that watching other novices in action provides trainees with confidence in their own ability to perform the observed skills.

Supervisee Exposure to a Broader Range of Clients. “During group supervision, supervisees are exposed to and learn about the clients with whom the other group members are working” (Bernard & Goodyear, 1998, p.112). Therefore, they are able to assimilate information about a more diverse sample of clients than would be possible in the individual supervision format. That is, instead of being exposed to a small number of their own clients, as would happen in individual supervision, supervisees are able to learn about and from their fellow group members’ clients as well.

Greater Quantity, Quality and Diversity of Feedback for the Supervisee. “Another justification for using group supervision is that supervisees can offer each other a variety of perspectives that no one supervisor could provide” (Bernard & Goodyear, 1998, p. 112). Group members necessarily come from a variety of backgrounds and experiences and can therefore provide multiple points of view.

In addition to being more diverse, this feedback may also be perceived as being higher in quality. Hillerbrand (1989) indicated that feedback from group members in group supervision may be easier for supervisees to understand and

therefore more beneficial. “The expertise literature suggests that as people become expert in any domain their knowledge becomes more proceduralized” (Bernard & Goodyear, 1998, p. 113). Experts, then, may be poor post-hoc reporters of the cognitive processes involved in their work (Hillerbrand, 1989). In supervision, experienced supervisors may be less likely or unable to employ language and techniques that are easily understandable to supervisees. Novice counselors, on the other hand, are better able to describe their cognitive processes. Therefore, novices may be better able to assist each other in learning and skill acquisition during group supervision.

A More Comprehensive Picture of the Supervisee. Group supervision can provide supervisors with a greater amount and variety of information on which to base their perceptions and evaluations of their supervisees. Supervisors can gain insight into supervisees’ social behaviors, value systems, and cognitive abilities by observing their interactions in group. Likewise, supervisors can observe supervisees’ reactions as they are challenged or praised by others, both of which may have implications for clinical work.

Greater Opportunity for the Use of Action Techniques. A final advantage of group supervision discussed by Bernard and Goodyear (1998) is the opportunity for more frequent use of action based supervisory techniques. For example, role playing techniques may be used more effectively in group supervision because of the greater number of persons present. The supervisor may observe, for instance, while two

supervisees role play a counseling situation. The possibilities for action based techniques in group supervision are numerous allowing supervisors to be more creative in their interventions.

Other Benefits. In addition to the above, Hayes (1990) suggested that group supervision offers trainees the opportunity to “reality test” self perceptions, allows them to confront and overcome false perceptions of self and others, creates psychological safety to “support the elimination of self-defeating behaviors” (p. 227), and provides reinforcement for personal changes via support. In addition, Westwood (1989) proposed that group supervision is advantageous because it provides trainees with a sense of the universality of experience. Trainees in cohesive groups can share their work-related concerns in a supportive environment. This may foster a feeling among group members of being “in the same boat.” This increased comfort may assist supervisees in confronting and overcoming their anxieties regarding their work with clients.

### Limitations

Bernard and Goodyear (1998) also summarized several disadvantages of group supervision. These are delineated below.

Confidentiality Concerns. Just as in group psychotherapy, confidentiality concerns must be considered in group supervision. This pertains not only to the confidentiality of the individual supervisees within the group, but also to the clients

that they discuss. Because a greater number of people are sharing and receiving information in group supervision, confidentiality of information becomes less secure.

Group Format and Individual Focus. Simply put, the group format of supervision may not afford individual supervisees the attention that they require to improve their counseling skills. This may be especially true for neophyte counselors in large supervision groups. This can occur for several reasons. First, time in supervision may not be sufficient to address the needs of supervisees who are carrying large caseloads. Second, in groups that are “heterogeneous with respect to skill levels of group members, the more skilled members may not end up getting what they need” (Bernard & Goodyear, 1998, p. 114). Third, in certain instances the ideas presented and discussed in group supervision may be too diffuse to be of value to individual group members. Fourth, a domineering group member may overpower other group members and reduce the amount of time spent on each supervisees’ concerns. Finally, the overall structure of the group itself may cater to a majority of the members “but offer virtually nothing to a distinct minority of the members” (Bernard & Goodyear, 1998, p. 114). In master’s programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2001) this limitation is addressed through the requirement of weekly individual supervision sessions in addition to group supervision.

Group Supervision and Individual Counseling. Because group supervision and individual counseling are not isomorphic, group supervision is “less likely to mirror

some of the individual processes that occur in [the individual] counseling format” (Bernard & Goodyear, 1998, p. 115). Because trainees working in the individual format are often supervised in groups, this becomes a significant limitation of group supervision.

Group Phenomena as Impediments to Learning. Lastly, certain group processes such as competition, conflict, and scapegoating may impede supervisee development in group supervision. For example, supervisees may compete for supervisor attention and favor. Likewise, unspoken competition may arise around the question of who is the best counselor in the group. Scapegoating, on the other hand, can occur when the group unanimously recognizes one supervisee as the “worst” counselor in the group, or blames an individual supervisee for perceived group problems. If left unaddressed, these phenomena may be harmful to supervisees within the supervision group as well as the clients that they serve.

Generally, it is accepted that the advantages of group supervision far outweigh the limitations in enhancing supervisee development (Bernard & Goodyear, 1998; Werstlein & Borders, 1997; Wilbur, Roberts-Wilbur, Hart, Morris, & Betz, 1994). But, “despite this seemingly universal endorsement of group supervision, empirical evidence of its contributions to counselor development is almost nonexistent” (Werstlein & Border, 1997, p. 120). Those studies that have addressed supervisee development in group supervision are discussed in the following section.



### Research on Supervisee Development in Group Supervision

In 1996, Prieto reviewed the empirical literature on group supervision. Her review focused specifically on the literature spanning the decade between 1984 and 1994, but also attended to articles not included in Holloway and Johnston's (1985) earlier review. Whereas Holloway and Johnston found only seven articles published between 1960 and 1983, Prieto located 24 articles and book chapters describing empirical investigations of group supervision. The present review encompasses empirical investigations published from 1990 to the present. For studies published prior to 1990, the reader is referred to the Holloway and Johnston, and Prieto reviews. Computer assisted searches (*ERIC* and *PsychInfo* databases) and a manual review of volumes of *Counselor Education and Supervision*, *Journal of Counseling and Development*, *Journal of Counseling Psychology*, *The Counseling Psychologist*, and *The Clinical Supervisor* have revealed only eight research studies that have examined group supervision methods for counselors working in the individual format of counseling. These studies are described below.

One study by Ray and Altekruze (2000) investigated the effects of group supervision on counseling students' development. In this study, the researchers compared three different supervision interventions for their effects on supervisee development during a master's level practicum. These interventions were large group supervision (8:1 ratio between students and supervisor), small group supervision (4:1 student to supervisor ratio), and a combination of individual and group supervision (8:1 student to supervisor ratio in group supervision plus one hour of individual

supervision). Participants were supervised on a weekly basis in each one of these formats. Participants' gains in professional development were assessed using participants' self-reports, as well as supervisor, client, and third party observer ratings.

As Ray and Altekruze reported, the results of their study "indicated that group supervision alone and group supervision with individual supervision are equally effective in increasing counselor effectiveness" (p. 27). Gains in participants' counseling skills also appeared for all groups despite the fact that participants preferred (or desired when not present) individual supervision. Despite limitations to the study, Ray and Altekruze suggest that their results point to the effectiveness of group supervision and may call into question the need for individual supervision during counselor training.

Other researchers have also demonstrated the effectiveness of group supervision during counselor training. One method of group supervision described as effective in the literature is the Structured Group Supervision approach (SGS: Wilbur, Roberts-Wilbur, Morris, Betz, & Hart, 1991). In the SGS model, which consists of five phases, group members discuss a single case for approximately 1 hour. Phase 1 begins when a group member makes a request for assistance to the group. In Phase 2, the questioning and identification of focus phase, group members clarify the request for assistance and gather further information about the problem. Phase 3 consists of group members responding to and giving feedback about the problem. To reduce presenters' anxieties, feedback is provided in statements such as, "If this were my

client I would..." Following Phase 3, the supervisee responds in Phase 4 as to whether the feedback was helpful. Lastly, in Phase 5 (which is optional), discussion of the previous four phases takes place. According to Wilbur et al. (1991) the SGS format is "structured for the active involvement and participation of all group members" (p. 92). This suggests that group processes may be a salient component to supervisee development during SGS.

In a pilot investigation of the SGS model with counselors-in-training, Wilbur et al. (1994) found tentative support for its effectiveness. In a pretest-posttest study of 20 SGS groups and 5 control groups, the authors reported that supervisees in SGS groups demonstrated significant increases on a self-report measure of skill and personal development (the Counselor Skill and Personal Development Rating Form: CSPD-RF). Control group participants, who took part in groups described as "typical of the group supervision processes and procedures traditionally and normally used in master's-level education programs" (p. 270), reported similar although non-significant increases. The authors concluded that their findings provided "additional support and justification to the desirability of using group supervision in counselor education programs" (p. 271).

Although the results of the Wilbur et al. (1994) study provide evidence for the continued use of group supervision, some limitations of the study must be considered. First, no information was available on the validity and reliability of the CSPD-RF, the dependent measure in the study. Rather, the CSPD-RF was developed by the authors for the purposes of their research and they admit that "little can be said in support of

the reliability and validity” of their instrument (p. 268). The lack of information on the CSPD-RF as a measurement instrument is problematic and results should therefore be interpreted with caution.

Werstlein and Borders (1997) proffered a second limitation of the study. Although Wilbur et al. suggested that group supervision was beneficial to supervisees, it is not known which aspects of the group experience contributed to the supervisees’ self-reported gains. “Interpreting outcomes, particularly their application to practice, is difficult without adequate descriptions of the process variables at work” (Werstlein & Borders, 1997, p. 121). Therefore, while Wilbur et al.’s findings described group supervision as beneficial, they did not provide specific information as to how those benefits were derived (i.e., which group process variables are important to development).

Starling and Baker (2000) echoed Wilbur et al.’s (1994) findings regarding the effectiveness of group supervision. Using qualitative methodology, they studied four supervisees from two supervision groups. The participants in the study were graduate students enrolled in a counseling practicum course. They were interviewed twice during the study, once at mid-semester and once at the end of the semester. Supervisors in the study were two doctoral students who were themselves supervised by a faculty member. The supervision groups were conducted using Border’s (1991) structured peer group supervision method.

Starling and Baker’s (2000) grounded theory analysis suggested that supervisee independence and self-confidence increased during the course of the group

supervision experience. Four themes emerged in their qualitative analysis relative to these gains. In the first three themes, supervisees reported that as the semester progressed: (1) their anxiety and confusion decreased, (2) their goals for supervision became much clearer, and (3) their confidence in their counseling abilities increased. The fourth theme that emerged from the data suggested that interactions between group members may have enhanced the supervisees' group experience. All of the supervisees reported that feedback and multiple points of view provided by peers positively impacted their professional development.

Starling and Baker's (2000) results appear to lend support to several of the proposed benefits of group supervision reported above. In particular, they suggested that peer interactions are beneficial components of group supervision. However, little is known about the group processes that were at work in the groups that they studied. Their findings provided evidence for the efficacy of group supervision and suggested that interactions between supervisees influence that efficacy. As with the Wilbur et al. (1994) study, Starling and Baker's findings say little else about the processes in group supervision that influence trainee development.

Walter and Young (1999) also conducted a qualitative study on group supervision. In their study, 12 social work students enrolled in a practicum took part in individual and group supervision over an entire academic year. Data were gathered over a 2 year period and group supervision meetings consisted of case presentations by group members. The group facilitators "guided the group's discussion of case material, focusing initially on the questions and concerns of the presenter" (p. 78).

Supervisors also encouraged other group members to offer their thoughts to the presenter and to identify similar problems that they were experiencing in their work.

In their analysis, Walter and Young (1999) summarized several themes that developed regarding supervisees' experiences in both individual and group supervision. Only those themes associated with group supervision are outlined here. Their qualitative analysis suggested that supervisees initially were ambivalent about group supervision and saw it as "just another class." As the academic year progressed, however, supervisees felt more at ease in group supervision and perceived their groups as being valuable. The supervisees in the study also reported learning a great deal from their interactions with other group members. These interactions included "exposure to other people's viewpoints, their skills, their values, [and] their knowledge" (p. 83). The authors also stated that several supervisees reported viewing cases differently in group supervision relative to the individual format. In group supervision supervisees commented that they could see the "larger view of the case" and better visualize long term goals (p. 83). Generally, supervisees in the study appeared to be satisfied with their group supervision and the authors concluded that the groups had a positive impact on trainee development.

Walter and Young's (1999) findings lend further support to the claim that group supervision is beneficial to counselors-in-training. However, because supervisees in the study took part in group supervision for an entire academic year, generalizability to the training of counselors may be limited. Generally, in counselor training programs supervisees are enrolled in practica and receive group supervision

for a single semester only. This difference in length of time in group supervision may therefore prevent generalizability of findings to counselor training models.

An additional limitation is similar to that which was discussed regarding the Starling and Baker (2000) study, namely that Walter and Young (1999) did not specifically address the role of group process variables in their supervision groups. Their analysis appeared to point to the endorsement of several group process variables in group supervision. However, the ability to make inferences about the influence of these variables to supervisee gains is limited.

In another study of group supervision, Marshall (1999) asked members of his supervision groups to provide feedback on the helpfulness of their group experience. He asked group members two questions:

1. To the extent that the group is being cooperative and creative, what is it about the group, the leader, or the members that contribute to its running well?
2. Are there unexpressed or unresolved resistances to talking about patients?

The author did not disclose the experience level of the supervisees in these groups, and the number of participants.

Five themes emerged in Marshall's interpretations of his supervisees' responses to these questions. He stated that the most important factor centered on group acceptance and support. Supervisees reported feeling comfortable and able to speak freely within their groups which, in turn, contributed to professional growth. The second theme centered on "play." Supervisees stated that they had a "lot of fun"

and that there was much laughter in their groups. The third theme present in supervisees' responses was the tolerance and enjoyment of the group process. Supervisees stated that they learned valuable counseling skills as a result of their interactions with each other in the group process. The fourth theme related to the resolution of intragroup conflict. Group members stated that it was helpful to resolve differences within the group as they arose. Finally, the last theme that emerged centered around competence. Supervisees reported that group supervision helped them to perform better with clients.

Marshall's (1999) study provides additional support for the contention that group supervision provides unique benefits to therapists. However, because the study was not rigorous or complete in design, results should be interpreted with caution. Most problematic to the study was the fact that Marshall interviewed his own supervisees. This may have seriously hindered objectivity in both participants' responses to his questions and his interpretations of their answers. In spite of this major limitation, Marshall's results suggest that group interactions can enhance counseling abilities.

#### Group Process in Group Supervision

Three studies have attempted to specifically address group processes in group supervision. In one study, Werstlein and Borders (1997) sought to determine which aspects of group process were beneficial to supervisees. Their results suggested that group dynamics were an influential component in supervisee development and



satisfaction with supervision.

Because little is known about the effects of group processes in group supervision, the researchers took an exploratory approach and studied a single supervision group. The group consisted of four master's level trainees enrolled in their initial internship course. They met five times over the course of a 10-week summer session. Participants completed several measures including a group development questionnaire and the TFS. Results suggested that the supervision group was "highly valued by its members for its contribution to their professional development" (p. 132).

Group processes were evident in the group but in a manner different from therapy groups. The group did not progress past the initial stage of development (engagement) as measured by the Group Climate – Short Form questionnaire. Likewise, Yalom's (1995) 12 therapeutic factors followed a pattern different from that evidenced in therapy groups. The factors of guidance and group cohesion were cited as the most important group process factors. In therapy groups, guidance is cited as one of the least helpful factors (Yalom, 1995). Other factors such as family reenactment and identification were rarely cited as important. Even those factors cited most often in the study, however, were rated as only moderately helpful by supervisees. Werstlein and Border's (1997) proposed that their results may have been affected by the limited number of group meetings (five sessions). They suggested that the group may not have had enough time to move to a developmental stage in which therapeutic factors could be more salient and influential.

Werstlein and Border's (1997) results raise numerous questions for further research. The authors noted difficulty in identifying appropriate measures for use in their study and stated that more basic research is needed "to create a classification system of change events [and processes] that [are] specifically grounded in group supervision experiences" (p. 134). Moreover, their results suggested that group process variables and developmental stages as currently conceptualized may be only moderately important to supervisee development in group supervision. The study suggested that these group process variables might operate differently in supervision groups than in other groups. That is, supervision groups may go through different developmental stages and promote supervisee growth through the use of different group factors than other small, interactive groups.

In another study, Christensen and Kline (2001) also used qualitative methods to investigate the role of group processes in group supervision of counselor trainees. In their study, six counselor trainees participated in a group supervision experience as part of a master's-level internship "lab." The supervision group, which met for 1 hour and 30 minutes per week for 15 weeks, adhered to the process-sensitive peer group supervision model (PSPGS) developed by the authors.

The PSPGS model incorporated supervision procedures offered by Borders (1991), Bernard and Goodyear (1998), and Wilbur et al. (1994). Each week in the study, supervisees took turns presenting videotaped counseling sessions. The presenters then asked specific questions of the supervision group, assigned roles to certain group members, and asked for clarification of feedback from the group. The

supervisor then led the group in discussion and provided further feedback as needed. In the PSPGS model, supervisors served as “facilitators, moderators, and process observers” (p. 85).

Christensen and Kline used open-ended questionnaires to collect data. These questionnaires were distributed to supervisees during the 6th, 8th, and 14th weeks of the semester. The researchers described their central research questions as, “What are the experiences and perceptions of supervisees involvement in [the] PSPGS experience?” (p. 87). Grounded theory procedures were used to analyze the data.

Christensen and Kline identified several concepts and categories that emerged during their analysis. First, the authors conceptualized a three-phase model of group development. In the first phase, supervisees were passively involved in their supervision group. They relied on the supervisor for direction and took little initiative in directing group activities. During the second phase, supervisees learned responsibility for group activities and became more independent. They became more involved with one another and initiated feedback exchanges. Lastly, in the third phase, supervisees became personally involved in the group. Feedback and interactions in this phase became richer, supervisees gained greater self awareness and self confidence, and expressed increased interdependence on one for learning. In this last stage, supervisees indicated that they relied less on their supervisor to direct their experience and became angry when supervisors interrupted or initiated feedback.

In addition to this three-phase model, Christensen and Kline’s analysis also

reported on several group process variables. In general, supervisees in the group placed a high value on the input that they received from their peers. Supervisees described feeling supported by group members, and giving and receiving feedback to one another as beneficial. Supervisees in the study clearly benefited from their group supervision experience. However, although this study again illustrates the importance of group processes in group supervision, it does little to identify actual supervision events that contribute to or inhibit these processes.

A third study to specifically address group processes in group supervision was a pilot study of this project conducted by Linton (in press). As with the Werstlein and Borders (1997) study, Linton took an exploratory approach to examining group processes in group supervision. By using qualitative methodology, he attempted to address the shortcomings of the above discussed literature.

The supervisees in Linton's study were four female master's level counselor trainees who were taking part in their first individual practicum experience. The participants were students in a CACREP accredited program. Their practicum lasted for one semester and each received weekly individual supervision concurrent with their weekly group supervision. Each participant took part in a 1-hour semi-structured interview at the midpoint of the semester. Interview questions were designed to specifically assess supervisees' perceptions regarding helpful and unhelpful interactions (i.e., group processes) in their supervision groups and to obtain examples of how those interactions occurred.

Eight domains indicative of beneficial and detrimental group processes

emerged as a result of the qualitative analysis. In the first domain (Feedback), participants described the benefits of receiving positive feedback from fellow supervisees and from their supervisor. This feedback was presented both during and outside of group supervision meeting times. In the second domain (Lack of Constructive Feedback) supervisees indicated that their fellow supervisees were not always forthright with constructive or corrective feedback. When absent, constructive and forthright feedback was desired. The third domain (Information Dissemination) consisted of participants' comments regarding materials and handouts provided by supervisors. This information provided in these interactions was described as "invaluable," especially when it was tailored to the individual supervisee's clients and interests. The process of Observational Learning, the fourth domain, was also described as important. Supervisees in the study indicated that they benefited greatly by observing their peers during counseling sessions, and by listening to them during group supervision meetings. The fifth domain (Support) was also deemed as important to training. These interactions, which occurred both within and outside of group, helped supervisees' to alleviate anxiety associated with the practicum experience. In these interactions, supervisees assisted one another with a difficult case or provided encouragement. In the sixth domain, the effects of Apriori Relationships were discussed. Supervisees indicated that knowing one or more of their fellow group members prior to practicum helped to reduce their anxieties on the first night of practicum and throughout the semester. The seventh domain that emerged was titled Vicarious Effects of Supervisor Behavior. In this process, supervisees observed their

supervisor having a conflict with another supervisee. One supervisee stated that the tension created by the conflict permeated the group and elevated anxiety to a level where learning was negatively affected. Lastly, the eighth domain that emerged in the study pertained to supervisors' Time Management. Supervisees indicated increased anxiety when their supervisor "pushed too much into too short a time" or "ran over into break and [client] preparation time" (p.17).

Linton's study lends further support to the importance of process variables in group supervision. Despite several methodological limitations, results from the study suggest the need for further research on group processes in group supervision. Specially, several questions regarding the effects of supervisor behavior were raised as they related to supervisee anxiety. Results of the study also provide some specific examples of how group processes might operate in group supervision. More research is needed, however, to clarify and examine these issues.

#### Relevance and Necessity of the Present Study

The previously described benefits of group supervision suggest a reliance on group process variables to foster trainee growth (Werstlein, 1994a). They imply an assumption that interactions among supervisees within supervision groups foster professional development. Such interactions include vicarious learning, receiving feedback from other supervisees, mutual support, and cooperation. Several of the proposed limitations, such as competition, scapegoating, and possible group dominance by a single member also point to the influences of group processes.

Several studies have extended support for the efficacy of group supervision (Starling & Baker, 2000; Walter & Young, 1999; Wilbur et al., 1994). Their findings suggest that supervisees report satisfaction with and improvements in counseling skills due to group supervision. However, while these studies have hinted at the role of group process variables in group supervision, they did not directly set out to study such group phenomenon. To date, only Werstlein and Borders (1997), Christensen and Kline (2001), and Linton (in press) have directly assessed group process variables in group supervision. In order to maximize the effectiveness of group supervisory methods, more research is needed to address this topic directly.

The present study sought to add to the group supervision literature. Using exploratory methods, the contribution of group process variables to supervisee development was examined. Quantitative and qualitative research methods were used in this examination. The quantitative portion of the study sought to extend Werstlein and Border's (1997) findings regarding the role of Yalom's 12 therapeutic factors in group supervision.

Conceptually, Yalom's 12 therapeutic factors seem relevant to group supervision with counselors-in-training. Because the overall goal of group supervision is supervisee personal and professional growth, the importance of these factors in supervision groups may be immense. Furthermore, as Corsini (1995) points out, successful counselors and psychotherapists often adopt a style that is consistent with their personality. Therefore, because counselors' personal characteristics strongly impact the way that they "do" counseling and psychotherapy (Corey, 2000),

it may not be uncommon, and may in fact be imperative for supervisees' personal issues to be addressed in supervision (Bernard & Goodyear, 1998). Therefore, in all forms of supervision, personal growth may be a natural byproduct of professional development.

The therapeutic factors may prompt personal and professional growth in supervisees. During group supervision, Altruism may enhance trainees' confidence in their ability to help others and to conceptualize client cases. They may experience increases in their ability to form goal-directed relationships because of Group Cohesiveness. Guidance provided by the group members and the supervisor can enhance supervisee knowledge about the practice of counseling and assist with difficult treatment decisions. Identification, or learning by watching and imitating others, may provide similar benefits.

Additionally, several factors may assist supervisees in identifying behaviors and personal characteristics that are detrimental to their ability to help clients. Interpersonal Learning/Input and Output can help supervisees to understand impressions that they make on others, including clients, and to change behaviors associated with problematic impressions in order to maximize professional effectiveness. Likewise, increased Self-Understanding may promote greater integration of the self and assist trainees in understanding their values and beliefs as they relate to their professional work. Finally, through Family Re-enactment supervisees may gain insight into earlier life experiences and identify ways to overcome problems associated with them.



Lastly, several factors may help to alleviate supervisee anxiety and other closely related feelings associated with beginning counseling practice and evaluation. Feelings of Universality, or “being in the same boat” with other trainees may aid in this process. Catharsis, too, may allow supervisees to ventilate the frustrations associated with their new role of professional helper. The Instillation of Hope can help supervisees to recognize that things will get better; that persistent self-doubt will fade and counseling abilities will improve. Lastly, Existential Factors may assist supervisees in seeing the “big picture” with regards to their helping role, to understand among other things that the responsibility for client improvement in counseling is not the counselor’s alone. Until research examining these factors in group supervision is conducted though, these assertions remain speculative.

As was introduced in Chapter I and will be delineated in Chapter III, this study employed a modified version of the Therapeutic Factors Scale. Prieto (1996) has suggested that researchers avoid using psychotherapy-based instruments, such as Yalom’s scale, when examining group supervision. However, research ruling out the appropriateness of these instruments in group supervision research has yet to materialize. Therefore, until empirical investigations proscribe their application, the creation of new supervision specific instruments for use in research may be unwarranted.

Additionally, as will be discussed in Chapters IV and V, the qualitative portion of this study also provided meaningful and relevant results to the group supervision literature. The qualitative analysis in this study serves as a starting point

for further study of group processes in group supervision and attempted to establish preliminary theory in the supervision field. Results from the qualitative analysis also offer further research questions and provide direction for future studies.

In the next chapter, the research methodology employed in the study is described in detail. This includes a discussion of sampling techniques, instrumentation, and procedures for data collections. Data analysis procedures are also discussed.

## CHAPTER III

### METHODOLOGY

#### Chapter Overview

In this chapter the research methodology employed in the present study is delineated. Both quantitative and qualitative investigation methods were used to assess the role of group process variables in group supervision. Because there is little research on this topic, the study was exploratory in nature with the overall goal of establishing preliminary theory and research questions for further study.

Exploratory or discovery-oriented research methods are purported to be a “necessary first step in the systematic inquiry of a phenomenon, with the goal of describing what is actually happening and then generating hypotheses for future study” (Werstlein & Borders, 1997, p. 122). According to Hill (1990), discovery-oriented studies investigate phenomenon from a non-theoretical stance; they set out to create theory rather than test it. Describing exploratory methods in psychotherapy research, Hill stated:

Development of theory, based on the accumulation of replicated findings, is the ultimate goal of exploratory process research. Exploratory research thus follows the spirit of the scientific method, in which observations of clinical phenomenon leads to hypothesis formation and testing, which leads to refinement of the hypotheses, replication of the results, and finally development of theory. (p. 288)

Due to the lack of research on group processes in group supervision, exploratory

methods seemed especially applicable for use in the present study.

Participants in the quantitative portion of the study were masters-level counseling students completing their first individual counseling practicum experience. They completed a revised version of the Therapeutic Factors Scale (TFS-R) (Yalom, 1995) and a demographic information sheet. In Chapter IV, the sample is described in detail and descriptive statistics are used to depict supervisees' perceptions regarding the impact of group process variables on their professional development during practicum. All quantitative data were gathered during the Spring/Summer and Fall terms of 2002.

In the qualitative portion of the study, participants drawn from the above "quantitative" sample took part in semi-structured follow-up interviews. These interviews were designed to elicit further information about supervisees' experiences in group supervision. Qualitative analysis utilized a modified grounded theory approach and attempted to derive conclusions regarding supervisees' perceptions of group process variables (i.e., peer interactions) in group supervision as they related to professional growth. All qualitative data were gathered immediately after the Spring/Summer 2002 term from participants who had just completed their counseling practicum. Expressed approval from the Human Subjects Institutional Review Board for the entire project is presented in Appendix A. The remainder of this chapter describes this research process in detail.

## Sample

### Participants

Participants in the quantitative portion of the study were 42 master's level counseling students enrolled in their first practicum experience. Eight counseling programs were targeted for data collection. These programs were located at the following universities: Andrews University, Central Michigan University, Eastern Michigan University, Oakland University, University of Detroit-Mercy, University of Toledo, Wayne State University, and Western Michigan University. Out of these programs, only Central Michigan University is not accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Four of the above CACREP-accredited counseling programs in Michigan and Ohio were represented in the final sample. Throughout the remainder of this manuscript, these universities are identified as University A, University B, University C, and University D. Participants from the remaining four programs were not included due to the timing of practicum course offerings (i.e., practica not offered during data collection semesters) or a lack of permission from university officials to gather data.

Eight participants took part in semi-structured follow-up interviews. These participants were drawn from the above sample of 42 and came from three different university training programs (Universities A, B, and C from above). Data gathered from these participants formed the qualitative portion of the study.

Supervisees of all ages, genders, and personal and professional backgrounds

were eligible to participate in both the quantitative and qualitative parts of the study. All participants in the study were volunteers. Because random sampling procedures were not employed, a sample of convenience was utilized. Participants who took part in the quantitative portion of the study were entered into a drawing for a \$50.00 gift certificate to a national bookstore chain. Participants in the qualitative part of the study were paid at \$10.00 an hour for their time.

#### Criteria for Participation

Only masters' level students enrolled in individual counseling practica courses were asked to participate in the study. This excluded trainees enrolled in other practica experiences such as group or marriage and family therapy practica. The decision to include only individual counseling practicum students was made to control for any extraneous variables associated with the modality of therapy being learned. For example, just as the practice of group therapy is much different from the practice of individual therapy, differences may also exist in the supervision and learning of each of these modalities of treatment. Furthermore, in counselor training programs, group supervision is most widely practiced with supervisees learning individual counseling skills (Prieto, 1998).

Additionally, only those participants enrolled in semester-long (i.e., 15-16 weeks) practicum courses were asked to participate. This excluded those counselors-in-training enrolled in practicum courses spanning an entire academic year. The decision to include only participants from semester-long practicum classes was made

to control for the effects of time. In psychotherapy research on group processes, time has been shown to influence clients' endorsement of the importance of therapeutic factors and group processes to their personal growth (Kivlighan & Mullinson, 1988). Therefore, it is possible that meeting with a supervision group over a 9 month period, rather than 4 months, could affect the degree to which group process variables influence professional development and are endorsed by supervisees.

To control for the amount of group supervision received by participants, only those individuals enrolled in CACREP accredited or "CACREP-like" programs were eligible to participate. All participants in the final sample were drawn from CACREP accredited programs. Standards set by CACREP (2001) dictate that counseling practicum students receive 1.5 hours of group supervision and 1 hour of individual supervision per week while enrolled in practicum. Drawing participants from programs reflecting CACREP standards also assisted to control for the amount of counseling experience participants gain during practicum. CACREP standards state that practicum students should receive a minimum of 100 hours of supervised experience.

As dictated by CACREP (2001) standards, participants in the study also received individual supervision concurrently with group supervision throughout the semester of their participation. Because the focus of this study was on group supervision, participants responded only to questions about their group experiences. Participants' experiences in individual supervision were excluded from the study.

## Instrumentation

Two instruments were used in the quantitative portion of this study: A revised version of the Therapeutic Factors Scale (Yalom, 1995) and a demographics questionnaire. In the qualitative portion of the study, an interview protocol was created for use during data collection. These are outlined below.

### Therapeutic Factors Scale – Revised

The Therapeutic Factors Scale – Revised (TFS-R) is a modified version of Yalom's Therapeutic Factors Scale (TFS) (see Appendix B). The TFS-R is a 60-item Likert-response questionnaire based on the 12 therapeutic factors outlined in Chapter II. Respondents rate the helpfulness of each item on a 4 point scale: 0 (Not Helpful), 1 (Slightly Helpful), 2 (Helpful), and 3 (Very helpful). Five items measure each factor.

Yalom and his colleagues originally designed the TFS as a Q sort instrument. They stated that it was not meant to be used as a “finely calibrated research instrument,” but rather as an “exploratory instrument” in psychotherapy groups (Yalom, 1995, p. 72). In this study, the TFS-R was used to explore perceived helpfulness of the therapeutic factors to trainees' professional growth during group supervision.

During development of the TFS, 20 successful group psychotherapy clients completed the Q sort and were interviewed by Yalom and colleagues. These participants were in group therapy for a minimum of 8 months and had terminated or



were about to terminate from the group (participants attended a mean of 20 sessions). Each of the 60 items was typed on an index card and, in a forced-choice Q sort format, participants were asked to place the cards into seven piles. The piles were labeled: 1. Most helpful to me in the group (2 cards); 2. Extremely helpful (6 cards); 3. Very helpful (12 cards); 4. Helpful (20 cards); 5. Barely helpful (12 cards); 6. Less helpful (6 cards); and 7. Least helpful to me in group (2 cards). Item development for the TFS went through several phases. Initial items were created and then reviewed by several experienced group therapists who provided “suggestions, additions, and deletions” (Yalom, 1995, p. 72).

The TFS has been used frequently in research with psychotherapy and other groups (Werstlein, 1994b). To facilitate its use, researchers adapted the 60 items to a Likert-type response format (e.g. Butler & Fuhriman, 1983; MacDevitt & Sanislow, 1987; Werstlein & Borders, 1997). One such adaptation is the 4-point response format utilized for the TFS-R.

### Reliability

Test-retest reliability coefficients for the Q sort form of the TFS ranged from .27 to .58 (cited in Werstlein, 1994b). Reliability correlations increased substantially for the Likert-response format. The Pearson product moment correlation over a 1 week period was .88 for all scales combined; reliabilities for the individual scales ranged from .55 to .88 ( $p < .01$ ) (Butler & Fuhriman, 1983, p. 493). Reliability coefficients were not reported by individual scales in the literature.

### Validity

In establishing validity, factor analytic studies of the TFS have produced varied results. Some studies have shown “only fair, others good, item to individual scale correlations” for the 12 therapeutic factors (Yalom, 1995, p. 72). These mixed results may be due to divergent research methodologies and the use of different forms of the TFS during the investigation of its psychometric properties (cited in Yalom, 1995). Butler and Fuhriman (1983) report that an item analysis study of the Likert format of the TFS revealed that “only three of the 60 items had poor item-to-individual scale correlations” (p. 493). They did not identify the three items in question or specify internal consistency estimates in their report.

### TFS Revisions

This study employed the TFS-R, a revised version of the Likert-response TFS. Werstlein and Borders (1997) revised the TFS in their investigation of group processes in group supervision (see Chapter II for a description of their study). In their study, they referred to the instrument as the TFS. The title “TFS-R” is used in this study to reflect revisions to the original instrument. To maintain continuity in the literature, the primary investigator contacted Werstlein and obtained a copy of the modified TFS employed in the Werstlein and Borders study.

Werstlein and Borders (1997) modified the content of seven items on the TFS for use in their study. These changes were made to reflect group members’

experiences in supervision rather than psychotherapy. In item 26 (TFS-R #57), the word “doctor” was changed to “supervisor.” In item 29 (TFS-R #37), the phrase “life problem” was changed to “counseling problem.” “Group leader” was changed to “supervisor” in item 33 (TFS-R #56). Item 34 was changed from “Learning how to express my feelings,” to “Learning how to express feelings.” Item 36 (TFS-R #16) was changed from “Trying to be like someone in the group who was better adjusted than I,” to “Trying to be like someone in the group who is a better counselor than I.” Lastly, in items 39 (TFS-R # 20) and 45 (TFS-R # 46), the word “therapist” was changed to “supervisor.”

For the present study, one additional item on the TFS was modified. Item 30 (TFS-R #6) was changed from, “Group members advising me to behave differently with an important person in my life,” to “Group members advising me to behave differently with clients.”

### Demographics Questionnaire

A demographics questionnaire was used to gather participants’ personal information. This questionnaire included questions regarding age, gender, race/ethnicity, program of study, level of training, amount of professional experience, number of client contacts during practicum, number of client contacts prior to practicum, number of individual supervision sessions, number of group supervision meetings, supervisor gender, and supervisor level of training (Appendix C). Additionally, participants were asked to rate the helpfulness of group supervision,

whether they preferred individual or group supervision, and if they would voluntarily take part in group supervision again in the future. This information, which is presented in Chapter IV, was used to provide a detailed description of the samples for both the quantitative and qualitative portions of the study.

### Qualitative Interviews

The qualitative interview questions used in this study were open-ended in format. They were designed by the primary investigator to elicit information regarding participants' experiences in group supervision. Specifically, the questions asked participants to identify experiences in group supervision that were beneficial and detrimental to their professional development and to comment on their interactions with their supervisor other group members (i.e., group processes).

In all, 10 questions were devised to address these content areas (see Appendix D). Questions were based upon the literature concerning the proposed benefits and limitations of group supervision. Each participant was asked all questions. However, because the interviews were semi-structured in format, the researcher felt free to follow-up on information presented by participants with questions not included on the interview question list. Each interview lasted approximately 45 minutes with the minimum being 40 minutes and the maximum being 65 minutes.

### Supervisor Demographics Questionnaire

The participants' supervisors also completed a demographics questionnaire

(Appendix E). Information gleaned from the questionnaire allowed for a thorough description of supervisors in the study. In addition to providing demographic information such as gender, age, professional discipline (e.g., counselor education, counseling psychology), and years of supervision experience, supervisors also briefly described their theoretical orientation and manner in which they practice group supervision. This information provided a richer understanding regarding the types of groups in which participants were enrolled. All supervisor data are presented in Chapter IV.

## Procedure

### Quantitative Data Collection

Quantitative data collection occurred during the 2002 Spring/Summer sessions and 2002 Fall semester. Prior to the beginning of each term, the above-identified institutions in Michigan and Ohio were contacted to determine whether they would be offering an individual practicum. Faculty persons teaching individual counseling practica were then identified and contacted. Initial contacts to these faculty members were made via email, telephone, and the U.S. Postal Service. During this initial contact, the study was briefly described and each faculty member was asked if the primary researcher could visit his or her practicum group(s) to collect data. Interested faculty members then received a packet in the mail which included a form letter describing the study in brief (Appendix F), the Supervisor Demographics Questionnaire (SDQ), an informed consent sheet (Appendix G), a sheet granting the

researcher permission to visit the class, and a stamped addressed envelope. Faculty members did not identify themselves by name on the SDQ; an identification number was applied prior to delivery to identify the faculty member's home institution.

Thirteen faculty members who supervised 15 practicum classes (two faculty members taught two practicum courses) indicated interest in allowing the researcher to visit their class. Of these 13, 12 returned the SDQ for a response rate of 92%. The faculty member who did not complete the SDQ did allow the researcher to visit her practicum class.

The 13 interested faculty members were contacted again by telephone, email, or the U.S. Postal Service after they reviewed the description of the study. During this subsequent communication a date was set for the researcher to visit the practicum class. For all groups this was during the second half of the semester. This time of the semester was selected to ensure that participants would have enough time in group supervision to assess its helpfulness to their professional development during practicum.

During visits to the practicum groups, the researcher described the study to the practicum supervisees and answered any questions. Each supervisee then received a research packet. Contained in the packets was a letter describing the study (Appendix H), an informed consent sheet (Appendix I), the supervisee demographics questionnaire, the TFS-R, an index card for entry into the bookstore gift certificate raffle, and a stamped envelope addressed to the primary researcher.

Eighty research packets were distributed to participants in 15 supervision

groups at Universities A, B, C, and D. Fifty-five of these packets were distributed to 10 supervision groups during the Spring/Summer data collection, and 25 were distributed to five groups during the Fall data collection. Forty-two completed packets were returned. Twenty-four packets from the Spring/Summer data collection were returned and 18 from the Fall data collection were returned. The overall response rate for the quantitative portion of the study was 52.5%. For the Spring/Summer data collection the response rate was 43.6%. For the Fall data collection the response rate was 72%.

Participants completed the forms contained in the packets and returned them to the primary researcher using the envelope provided. Upon receipt, the raffle entry card was immediately removed from each packet and stored separately. Participants' supervisors did not see any completed data forms and at no time were participants' names associated with their data.

In order to maintain data confidentiality, each participant received a six-digit identification number. The first two digits represented the institution at which the participant was enrolled with each institution receiving a different number (e.g., Western Michigan University = 01). The third and fourth digits represented the practicum section that the individual participant was enrolled in at their institution. The fifth and sixth digits of the identification number represented individual students within each practicum section with each student receiving a different number. For example, the third participant enrolled in the first practicum course section to volunteer at Western Michigan University received the identification number of

010103. These identification numbers were written on the TFS-R and the demographic sheets prior to distribution. Identification numbers were not applied to any sheets that contained participants' names or contact information.

### Qualitative Data Collection

Qualitative data collection took place through semi-structured interviews. "This type of interview involves the implementation of a number of predetermined questions and /or special topics" (Berg, 1998, p. 61). With this method, questions are typically asked of participants in a systematic and consistent way while also providing the interviewer with the freedom to follow up on participants' comments as they seem relevant.

Participant recruitment for the qualitative portion of the study took place during the Spring/Summer quantitative data collection. During this data collection, information concerning the qualitative portion of the study was added to the research packets distributed during practicum class visits. This information included a form explaining the qualitative portion of the study (Appendix J), a contact sheet for interested parties, and a second stamped envelope addressed to the primary researcher. Participants were instructed to complete the contact information sheet and return it in the envelope provided if they were interested in participating in this part of the study. Information regarding the qualitative study was omitted from research packets distributed during the Fall data collection due to the fact that no further qualitative data was needed.



Those participants from Spring/Summer quantitative data collection who volunteered to participate in the qualitative portion of the study were contacted in the weeks after their completed materials were received. Out of 55 persons from 10 supervision groups who received information concerning the qualitative portion of the study during the Spring/Summer data collection, 16 indicated interest in taking part in the interviews (29% of the Spring/Summer data collection sample). The researcher randomly selected 8 of these 16 volunteers to participate. Three of the eight initial selections could not be contacted. As a result three new volunteers were randomly selected. These eight participants are described in detail in Chapter IV.

The primary investigator interviewed participants shortly after the completion of their individual counseling practicum. Interviews were retrospective in nature and were conducted at the participants' home institutions. The approximate interview length was 1 hour. Participants provided written permission for their interviews to be tape-recorded. During the interview, participants completed another demographics questionnaire (Appendix B) and provided informed consent (Appendix K). They received payment for their participation immediately following the interview.

In order to maintain confidentiality of the qualitative data, participants again received an identification number. This number was placed on their demographics questionnaire and on a label used to identify their audiotape. The process of assigning these numbers was the same as that described for quantitative data collection. During data analysis each of these participants was assigned a pseudonym. This pseudonym allowed for ease in participant descriptions and data reporting.

## Analysis

### Quantitative Analysis

Quantitative data were analyzed using the SPSS statistical package. All data were coded, entered into, and stored in a SPSS data file.

### Participant Information and TFS-R

Descriptive statistics were calculated on the demographic information and TFS-R. Descriptive statistics for the demographic information were used to depict the sample used in the study and to offer information concerning participants' experiences in group supervision. Means and standard deviations are provided for all continuous demographic variables (e.g., age, number of clients seen). Frequency distributions were tallied for all categorical demographic variables (e.g., gender, program of study). This information is presented in Chapter IV.

Means and standard deviations were calculated for each of the 12 therapeutic factors and 60 items of the TFS-R. This provided information regarding participants' ratings of the helpfulness of each of the 12 factors and 60 items on the scale. Based on mean scores, the 12 factors and 60 items were rank-ordered as to their perceived helpfulness. These descriptive statistics are also presented in Chapter IV.

### Supervisor Information

Descriptive statistics were calculated on all supervisor information. Brief

summaries of all qualitative information provided by supervisors were also created. The purpose of this analysis was to describe the supervisors represented in the study and to gain further understanding of the type(s) of supervision received by participants. Quantitative and qualitative information concerning supervisors included in the study is presented in Chapter IV.

### Qualitative Analysis

Qualitative analysis was conducted using the Microsoft WORD program. Each interview was transcribed verbatim and saved in a WORD file.

A modified grounded theory approach to qualitative data analysis was employed in this study. In the grounded theory tradition, researchers typically conduct interviews during several visits to “the field” with the goal of finding information until “no more can be found” (Creswell, 1998, p. 56). For the present study, participants were interviewed one time only and each was asked the same questions. Because participants were interviewed near to or following the end of their individual practica experiences, interviews were retrospective in nature.

Qualitative data analysis began with multiple reviews of each interview transcript. The primary researcher read each transcript several times until the data were thoroughly understood. During these reviews, analytic memoranda were made regarding possible data categories and themes.

In the second step of data analysis, a coding scheme was created. Using a Microsoft EXCEL spread sheet, the researcher listed the possible themes present in

the data and tallied the number of responses from the eight interview transcripts that fit into each theme. During this process, several themes were modified, omitted, or added as necessary.

Analysis then continued with an open coding phase. During this phase, repeated sorting, coding, and comparisons of the data were conducted. Open coding was used to reduce the data set to a smaller, more manageable set of categories. As described by Creswell (1998), the categories that emerged during open coding represented common events, happenings, and instances reported by participants in their supervision groups. Several sub-categories, or properties, representing multiple perspectives within each category were then identified. Categories were also dimensionalized to organize data along a continuum of experience (i.e., participants different perceptions of similar phenomenon) (Creswell, 1998).

During coding, sections of each interview transcript were copied and pasted into separate WORD documents representing each category or theme. These new documents were then used in subsequent coding.

Following the open coding phase, the data were subjected to axial coding. In axial coding, the researcher attempts to establish relationships in the data, including conditions of causality and dependence (Creswell, 1998). For the present study, an exploration between group processes and participants' reports of satisfaction and professional growth were central to this analysis.

## CHAPTER IV

### RESULTS

In this chapter, the results of the present study are delineated. The chapter begins with a discussion of the quantitative results. Following this, results from the qualitative portion of the study are presented.

#### Quantitative Results

In this section the results of the quantitative portion of the study are discussed. The section begins with a description of the participants in the study. A description of the participants' supervisors is also provided. The section concludes with a descriptive summary of participants' responses to the TFS-R.

#### Participant Demographics

Forty-two practicum students participated in the study. Eighty research packets were distributed to 15 supervision groups. Packets were distributed at four different universities: A, B, C, and D. Research packets at University A were distributed at two separate training sites. Site 1 was a training clinic on University A's main campus. Site 2 was a training clinic at a University A regional center in a large metropolitan area. Frequency distributions for the number of participants from each University are presented in Table 1.

Table 1  
Frequency Distributions for Participant by University

University	Number of Participants	Percent of Sample
University A, Site 1	14	33.3
University A, Site 2	10	23.8
University B	9	21.4
University C	6	14.3
University D	3	7.1

During data collection, participants' supervision groups were assigned a number in the order that they were visited by the researcher. Responses were received from 14 of the 15 groups visited. Only Group 10 was not represented in the final sample as no students from that supervision group elected to participate in the study. Frequency distributions for the number of participants from each supervision group are presented in Table 2. Supervision groups 1, 2, 3, 10, 11, 12, and 13 were from Training Site 1 at University A. Groups 4, 5, 6, and 14 were from Training Site 2 at University A. Groups 7 and 15 were from University B. Group 8 was from University C. Group 9 was from University D.

Table 2  
Frequency Distributions for Participant by Supervision Group

Group	Number of Participants	Percent of Sample
Group 1	1	2.4
Group 2	3	7.1
Group 3	1	2.4
Group 4	3	7.1
Group 5	2	4.8
Group 6	1	2.4
Group 7	4	9.5
Group 8	6	14.3
Group 9	3	7.1
Group 10	0	0.0
Group 11	4	9.5
Group 12	2	4.8
Group 13	3	7.1
Group 14	4	9.5
Group 15	5	11.9

The mean age of participants in the study was 37.71 years ( $SD = 10.55$ , *Minimum = 23, Maximum = 65*). Thirty-four of the participants were female and eight

were male. Thirty-six participants described their racial/ethnic background as Caucasian, three were African-American, and one was Asian. Two participants did not offer information concerning racial/ethnic background.

Thirty-four participants in the study reported that their highest degree obtained was a bachelor's degree while seven reported having a master's degree. One participant did not provide information concerning his/her highest degree obtained. In terms of field of study, 15 participants reported being enrolled in a community-counseling program, 14 were in a school-counseling program, 3 were in a mental health counseling program, and 3 were in a marriage and family therapy program. Seven participants described their program of study as "other."

With regards to professional counseling experience, 11 participants reported having previous work experience as a counselor prior to their practicum while 31 reported no prior professional counseling experience. The mean number of months of professional counseling experience for the sample was 21.31 ( $SD = 61.53$ , *Minimum* = 0, *Maximum* = 372). During their practicum, participants provided clinical services to a total of 180 clients ( $X = 4.29$ ,  $SD = 2.70$ , *Minimum* = 1, *Maximum* = 10) and engaged in a mean of 19.39 counseling sessions ( $SD = 13.28$ , *Minimum* = 4, *Maximum* = 50).

Twenty-six participants in the sample were supervised by a female supervisor while 16 were supervised by a male. Thirty-four participants described their supervisors as having doctoral degrees, seven described their supervisor as having masters degrees, and one did not know what degree his/her supervisor had obtained.



Participants reported receiving a mean of 13.07 group supervision sessions ( $SD = 2.37$ ,  $Minimum = 7$ ,  $Maximum = 16$ ) and 10.90 individual supervision sessions ( $SD = 3.42$ ,  $Minimum = 2$ ,  $Maximum = 16$ ) during their practicum.

On a scale of 1 to 5 (1 = Very Beneficial to professional development, 5 = Very Unbeneficial to professional development), participants' mean ranking of their experience in group supervision was 1.90 ( $SD = .91$ ). When asked which mode of supervision they most benefited from, 5 participants reported benefiting most from group supervision, 21 participants reported benefiting most from individual supervision, and 16 participants reported benefiting equally from individual and group supervision during practicum. Thirty-three participants stated that they would voluntarily take part in group supervision again in the future, two participants stated that they would not do so, and seven stated that they were unsure.

### Supervisor Information

Research packets were distributed to the 13 supervisors of the 15 supervision groups (two supervisors taught two practicum courses each). As with the research participants described above, supervisor packets were distributed at universities A, B, C, & D. Nine of the supervisors were from University A, two were from University B, and one each was from Universities C and D. Supervisor research packets at University A were distributed at the two separate training sites. Five University A supervisors taught practicum at Site 1, two taught practicum at Site 2, and two taught practicum at both of University A's training sites.

Of the 13 supervisors who received research materials, 12 completed the supervisor demographics questionnaire. Seven supervisors in the sample taught practicum during the Spring/Summer data collection phase, three taught practicum during the Fall data collection phase, and two taught practicum during both data collection phases. Seven of these supervisors were female while five were male. Eight described themselves as Caucasian, two as Asian, one as African-American, and one as Caucasian-Lebanese. The mean age for the supervisors in the sample was 39.91 ( $SD = 9.92$ ) years.

Nine of the 12 supervisors in the sample reported having a terminal degree in their field. Of these nine, four reported having a doctoral degree in counselor education, two reported having a doctoral degree in counseling psychology, one reported having a doctoral degree in clinical psychology, one reported having a doctoral degree in marriage and family therapy, and one did not specify a discipline of study. The remaining three supervisors held masters' degrees and were enrolled in a doctoral program at University A.

Of the 12 supervisors in the sample, nine reported having previous experience providing group supervision. They reported a mean of 5.42 years ( $SD = 6.05$ , *Minimum* = 0, *Maximum* = 20) of supervisory experience and supervised a mean of 31.4 supervision groups ( $SD = 36.36$ , *Minimum* = 0, *Maximum* = 120) during their careers. On a scale of 1 to 5 (1=Very Beneficial to students, 5=Very Unbeneficial to students), nine supervisors rated group supervision as a 1, one supervisor rated group supervision as a 2, and two supervisors rated group supervision as a 5. Four

supervisors indicated that they preferred to provide group supervision, one indicated a preference for individual supervision, and seven indicated that they preferred both individual and group supervision equally.

In terms of group size, 10 supervisors in the sample reported having five supervisees in their supervision group (eight from University A, one from University B, and one from University D). Of the remaining two supervisors, one indicated having 16 supervisees in group supervision (University C) while the other reported having 10 supervisees in group supervision (University B). The mean number of group supervision sessions provided during the semester of data collection was 13.83 ( $SD = 2.24$ ,  $Minimum = 8$ ,  $Maximum = 16$ ).

Lastly, 11 of the 12 supervisors in the study provided a brief description of their group supervisory practices. These descriptions are offered verbatim below. Each description is labeled by University, training clinic site (University A only), and group number. As described previously, group numbers were assigned to each supervision group in the order that the researcher conducted his class visits. The supervisor of Group 3 did not complete the supervisor demographics questionnaire. The supervisor of Group 10 did not provide a description of group supervision practices.

University A, Site 1, Group 3

1. Self-assessment of basic helping skills and procedural skills, 2. Counselor competency scale, 3. Ethical and legal aspects of clinical supervision.

University A, Site 1, Group 11

My basic method is round table discussion with input from all members welcomed. I use video tapes when applicable to foster discussion. My theoretical model as a therapist is cognitive-behavioral and I suspect that this filters into my supervision.

University A, Site 1, Group 13

Theoretical orientation: work from a developmental framework (Stoltenberg et al.'s IDM); also incorporate behavioral techniques, very supervisee focused ("Rogerian" in style) as much as possible in the supervisory relationship. Techniques: Readings on basic skills as well as "On Being a Therapist" by Kottler; Skills practice HW's incorporating their videotapes; encourage providing peer feedback; conceptualization of group member's clients, case load.

University A, Site 2, Group 5

In general, I consider myself to be behavioral more than anything else. However, in group supervision I also use cognitive techniques.

University A, Site 2, Group 6

I try to use a process model and encourage feedback within the group. Occasionally, I present information on a topic in a short lecture format or give a topic for discussion such as "termination," or "transference." More frequently, counselors are responsible to present topics or questions for group discussion.

University A, Site 2, Group 4 (Spring/Summer) and Site 1, Group 12 (Fall)

Structured format and cognitive behavioral/developmental approach – students encouraged to develop analytical/conceptualization skills within their developmental level as therapists. Format used is: 1) student presents a case

adding that they want feedback with something, 2) other group members ask questions to help better understand the presenter's question and to gain better ideas of alternatives, 3) each person gives one suggestion, presenter takes notes and does not verbally respond, 4) presenter evaluates suggestions and discusses usefulness of each.

University A, Site 1, Group 1 (Spring/Summer) and Site 2, Group 14 (Fall)

A combination of psychodynamic and systems theory. I pay special attention to process issues, including parallel process between individual therapy, individual supervision, and group supervision.

University B, Group 7

Not really a theoretical orientation. Early in the semester I spend more time teaching, providing information on process and using their experiences as the context. Gradually we move to more of a case presentation format in which the students present cases (a structure is given to them for presentations) and provide feedback to each other. I provide input, but less than earlier in the semester.

University B, Group 15

Orientation is social constructionist. However, for supervision I use the Discrimination model of beginning counselors in conjunction with the systemic developmental model. Techniques: Case presentation, reflective supervision by peers, case analysis and development appropriate interventions about interpersonal process such as transference, parallel process, and internationality.

University C, Group 8

I use the "plea for help model." 1. Describe case – what you've done, 2. Show videotape, 3. "I need help..." "I'm stuck here...?", 4. Clarifying questions from the group, 5. Group discussion and recommendations, 6. Presenter shows what was helpful.

### University D, Group 9

I really like Cal Stoltenberg's Integrative Developmental Model for counselors. I think this helps to normalize the counseling experience especially for the novice counselor. It is also helpful when you have a supervisee with a wide range of experience and knowledge. With this model I can adjust my supervision accordingly for those who need more education/teaching and support.

### Therapeutic Factors

Descriptive statistics were calculated for participants' responses to the TFS-R. Means and standard deviations for each item on the TFS-R are presented in descending order in Table 3. Item 57 (*The supervisor's suggesting or advising something for me to do*) received the highest mean ranking. Item 8 (*Being in the group was, in a sense like reliving and understanding my life in the family in which I grew up*) received the lowest mean ranking.

Means and standard deviations for participants' scores for each of the 12 therapeutic factors measured by the TFS-R are presented in descending order in Table 4. For the total sample, the factor of Instillation of Hope was rated highest while the factor of Family Reenactment was rated as lowest. Means and standard deviations for participants' ratings of the therapeutic factors are presented by university in Tables 5 through 9.

Table 3  
Means and Standard Deviations for the 60 TFS-R Items

Item	Mean	SD
57. The supervisor's suggesting or advising something for me to do.	2.43	0.80
4. Learning I'm not the only one with my type of problem; "We're all in the same boat."	2.39	0.77
10. Knowing others had solved problems similar to mine.	2.27	0.67
28. Group members suggesting or advising something for me to do.	2.24	0.62
37. Someone in the group giving definite suggestions about a counseling problem.	2.21	0.75
30. Seeing others getting better was inspiring to me.	2.12	0.80
42. Seeing that other group members improved encouraged me.	2.10	0.70
19. Helping others and being important in their lives.	2.10	0.69
17. Giving part of myself to others.	2.02	0.84
7. Feeling more trustful of groups and others.	2.00	0.93
25. Improving my skills in getting along with other people.	1.98	1.01
41. Seeing that others had solved problems similar to mine.	1.98	0.80
51. Belonging to and being accepted by a group.	1.90	0.77
21. Continued close contact with other people.	1.90	0.83
6. Group members advising me to behave differently with clients.	1.87	0.76
50. Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me to do the same.	1.85	0.89
26. Being able to say what was bothering me instead of holding it in.	1.80	1.03

Table 3 - Continued

Item	Mean	SD
5. Getting things off my chest.	1.79	0.74
9. Learning that I have likes or dislikes for a person for reasons which may have little to do with the person and more to do with my hang-ups or experiences with other people in my past.	1.78	0.79
3. Group members pointing out some of my habits or mannerisms that may annoy other people.	1.77	0.81
58. Learning how I come across to others.	1.76	0.80
53. Helping others has given me more self-respect.	1.75	0.84
40. Belonging to a group of people who understood and accepted me.	1.71	0.92
2. Expressing negative and/or positive feelings towards another member.	1.68	0.90
23. Learning how to express feelings.	1.64	1.06
20. Admiring and behaving like my supervisor.	1.63	0.95
29. The group's teaching me about the type of impression I make on others.	1.62	1.03
31. Learning why I think and feel the way I do (that is, learning some of the causes and sources of some of my problems).	1.60	1.08
52. Learning that others have some of the same "bad" thoughts and feelings I do.	1.59	0.94
45. The group's giving me an opportunity to learn to approach others.	1.58	0.98
60. Forgetting myself and thinking of helping others.	1.57	0.90
1. Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others.	1.56	1.12



Table 3 - Continued

Item	Mean	SD
27. Revealing embarrassing things about myself and still being accepted by the group.	1.55	1.04
59. Knowing that the group had helped others with problems like mine encouraged me.	1.54	0.97
11. Recognizing that ultimately there is no escape from some of life's pain and from death.	1.49	1.00
39. Learning about the way I related to other group members.	1.47	0.95
49. Putting other's needs ahead of mine.	1.39	0.80
24. Learning that I react to some people or situations unrealistically (with feelings that somehow belong to earlier periods in my life).	1.37	1.10
12. Learning that I sometimes confuse people by not saying what I really think.	1.36	0.90
13. Learning that I'm not very different from other people gave me a "welcome to the human race" feeling.	1.35	0.89
55. Seeing that I was just as well off as others.	1.33	0.84
33. Other members honestly telling me what they think of me.	1.33	0.87
56. Expressing negative and/or positive feelings towards the supervisor.	1.25	1.03
47. Recognizing that life is at times unfair and unjust.	1.24	1.02
34. Being in the group was, in a sense, like being in a family, only this time a more accepting and understanding family.	1.23	0.99
16. Trying to be like someone in the group who is a better counselor than I.	1.21	1.00
43. Discovering and accepting previously unknown or unacceptable parts of myself.	1.18	1.14
14. Adopting mannerisms or the style of another group member.	1.18	0.98

Table 3 - Continued

Item	Mean	SD
44. Learning that how I feel and behave is related to my childhood and development (there are reasons in my early life why I am as I am).	1.13	1.09
22. Finding someone in the group I could pattern myself after.	1.10	0.99
35. Facing the basic issues of my life and death, and thus living my life more honestly and being less caught up in trivialities.	1.03	0.97
36. Feeling alone no longer.	1.03	1.03
32. Recognizing that no matter how close I get to others, I must still face life alone.	1.03	0.84
15. Working out my difficulties with one particular member in the group.	0.92	0.96
18. Learning that other had parents and backgrounds as unhappy or mixed up as mine.	0.89	0.88
54. Group members telling me what to do.	0.85	0.78
48. Being in the group somehow helped me to understand old hang-ups that I had in the past with my parents, brothers, sisters, or other important people.	0.82	0.95
38. Being in the group somehow helped me to understand how I grew up in my family.	0.68	0.85
46. The group was something like my family – some members or the supervisor being like my parents and others being like my relatives. Through the group experience I understand my relationships with my parents and relatives (brothers, sisters, etc.).	0.66	0.94
8. Being in the group was, in a sense like reliving and understanding my life in the family in which I grew up.	0.62	0.85

Table 4

Means and Standard Deviations for the 12 Therapeutic Factors Across all Universities

Sites (N=42)

Factor	Mean	SD
Instillation of Hope	1.98	0.64
Guidance	1.91	0.50
Altruism	1.79	0.53
Interpersonal Learning – Output	1.64	0.70
Group Cohesiveness	1.63	0.68
Catharsis	1.63	0.58
Interpersonal Learning – Input	1.57	0.58
Universality	1.50	0.62
Self Understanding	1.46	0.81
Identification	1.38	0.78
Existential Factors	1.25	0.81
Family Reenactment	0.79	0.71

Table 5  
Means and Standard Deviations for the 12 Therapeutic Factors –  
University A, Site 1 (N=14)

Factor	Mean	SD
Altruism	2.05	0.50
Instillation of Hope	2.02	0.62
Guidance	1.97	0.46
Catharsis	1.92	0.56
Interpersonal Learning – Output	1.89	0.68
Group Cohesiveness	1.73	0.73
Self Understanding	1.69	0.67
Universality	1.64	0.67
Interpersonal Learning – Input	1.62	0.52
Identification	1.55	0.63
Existential Factors	1.35	0.59
Family Reenactment	0.87	0.66

Table 6  
Means and Standard Deviations for the 12 Therapeutic Factors –  
University A, Site 2 (N=10)

Factor	Mean	SD
Instillation of Hope	1.88	0.72
Guidance	1.83	0.60
Altruism	1.68	0.59
Interpersonal Learning – Output	1.67	0.87
Group Cohesiveness	1.60	0.83
Universality	1.60	0.68
Interpersonal Learning – Input	1.49	0.84
Self Understanding	1.45	0.95
Existential Factors	1.42	1.02
Catharsis	1.38	0.65
Identification	1.05	0.72
Family Reenactment	0.83	0.79

Table 7  
Means and Standard Deviations for the 12 Therapeutic Factors –  
University B (N=9)

Factor	Mean	SD
Guidance	2.00	0.60
Instillation of Hope	1.88	0.58
Altruism	1.62	0.50
Group Cohesiveness	1.60	0.83
Interpersonal Learning – Input	1.38	0.27
Catharsis	1.28	0.34
Interpersonal Learning – Output	1.23	0.27
Universality	1.18	0.33
Identification	1.05	0.54
Self Understanding	1.03	0.67
Existential Factors	0.60	0.65
Family Reenactment	0.37	0.27

Table 8  
Means and Standard Deviations for the 12 Therapeutic Factors –  
University C (N=6)

Factor	Mean	SD
Instillation of Hope	2.53	0.45
Identification	2.20	0.89
Group Cohesiveness	2.13	0.41
Guidance	2.00	0.25
Self Understanding	1.97	0.78
Interpersonal Learning – Output	1.96	0.33
Interpersonal Learning – Input	1.92	0.46
Altruism	1.87	0.47
Catharsis	1.87	0.10
Universality	1.83	0.64
Existential Factors	1.70	0.63
Family Reenactment	1.40	0.84

Table 9  
Means and Standard Deviations for the 12 Therapeutic Factors –  
University D (N=3)

Factor	Mean	SD
Instillation of Hope	1.93	0.61
Catharsis	1.67	1.01
Interpersonal Learning – Input	1.50	0.71
Guidance	1.47	0.42
Altruism	1.40	0.53
Interpersonal Learning – Output	1.20	1.11
Existential Factors	1.00	1.06
Universality	0.93	0.47
Identification	0.87	0.89
Group Cohesiveness	0.87	0.64
Self Understanding	0.80	0.87
Family Reenactment	0.40	0.69

### Qualitative Results

In this section, results from the qualitative portion of the study are presented.

This presentation begins with a description of each of the parties involved in the



study, which includes the practicum students who participated in the qualitative interviews, their six supervisors, and the primary researcher (also the author of this manuscript). The results of the qualitative analysis of the participants' interviews are then discussed.

### Study Participants

In this section, all participants in the qualitative investigation are introduced. This discussion begins with a description of the eight practicum students who participated in the qualitative interviews. Within this discussion, a description of the structure of their practicum classes, including group supervision meetings, is offered. The research participants' supervisors are then described. This includes a discussion of their credentials and group supervision practices. Finally, the primary investigator (the author of this manuscript) is introduced and the biases that he brought to the data analysis are discussed.

### Research Participants

Eight practicum students participated in the qualitative part of the study. Six participants were female and two were male. All participants described their racial/ethnic background as "White" or "Caucasian." Participants ranged in age from 24 to 56 with a mean age of 37.4 years. When asked which modality of group supervision they benefited from most during practicum, three participants indicated benefiting from individual and group supervision equally, four indicated benefiting

most from individual supervision, and one indicated benefiting most from group supervision. To maintain confidentiality of the data, and to assist with data presentation, each participant was assigned a pseudonym: Kathy, Katrina, John, Jill, Connie, Tim, Stephanie, and Laura.

Participants were drawn from six different practicum classes at three separate universities: Universities A, B, and C. Out of the eight participants, six were from University A (Kathy, Katrina, John, Jill, Connie, and Tim), one was from University B (Stephanie), and one was from University C (Laura). University A contributed participants from four different supervision groups at two separate training clinics: Sites 1 and 2 previously described. John and Jill were enrolled in the same practicum class at University A, Site 2. Connie and Tim were enrolled together in a separate practicum class at University A, Site 2.

The structure of the practicum experience for the six participants from University A was similar at both training clinics. At each clinic, 4 hours per week were set aside for the entire practicum experience. During this 4-hour time block, students provided supervised counseling services to clients from the community, observed each other providing clinical service, and took part in group supervision. All six participants from University A indicated that their supervisor attempted to set aside at least 1 hour of this 4-hour time block for group supervision. The remaining 3 hours were used for counseling sessions, peer observation, and maintaining client files. Participants at University A were not permitted to see clients outside of their 4 hours of assigned practicum class time. Individual supervision was conducted during

a separate hour and usually occurred on the same day as the students' practicum class.

The structure of the practicum experience for the remaining two participants from Universities B and C was markedly different from University A's practicum training model. At each of these two training programs, the participants were allowed to conduct counseling sessions throughout the week as their schedule permitted. An individual supervision session was also scheduled at the participant's and supervisor's convenience. Supervisees in these practica then met together once per week to engage in group supervision. Group supervision meetings were 2 hours and 30 minutes in duration. During that time, participants stated that they discussed cases and that their supervisors delivered lectures on various topics pertinent to clinical service.

Each participant in the qualitative portion of the study is next described in detail. Information presented in these descriptions was gathered using a demographics questionnaire that was administered just prior to qualitative interviews and is specific to the time of data collection. Information gathered throughout the interviews is also included in each description as appropriate.

Kathy. At the time of data collection, Kathy was a 41-year-old female student studying community counseling with a specialty in marriage and family therapy at University A, Site 1. She described her racial/ethnic background as Caucasian. She had a bachelor's degree in Family Life Education and had no experience providing counseling services prior to her practicum. Kathy stated that during her practicum she received nine individual and 12 group supervision sessions. In total, there were five supervisees in her group. She reported that group supervision meetings generally

were 1 hour in duration. She worked with one client during her practicum semester for a total of seven counseling sessions. Kathy's supervisor was a male, doctoral-level licensed psychologist.

On a scale from 1 to 5 (1=Very Beneficial, 5=Not Very Beneficial), Kathy ranked her experience in group supervision as a 2. She offered that she found group supervision and individual supervision to be equally beneficial to her professional development and indicated that she would take part in group supervision again if given the opportunity.

Katrina. Katrina was a 32-year-old Caucasian woman studying community agency counseling at University A, Site 1. She reported having an undergraduate degree in psychology and stated that she had 4 years of previous experience working as a counselor prior to being enrolled in practicum. During the course of her practicum, Katrina took part in two individual and nine group supervision sessions. There were five supervisees in her supervision group and her supervision group meetings were usually 1 hour in duration. Katrina's supervisor was a female doctoral student who was studying Counselor Education and Supervision (this supervisor did not complete the Supervisor Demographics Questionnaire). Katrina stated that she worked with two clients over the course of the semester for a total of 10 counseling sessions.

On a scale from 1 to 5 (1=Very Beneficial, 5=Not Very Beneficial), Katrina ranked her experience in group supervision as a 3. She reported that she preferred group supervision to individual supervision but that she would not voluntarily take

part in group supervision again in the future. When asked why she preferred group supervision, Katrina stated that she found the multiple viewpoints presented in group supervision to be beneficial.

John. John was a 56-year-old Caucasian male studying counseling psychology at University A, Site 2. He reported having a bachelor's degree in psychology and stated that he had 31 years of experience as a counselor prior to being enrolled in practicum. John indicated that he received 13 individual and 15 1 hour group supervision sessions during the course of his practicum. There were six supervisees in his supervision group with one dropping out half-way through the semester. John's supervisor was a female doctoral-level counselor and school psychologist. John reported working with five clients during his practicum for a total of 14 counseling sessions.

On a scale from 1 to 5 (1=Very Beneficial, 5=Not Very Beneficial), John ranked his experience in group supervision as a 2. He reported that he found individual supervision to be more beneficial to his professional development than group supervision, but not by "a great margin." When questioned about this, John stated that he preferred the "one on one" individual attention that he received in individual supervision. John stated that he would voluntarily take part in group supervision again in the future if given the opportunity.

Jill. At the time of data collection Jill was a 30-year-old Caucasian woman studying school counseling at University A, Site 2. She was in the same supervision

group as John. She reported having a bachelor's degree in secondary education and had no prior experience as a counselor before enrolling in practicum. There were a total of six supervisees in her supervision group with one dropping out half way through the semester. Jill reported receiving 9 individual and 15 1 hour group supervision sessions during her practicum. She worked with two clients during her practicum for a total of nine counseling sessions. Jill's supervisor was a female doctoral-level counselor and school psychologist.

On a scale from 1 to 5 (1=Very Beneficial, 5=Not Very Beneficial), Jill ranked her experience in group supervision as a 3. She found individual supervision to be more beneficial to her professional development than group supervision because, as she stated, it was a "Very focused time to sit and talk about specifically me and working with my clients." Jill stated that if given the opportunity she would voluntarily take part in group supervision again.

Connie. Connie was a 32-year-old Caucasian female studying community counseling with an emphasis in marriage and family therapy at University A, Site 2. She stated that she had no previous experience working as a counselor prior to her practicum but that she had three months of experience working in the mental health field. Connie reported having a bachelor's degree in psychology. During the course of her practicum, Connie took part in 12 individual and 11 group supervision sessions. There were a total of five supervisees in her supervision group and her group supervision meetings generally were one 1 in duration. She reported working with five clients over the course of the semester for a total of 12 counseling sessions.

Connie's supervisor was a female doctoral-level psychologist.

Connie reported that on a scale from 1 to 5 (1=Very Beneficial, 5=Not Very Beneficial), her experiences in group supervision ranked as a 2. She found individual and group supervision to be equally beneficial to her professional development but indicated a slight preference for individual supervision during her interview. When asked why she preferred individual supervision, she stated, "You felt like you could tackle a little more personal concerns or things that you did wrong or right in [your] session." Although she preferred individual supervision, Connie indicated that she felt group supervision was "important" and reported that she would voluntarily take part in group supervision again if given the opportunity.

Tim. Tim was a 54-year-old Caucasian male studying community counseling at University A, Site 2. Tim was in the same supervision group as Connie. He stated that prior to practicum he had no experience working as a counselor but had 6 months of experience working in the mental health field. During practicum, Tim reported receiving 13 individual and 15 group supervision sessions. There were a total of five supervisees in his supervision group and his group supervision meetings usually lasted one hour. Tim worked with five clients during practicum for a total of 19 counseling sessions. His supervisor was a female doctoral-level psychologist.

On a scale from 1 to 5 (1=Very Beneficial, 5=Not Very Beneficial), Tim ranked his experience in group supervision as a 1. He stated that he found individual supervision to be more beneficial to his professional development than group supervision but would voluntarily take part in group supervision again in the future.

Stephanie. Stephanie was a 30-year-old Caucasian female studying school counseling at University B. She reported having no prior experience as a counselor prior to her practicum but had four months of experience in the mental health field. She reported having a bachelor's degree in English. During the course of the semester, Stephanie received 16 individual and 16 group supervision sessions. There were a total of 10 supervisees in her supervision group and her group supervision meetings were approximately 2.5 hours in duration. During the course of her practicum, Stephanie met with five clients for a total of 45 counseling sessions. She had two group supervisors during her practicum experience, each for approximately 7 weeks. Both of these supervisors were female doctoral-level counselor educators who were full-time faculty members in Stephanie's training program. Stephanie reported that she found the supervision that she received from the second group supervisor to be more beneficial than that of the first group supervisor.

On a scale from 1 to 5 (1=Very Beneficial, 5=Not Very Beneficial), Stephanie ranked her experience in group supervision as a 4. She stated that she found individual and group supervision to equally beneficial to her professional development but indicated a slight preference for group. She attributed this preference to the amount of feedback and input that she was able to receive from others during her group experience. Stephanie indicated that she would voluntarily take part in group supervision again in the future.

Laura. Laura was a 24-year-old Caucasian female studying community



counseling at University C. She reported 9 months of experience in the mental health field but no previous experience as a counselor prior to her practicum. Laura reported having a bachelor's degree in psychology. She took part in 14 individual and 15 group supervision meetings during the course of her practicum. In total, there were 16 supervisees in her supervision group and her group supervision meetings were 2.5 hours in duration. Laura worked with seven clients during her practicum for a total of 50 counseling sessions. She had different individual and group supervisors. Her individual supervisor was a female masters-level counselor and her group supervisor was a male doctoral-level marriage and family therapist.

On a scale from 1 to 5 (1=Very Beneficial, 5=Not Very Beneficial), Laura ranked her experience in group supervision as a 2. She stated that she found individual supervision to be more beneficial than group supervision to her professional development. When asked why she preferred individual supervision, Laura stated, "I'm more of an introvert so I am more comfortable with one person. So, I would say in my experience I would do better with the individual supervision but that's my personality." Laura stated that if given the opportunity she would voluntarily take part in group supervision again in the future.

### Supervisors

Supervisor and supervision information is offered next in order to describe the nature of the supervision provided to the previously described participants. Seven different supervisors provided supervision to the participants in the qualitative study.

In one case (Stephanie's practicum course), two supervisors divided the instructional duties for a practicum class with each supervising the course for approximately 7 weeks. Each of these supervisors was asked to provide demographic data and a brief description of their approach to group supervision. Of the seven supervisors, five provided this information. Data from this inquiry are presented below.

Of the five supervisors who completed the supervisory demographics questionnaire, only Stephanie's supervisor was a full-time faculty member. The remaining four supervisors were adjunct faculty members who were teaching practicum on a part-time faculty appointment. Two of the supervisors were male while the remaining three were female. The mean age of the supervisors was 45.6 years old (range 35 to 55 years old). Three described themselves as Caucasian, one as African-American, and one as Caucasian-Lebanese.

In terms of training, all supervisors who responded to the Supervisor Demographics Questionnaire possessed doctoral degrees. Of these, one supervisor's terminal degree was in marriage and family therapy, another supervisor's was in school psychology, and a third supervisor's was in clinical psychology. The remaining two supervisors stated that their terminal degrees were in counseling psychology.

All five supervisors represented in the qualitative portion of the study stated that they had prior supervisory experience. The mean number of years of group supervisory experience was 8.4 with a range of 1 to 20 years. Four of the supervisors responded that they thought group supervision was very beneficial to counselors-in-

training while one described it as very unbeneficial. Three of the supervisors stated that they had an equal preference for conducting individual and group supervision; the remaining two stated that they preferred to conduct group supervision.

### Descriptions of Supervisory Practices

Each of the five supervisors described above responded to the following inquiry on the supervisor demographics form: "Please describe in brief your theoretical orientation to group supervision practice and any methods or techniques that you employ as a group supervisor." Their responses are presented verbatim below and are linked to the participants for whom they provided group supervision. Katrina's supervisor did not respond to the supervisory demographics questionnaire.

Kathy's Supervisor. Kathy's supervisor, a male clinical psychologist at University A, Site 1, offered the following description of his group supervisory practice:

A combination of psychodynamic and systems theory. I pay special attention to process issues, including parallel process between individual therapy, individual supervision, and group supervision.

John and Jill's Supervisor. As mentioned above, John and Jill were enrolled in the same practicum course at University A, Site 2. Their supervisor, a female school psychologist, offered the following description of her group supervisory practices:

In general, I consider myself to be behavioral more than anything else. However, in group supervision I also use cognitive techniques.

Connie and Tim's Supervisor. Also as mentioned above, Connie and Tim were enrolled together in the same practicum class at University A, Site 2. Their supervisor, a female counseling psychologist, described her group supervisory practices as follows:

Structured format and cognitive behavioral/developmental approach – students encouraged to develop analytical/conceptualization skills within their developmental level as therapists. Format used is 1) student presents a case adding that they want feedback with something, 2) other group members ask questions to help better understand the presenter's question and to gain better ideas of alternatives, 3) each person gives one suggestion, presenter takes notes and does not verbally respond, 4) presenter evaluates suggestions and discusses usefulness of each.

Stephanie's Supervisor. Only one of Stephanie's two group supervisors (the supervisor whom she had for the second half of her practicum) responded to the supervisor demographics questionnaire. This supervisor was a female counseling psychologist at University B who described her group supervisory practices as follows:

Not really a theoretical orientation. Early in the semester I spend more time teaching, providing information on process and using their experiences as the context. Gradually we move to more of a case presentation format in which the students present cases (a structure is given to them for presentations) and provide feedback to each other. I provide input, but less than earlier in the semester.

Laura's Supervisor. Lastly, Laura's supervisor was a male Marriage and Family Therapist teaching practicum class at University C. He offered the following synopsis of his approach to group supervision:

I use the "plea for help model." 1. Describe case – what you've done, 2. Show videotape, 3. "I need help....," "I'm stuck here...?", 4. Clarifying questions

from the group, 5. Group discussion and recommendations, and 6. Presenter shows what was helpful.

### Primary Investigator

The primary investigator for the present study was a Caucasian male doctoral student in Counselor Education and Supervision. This researcher designed and administered all interview protocols, transcribed all interviews, and conducted the qualitative analysis. In examining the biases that he brought to the data analysis, he noted that he believed that peer interactions during group supervision were important to training. He also believed that group supervision was an important component of counselor training and that supervisees could learn as much from each other as they could from their supervisor. The primary investigator placed a high value on group supervision and believed that more research is needed to improve group supervision outcomes. Being aware of these biases assisted him in his attempt to maintain objectivity during data collection and analysis.

### Results

Ten domains emerged during the qualitative analysis of the data. Of these, five domains were indicative of group processes: (1) Cohesion, (2) Conflict, (3) Observation, (4) Guidance, and (5) Feedback. The domain of feedback contained three categories: Feedback from supervisors, feedback from peers, and feedback presented outside of group supervision meetings.

The remaining five domains described variables that influenced participants'

experiences, including their experiences of group process, in group supervision. These were (1) Time Issues, (2) Different Backgrounds, (3) Class size, (4) Outside Stressors, and (5) Suggestions. The domain of Different Backgrounds contained three categories: (1) different personal backgrounds, (2) different professional backgrounds, and (3) different levels of experience.

Each of these 10 domains is defined and discussed in detail. To facilitate the reader's understanding of these results, data are presented in two ways. First, the domains are summarized in Tables 10 and 11. This summary includes a frequency count of the number of participants offering information within each domain, a brief definition of each domain, and a sample quote from each domain that succinctly summarizes its content. Second, within each description of the domains, verbatim quotes from participants are offered to enrich data presentation and provide the reader with a more complete understanding of the participants' experiences. This discussion begins with the presentation of the group process variable domains.

### Group Process Domains

Within this section, the domains of Cohesion, Conflict, Observation, Guidance, and Feedback are presented and discussed. Each of these domains is indicative of group process as described in the group process literature summarized in Chapter II. These domains summarized participants' experiences in interacting with their peers and supervisor during group supervision. Each domain is presented in Table 10 and delineated in detail below.

Table 10  
 Frequencies, Definitions, and Sample Responses for Group Process Domains

Domain and Category	Number of Participants	Definition	Sample Response
Cohesion	7	The attractiveness of a group for its members.	<i>It seemed to be for the most part everybody was friendly and open and uhh, willing to help. It was just terrific!</i>
Conflict	7	Overt or covert dissention among group members.	<i>We are all really tight, but at the same time, being so close, some of us, it was like the lord of the flies, we were all sort of competing.</i>
Observation	4	Observation of a peer or supervisor during practicum.	<i>That was very beneficial to watch him validate everybody's feelings and make it a comfortable place for people to share.</i>
Guidance	5	The provision of didactic information during group supervision.	<i>It was nice to have that refresher brought up again and brought to the forefront when you just may be using it that very next day or night.</i>

Table 10 – Continued

Domain and Category	Number of Participants	Definition	Sample Response
Feedback	8	Feedback received during group supervision	<i>You feel like you are lost half of the time so you welcome any kind of feedback.</i>
From peers	8	Feedback received from other students during group supervision.	<i>I would probably say that the most valuable part about it is that it gives you the opportunity to hear a variety of perspectives on the same issue.</i>
From supervisors	8	Feedback received from the supervisor during group supervision.	<i>I would have like to have had more feedback.</i>
Outside of group	5	Feedback received outside of the context of group supervision.	<i>You're not censoring what you are saying I think. I mean you try not in supervision but you do, you know.</i>



Table 11

Frequencies, Definitions, and Sample Responses for Other Domains

Domain and Category	Number of Participants	Definition	Sample Response
Time issues	8	Participants' comments pertaining to the effects of the amount of time provided for group supervision.	<i>There is always so much more going on that there really wasn't time. So in those cases where it was, I don't know, a little more emotional I guess, or a little more going on, then it felt like I needed more time.</i>
Different Backgrounds	6	Participants' comments on the effects of having persons from differing backgrounds in their group.	<i>We had a pretty good combination. We had school counselors, community agency, umm, I think one was marriage and family... so that was kind of nice.</i>
Personal	3	Comments pertaining to personal backgrounds.	<i>We had as far as race, age, gender, we had kind of a diverse group. So that was kind of neat.</i>
Professional	3	Comments pertaining to professional backgrounds.	<i>So that was kind of nice because we got information from information that was in different classes and stuff, and focusing on different areas.</i>

Table 11 – Continued

Domain and Category	Number of Participants	Definition	Sample Response
Experience	2	Comments pertaining to experience level.	<i>If I had a question I was a little, I was like these people know what they are doing. So I was kind of deferring to what I thought was their expertise.</i>
Class Size	8	Participants' evaluation of the size of their supervision groups.	<i>I felt like it was just enough people to have good dialogue, good feedback, and not too much that everybody was not able to contribute.</i>
Outside Stressors	5	Variables unrelated to practicum-induced anxiety that caused stress for participants.	<i>It was not as smooth, the support staff wasn't as smooth in helping us with our job necessarily.</i>
Suggestions	7	Participants suggestions for improving group supervision services.	<i>Maybe a role-play, maybe pick out one of the suggestions that one of the other students gave and then role-play how we would exactly go about doing that.</i>

Cohesion. The definition of cohesion as described in this domain is similar to that offered in the psychotherapy group process literature. Yalom (1995) defined cohesion as “the attractiveness of a group for its members” (p. 48) and referred to it as the warm and comfortable feeling that group members associate with group membership. When cohesion is present in a group, members feel as if they are valued by their peers and share a sense of belongingness in the group.

Seven of the eight participants in the study described feelings of cohesion in their group (only Kathy did not discuss experiences relative to cohesion). In all cases, this was noted as a positive feature of participants’ supervision groups. Katrina, for example, stated that her group had a “Really good working relationship” and offered that she was “Very happy with the group that she was in.” Similarly, John stated “It seemed to be for the most part everybody was friendly and open and uhh, willing to help. It was just terrific!” Connie (“I think we all got along really well”), Tim (“The team worked well together”), Stephanie (“We were very cohesive”), and Laura (“We bonded very well and definitely some strong relationships for a lot of people”) offered similar descriptions.

Of the seven participants who discussed working relationships and cohesion, only Jill noted that she would have liked more cohesion among supervisees in her supervision group. In discussing this, she stated, “I thought we all got along really well, umm, I would have liked to have gotten to know each other a little better.” She stated further that she did not feel “super bonded to everybody” and that she desired more closeness with her group members.

Participants noted several beneficial consequences of cohesion. Katrina stated that as a result of group cohesion, group members were able to provide “constructive criticism” to each other without becoming defensive. Laura noted similar effects and stated that feelings of cohesion helped group members to not take constructive feedback “the wrong way.”

Other participants noted the respectful manner in which group members interacted with one another as a result of group cohesion. As Stephanie stated, “Everyone was very respectful of everyone else’s opinion and would wait until someone else was done talking until interrupting.” Similarly, Tim noted that because his group worked so well together, group members “knew whatever it was that was their agenda had to be put on hold because this other person was up, it was their night [to receive feedback from the group].”

A third beneficial consequence of group cohesion discussed by participants pertained to the amount of interest that group members demonstrated towards each other during group supervision. Tim described a particular situation when a fellow group member brought him some information on a therapeutic intervention he was interested in and was very impressed by and thankful for her efforts. He stated further, “People were going out of their way to be helpful.” Other participants stated that interest was demonstrated when participants would actively inquire about their peers’ clinical work. Katrina, for example, stated that on more than one occasion group members would say, “Well, I saw the end of your session last time, I saw that, what ended up happening?” She noted this as very positive and found it beneficial

that “someone was interested and wanted to know what was happening with me.”

Katrina noted that these types of experiences helped her to analyze her clinical work during practicum. Stephanie described comparable effects of cohesion when she offered that group members were “Very involved in people’s stories” and that she could not remember anyone “Not acting very involved.”

Jill also described a situation where her fellow group members were interested in her and inquired specifically about an issue related to her clinical work. She stated that she had a client who was considering divorce and that her peers, knowing the role that her religious faith played in her life, inquired about her reactions to this. Jill stated that this happened because her peers knew something about her and were interested in her professional development. In general, however, Jill still noted that her group still lacked strong cohesion, the effects of which were several. When asked about her interactions with her peers in group supervision, she stated,

Umm, it was a mixed bag. There was sometimes when I felt it was a little superficial or there were sometimes where I felt like I wanted to talk to somebody in the group... and I felt like I could not just have a conversation with them.

Jill also noted that she was hesitant to share information about herself during group supervision at times due to the lack of cohesion among members.

Conflict. The definition of conflict that emerged during data analysis pertained to any dissension among members in participants’ supervisory groups. Participants described both overt and covert conflict among persons in their groups. Overt conflict is defined as any spoken disagreement between two persons. This

includes instances of verbal arguing or visible aversion between group members.

Covert conflict, on the other hand, was defined as participants' unspoken disagreement in group resulting in negative feelings towards another person or persons.

Seven participants reported conflict in their groups (only Stephanie did not). Kathy and Katrina reported instances of overt conflict in their groups while John, Jill, Tim, and Connie reported examples of covert conflict. Laura reported examples of both overt and covert conflict during her practicum experience.

Kathy reported several instances of overt conflict in her supervision group. She stated that two of her peers in group were very "opinionated" and often "bumped heads." She stated that as a result of this conflict there was constant tension during her group supervision meetings. Kathy also described an instance during group supervision in which one group member disagreed with the entire group on a clinical issue. She stated that this group member was very "offended" by comments made during group supervision relative to this clinical issue. Kathy stated that her supervisor openly addressed these conflicts during both group and individual supervision and offered that she was not "personally affected" by this conflict.

Katrina also reported instances of overt conflict in her supervision group. She described a situation in which her supervisor and another member of the group had a heated exchange that resulted in feelings of "tension" in the group. Following this incident, Katrina stated that she noticed her supervisor giving off "little innuendos here and there" that displayed her negative feelings towards the other group member.

This included giving “One of those looks,” “Rolling her eyes,” “Shaking her head,” and doing “This ‘never mind’ kind of thing” when the other student would provide feedback to group members.

John and Jill, who were in the same supervision group, reported covert conflict between one group member and the rest of the group, including the supervisor. Both reported that one of their peers in the group would “get up and drift off” on a regular basis during group supervision. John interpreted this as the person being “bored with the topic” and stated that he was “bothered” by it and felt “resentment.” Likewise, Jill reported feeling “annoyed” by the situation and that it was “awkward.” Both John and Jill reported that the issue was never outwardly addressed during group supervision. They did report, however, that their supervisor mentioned the issue to other students at different points during the semester. John described hearing his supervisor say, “It bothers me that he does that and sometimes I want to tell him to put his ass in a chair and keep it there.” Similarly, Jill reported hearing her supervisor say that she knew that she needed to be more “confrontational” with the student.

Connie and Tim, who were in the same supervision group, also reported instances of covert conflict. Connie described several situations in which another group member would “pack up her bag and was sitting on the edge of her seat” 10 minutes before class was over. She also offered that during most supervision meetings it seemed as if this student would “just as soon not be there.” Connie interpreted the other student’s behavior as resulting from a lack of interest and stated

that it was irritating and that she “struggled” with her feelings towards the student throughout the semester.

Tim described a different instance of covert conflict in the group. During his group supervision meetings, students were afforded the opportunity to observe each other perform clinical work and provide written feedback to each other regarding their observations. He stated that towards the end of the semester, he stopped receiving this written feedback from his peers. Tim described feeling “neglected” as a result of this but never followed up on it with his peers.

Lastly, Laura described instances of both overt and covert conflict in her supervision group. With regards to overt conflict, she described a situation in which she and several of her peers had a disagreement with their group supervisor concerning diagnostic categories. When discussing this, she stated “We tried to explain it to him and he said ‘no, no, I’m right.’ So the next week someone came in with the material to explain it to him... and he was like, ‘well, whatever.’” In terms of covert conflict, Laura offered the following scenario: “We are all really tight, but at the same time, being so close, some of us, it was like the Lord of the Flies, we were all sort of competing.” She also stated that her group appeared “segregated according to age” and that, for the most part, it was “Kind of like the younger people and the older people.” When asked to speculate why this happened, she stated, “Umm, I think that the older people may have related better to each other as far as life experiences, and umm, thinking that us younger people didn’t have all the life experiences, that kind of thing.”



When it occurred, conflict led to feelings of “tension,” “neglect,” “resentment,” and “annoyance.” In addition, participants reported a variety of other effects resulting from the above-described conflict. Katrina, for example, described the conflict between her supervisor and a peer as a “harmful” experience. She stated that after the incident she was “disappointed” in her supervisor’s behavior and lost “confidence” in the supervisor’s abilities. This made her question the value of her supervisor’s feedback throughout the semester. As well, Laura noted similar results related to her conflict with her supervisor regarding clinical diagnosis. She stated, “It was a little frustrating because you start to question like, if you don’t know the DSM and the Axes, then what do you know?” Lastly, Jill stated that the covert conflict in her group pertaining to the student who would frequently “disappear” may have led to diminished closeness and cohesion among group members.

Kathy was the only participant who did not acknowledge any negative effects of conflict in her group. She stated, however, that she was impressed by the manner in which her supervisor handled the conflict, and that he “kept it very non-personal.” It should also be noted, though, that Kathy was also the only participant who did not discuss feelings of cohesion and closeness in her supervision group.

Observation. Described in the domain of observation were instances where participants benefited by observing another person in action during practicum. In total, four participants noted beneficial effects of observation (Katrina, John, Kathy, and Jill). This included observation of peers performing clinical work, and supervisors performing supervisory work. In all instances, observation either occurred

or was discussed during group supervision time.

Both Katrina and John discussed the value of observing their peers perform clinical work. Both were able to observe their peers via live supervision during their practicum class. As Katrina stated, observation “enhanced the learning aspect” of group supervision. She offered:

Not only do you know what it is like to have to sit in a chair and try to counsel somebody, you also, you know, watching from the outside and thinking of so many more things and you think, oh if I was in that situation I would [do this].

John noted similar benefits of observation. Katrina and John also had the opportunity to discuss their reactions to their peers’ work with their supervisor and other peers during live observation. Both stated that this was an extremely beneficial process. Katrina described it as group “supervision one person removed” and offered that she was able to be more relaxed during observation and focus on her peer’s clinical skills.

Jill also noted positive benefits of observation but stated that it did not occur as often as she would have liked in her practicum. She stated that because of scheduling concerns, she was only able to observe certain peers perform their clinical work. She offered that she would have liked to observe all of her peers because she thought she could “gain a lot from watching the strengths that other people have and, you know, pull things from lots of different resources and say, you know, that could be really useful for me with my client.” She stated that more opportunities to observe her peers would have improved her overall experience in practicum and group supervision.

Kathy noted beneficial aspects of watching her supervisor in action during

group supervision. When discussing her overall experience in group supervision she stated, “probably the thing I enjoyed the most and found most beneficial was... watching the supervisor supervise the group.” She stated that she found it particularly beneficial to watch him “validate everybody’s feelings and make it a comfortable place for people to share [their feelings].” Kathy stated that she felt she would be able to transfer her observation of her supervisor’s skills to her own clinical work with clients in individual and group therapy.

Guidance. The fourth domain to emerge during data analysis was guidance. All data in this domain appeared consistent with the definition of guidance offered by Yalom (1995). Guidance is here defined as the provision of didactic information and specific advice during group supervision. Through this process, members reported receiving information on different counseling techniques and issues during their group supervision time.

Five participants noted the instances of guidance in their group. John, Connie, and Stephanie described guidance as a positive and beneficial feature of their group supervision. John stated that at several points during the semester his supervisor would show video tapes of expert counselors performing clinical work and discuss what was happening. He described these instances as “very helpful.”

Connie and Stephanie also discussed examples of guidance. Each stated that their supervisors would impart information each week concerning different clinical topics (e.g., DSM-IV diagnosis, suicide assessment, substance abuse). Connie stated that her supervisor would spend 20 minutes each week discussing a clinical issues

and stated that it was very helpful, “especially if it was pertinent to any client we were seeing.” Stephanie described similar reactions to guidance and stated that didactic instruction was helpful during group supervision because the information could be immediately applied to a clinical situation. Stephanie offered:

Some review things we probably did learn in class at some point but it was nice to have that refresher brought up again and brought to the forefront when you just may be using it that very next day or night.

Not all participants who discussed instances of guidance, however, found it to be beneficial. When discussing her experience in group supervision, Katrina stated, “I could have left everything out except discussing the actual cases we were going through. So all of the extra information... it was kind of those things that I will never look back on really.” Jill also noted that she could have “done without” instances of guidance in her group supervision experience.

Feedback. The final group process domain that emerged during data analysis was feedback. Feedback was defined as any ideas, suggestions, or input that participants received during group supervision relative to their clinical work. Within this domain, three categories emerged. These were (1) peer feedback, (2) supervisor feedback, and (3) feedback received outside of group supervision meetings.

In the category of peer feedback, participants discussed ideas, suggestions, and input received from their fellow supervisees during group supervision. All eight participants discussed receiving feedback from peers and the effects of such feedback on their training in group supervision. Feedback from peers generally occurred during group discussions and involved “brainstorming,” the provision of “constructive

criticism,” commenting on “counseling skills,” and discussing “observations” of clinical work. One participant, Connie, stated that she valued the feedback that she received from her peers “equally” as that received from her supervisor.

Each of the eight participants stated that one of the most valuable aspects of peer feedback pertained to the provision of multiple “viewpoints,” “perspectives,” and “ideas.” Stephanie, for example, stated that she “appreciated [her peers’] viewpoint and views on ways to approach [her cases].” Likewise, Kathy offered,

I felt like [peer feedback] was a good avenue to look at us and realizing, wow, that’s true and I had not really noticed that but, yeah, I agree with that. Or, on the other hand thinking, you are really off base with that, I did not see that at all.

Katrina described similar reactions to peer feedback when she stated,

To me, [peer feedback] was extremely helpful, umm, just because from what I was hearing, everybody else had all these different ideas. And so, it just opened the floodgates of oh, I never would have thought of that or I didn’t think of that.

John, Jill, Connie, Tim, and Laura all described similar reactions to the provision of multiple perspectives and viewpoints provided by their peers. Each stated that peer feedback helped them to see the “larger view” of their clinical cases.

Another beneficial aspect of peer feedback described by four participants pertained to validation and support. These participants (John, Jill, Stephanie, and Laura) stated that it was beneficial to have their peers validate that they had performed well in clinical situations and to hear supportive comments regarding their clinical decisions. John, for example, described a situation where he felt validated and supported by his peers. He stated that during his first counseling session he

experienced extreme anxiety and felt “stiff” and “tight.” John was disappointed with his performance during this session and discussed it during group supervision. He stated, the group “kind of let me know that I wasn’t, that I really didn’t, they were watching me on TV and they were saying, you know you really don’t look, you looked a lot more comfortable than what you are saying you were.” John stated that the feedback he received from his peers was “helpful” to him because he realized, “maybe I should look at this a little bit differently and I think that actually helped me to relax a little bit more.” He also offered, “[their comments] seemed to give me the room I needed to be able to relax a little bit and move around.”

Laura also described a situation in which the validation and support she received from her peers was helpful. She described a situation in which she was dealing with a suicidal client. During this clinical situation, she was unable to reach either of her supervisors. Laura offered that she was anxious, “confused,” and did not “know what to do.” When she discussed her actions with her peers, however, she stated that it “was helpful knowing that they said everything I did was okay.” This assisted her in controlling her anxiety and stress relative to the situation.

The other two participants who discussed the value of validation and support did so in more general terms. Jill offered,

I think in some respects it gave me the confidence in some of the skills that maybe I have but didn’t... you know, just some of the, hey, you really did a good job with that. They would point out to me my strengths. A lot of times classmates would point out that you have this or that that you use that works really well for you. That, maybe by myself, I would not recognize so readily.

Similarly, Stephanie stated,

And then times when I felt I needed validation I also got that from them. Validation that I was using the right approach or that I did that best that I could. Sometimes with clients you don't feel like you are making any headway so sometimes you kind of have to hear that when you are a beginning counselor.

Also within the category of peer feedback, three participants described how feedback they received from their peers assisted them in self-examination. John, for example, realized through his peers' feedback that he "was being too hard on" himself. He also learned through the feedback process that he could be more flexible in his clinical work. He stated:

Because I'm kind of, if I read the book and I'm kind of, well this is the way you do it. Now if I have someone say to me, well you have some leeway there, and there is an attitude that you can... it turned out to really be what I needed.

Jill, too, described how peer feedback assisted her in self-examination. When describing this she offered, "And so you see yourself in these different lights and how you work with these clients. I don't know, I think as a counselor you have to constantly be examining yourself." Connie described some similar effects of receiving peer feedback in her group.

Finally, in the category of peer feedback, three participants described specific situations where peer feedback was not helpful to them. In two of these instances, participants were working with specific clinical situations that their peers did not have experience with. Katrina described a situation in which she was working with a developmentally disabled client. She stated, "I brought that up in the group, like you know, I'm really lost, I need some ideas because, umm, and I really didn't feel like I got any good ideas back, you know." Katrina attributed this to her peers being unable

to identify with the situation due to lack of experience. Stephanie described a similar situation pertaining to her clinical work with an incest survivor. She stated that she brought the topic up in group but that she “didn’t get anything” from her peers. Stephanie also attributed this to her peers’ lack of experience and stated, “I didn’t expect anything from them either because it was such a specific focus.”

Jill described a different type of situation in which a peer’s feedback was not helpful to her. She stated:

Umm, there was one person in our group that I think I had the hardest time trying to connect with. And I felt like whenever we would discuss something, her response was always her style of doing things... so it wasn’t helpful for me to go to her for feedback because our styles were so different.

Jill offered, however, that this was not entirely detrimental to her group supervision experience since she had other peers from whom she could solicit feedback.

The second category that emerged in the domain of feedback pertained to feedback from supervisors. In this category, all eight participants discussed their reactions to their supervisor’s input, ideas, and suggestions during group supervision. Participants’ remarks regarding supervisor feedback are presented below.

Five participants (Kathy, Katrina, John, Stephanie, and Laura) stated that they would have liked to receive more feedback from their supervisors. In particular, these participants wanted a greater quantity of specific feedback from their supervisors about their counseling skills and management of clinical situations. Katrina, for example, discussed a situation in which she requested feedback and suggestions from her supervisor regarding her work with a client. She stated that she was disappointed with the outcome of this request and offered, “And the supervisor, I think that she



understood what I was saying but she just kind of said, 'yeah that's difficult.' So it was kind of like, okay, thank you." John discussed similar reactions when he stated, "I really learned a lot but I think I would have been a little more comfortable if [the supervisor] was a little more direct with more specific feedback, you know." Kathy ("I would have like to have had more feedback"), and Laura ("I would have rather had some of [the supervisor's] input as far as, that's a good thing to do or a bad thing to do, because I felt like ... it was the blind leading the blind") offered comparable thoughts about the feedback that they received as did Stephanie when discussing her first group supervisor ("I didn't think [our first supervisor] was giving us the advice we needed as beginning counselors").

Of all eight participants, only Jill and Stephanie described being satisfied with the amount of feedback that they received from their supervisors. In Stephanie's case, this pertained to the feedback received from her second group supervisor. Jill stated, "[The supervisor's] feedback was not just surface riffraff, you know, it was insightful, it was yeah, I'm going to think about that next time." Likewise, Stephanie offered, "I was working with such specific instances that [the supervisor] had expertise in and [she] was really able to help me." They noted these experiences as being beneficial to their professional development.

Three participants stated that they appreciated the manner in which their supervisors conveyed feedback. Connie, Tim, and Stephanie discussed instances in which their supervisors participated in group discussions on a "peer" level and provided understandable feedback. Connie summarized this when she stated, "[The

supervisor] participated kind of on an equal level ... she took her turn equally ... and gave her suggestions just as the students would.” Tim and Stephanie described similar supervisor behavior in their groups. Each of these three participants was appreciative of the manner in which their supervisor presented feedback. Tim summarized this when he stated, “[Our supervisor] was good in that she came down to the level that we were at as we did supervision, as if she was one of the peers rather than taking a lofty Ph.D. perspective.”

The third and final category to emerge within the domain of feedback pertained to feedback received outside of group supervision meetings. Connie and Stephanie described this as “informal” feedback. In total, five participants (Katrina, Connie, Tim, Stephanie, and Laura) indicated that receiving feedback from their peers outside of group supervision meetings was beneficial to their professional development. Participants’ descriptions of this phenomenon are presented below.

Participants received feedback outside of group supervision in several settings. These included such times and places as during car rides with other students, while waiting for clients to arrive for appointments, while other students were engaged in clinical work, and between individual and group supervision meetings. In all cases, if students were waiting for clinical or supervision appointments, a place was provided for them to wait and interact with one another.

As described by participants, an important component of interactions outside of group supervision pertained to feelings of comfort. Participants stated that they felt free to discuss clinical topics outside of group and did not feel as if they had to censor

their comments during these interactions. When describing such interactions, Katrina stated, "You're not censoring what you are saying I think. I mean you try not to in supervision but you do, you know." She went on to state further that she did not always feel free to say what she wanted to in group supervision because she did not want to "give a bad impression." Connie described interactions with her peers outside of group supervision as "the flipside where you could just kind of talk more and get your feelings out kind of, you know, are you as irritated with this client as I am ... those kind of things that need to be talked about." Tim, Stephanie, and Laura also appreciated the ability to speak to their peers with more candor outside of group supervision meetings.

Katrina, Connie, Stephanie, and Laura described no detrimental effects of outside-of-group interactions. Only Tim believed that his interactions outside of group supervision affected the group as a whole. He believed that there were some "residual" effects of his outside interactions with two other group members but that he really could not "tell you what they were."

#### Other Domains

In addition to the group process domains, a second group of domains not directly indicative of group processes emerged during data analysis. While these five domains do not directly represent group process variables, each had an impact on participants' interactions during group supervision. These were: (1) Time Issues, (2) Different Personal and Professional Backgrounds, (3) Class Size, (4) Outside

Stressors, and (5) Suggestions. Each of these is introduced in Table 11 and described in detail below.

Time Issues. All eight participants commented on the effects of time on their supervision groups. Participants' comments regarding time issues appeared to be affected by the university training program in which they were enrolled. The six participants from University A (Kathy, Katrina, John, Jill, Connie, and Tim) generally described a "time crunch" during their practicum class and stated that their group supervision was negatively affected as a result. The remaining two participants, Stephanie and Laura, who were enrolled in separate training programs at Universities B and C reported no such negative effects. In fact, both Stephanie and Laura reported that the amount of time allotted for group supervision (2 hours and 30 minutes per week) was adequate and voiced no complaints pertaining to time issues. Stephanie even suggested, "There were some says when it was too much [time]. But that was just because I was tired I think."

For the six participants from University A, lack of time appeared to affect the group supervision experience in a variety of ways. Each of these participants reported meeting for a maximum of 1 hour each week for group supervision. Kathy and Connie stated that on occasion there was not enough time in group supervision to obtain feedback from their peers regarding clinical work. When discussing time issues, Kathy stated, "I don't feel like I was ignored or that I did not get due time... but I would have liked to have had more feedback probably." When discussing this further, she stated that she felt like time to discuss clinical issues in group supervision

was distributed fairly by her supervisor; she felt, however, that not enough time was allotted for group supervision meetings.

Connie described several situations in which there was not adequate time in group supervision to address her supervision needs. She stated, "There were some times it felt adequate and there were some times, if it was somebody I was struggling with, that I could have used a little more time." She further stated:

There is always so much more going on that there really wasn't time. So in those cases where it was, I don't know, a little more emotional I guess, or a little more going on, then it felt like I needed more time.

Lack of time also affected the quality of group supervision for participants in other ways. Katrina, John, Jill, Connie, and Tim noted that on numerous occasions the amount of time allotted for group supervision during their practicum decreased as attention to other activities increased. These included such responsibilities as clinical work, file maintenance, scheduling of clients, and accepting phone calls. John summarized this sentiment when he stated,

Yeah, well whatever was going on. Towards the end of the semester we were trying to get things, we were doing a lot of running around and... you know, calls were coming in, umm, and we were running everywhere with our files and trying to get set things up with the clients so it was more that kind of stuff which actually took away from the opportunity, the actual group supervision opportunity.

By the end of the semester, John stated "there was not a lot of learning opportunities [in group supervision]. People were just trying to organize and get things done. Paperwork."

Katrina described similar circumstances related to time in her group. She said, "A lot of times you are trying to ask something and people are coming in and out [of

group supervision] and I think that's difficult because they lose pieces of it." Katrina stated further that because of time issues her mind was "too scattered" during group supervision. Similarly, because of the multitude of responsibilities students had to fulfill during her practicum, Connie stated that group supervision time was often decreased. She stated, "It was supposed to be a solid 45 minutes to an hour and sometimes it would be 25 minutes, sometimes it was be 30 or 40, but it was usually pretty pressed for time." Jill and Tim offered analogous descriptions of the effects of time on the quality of their group supervision experience.

Different Backgrounds. Six participants described the effects of having supervisees from different backgrounds in their groups (only Stephanie and Laura did not discuss this topic). Participants' comments regarding different backgrounds were divided into three categories: (1) Different personal backgrounds, (2) different professional backgrounds, and (3) different experience levels.

In the category of different personal backgrounds, three participants discussed the implications of having persons of different racial and ethnic backgrounds, genders, and geographic locations in their groups. John, for example, noticed "little divisions among people" in his group based on geographic location. Some of his fellow group members commuted for several hours to attend practicum, which may have led to this "little division." John stated, however, that these divisions were not "seriously detrimental" to group supervision.

Connie also discussed the effects of different personal backgrounds on her supervision group. She described her group as "diverse" and stated that this was a

positive aspect of her group supervision experience. This is best summarized by the quote:

We had as far as race, age, gender, we had kind of a diverse group. So that was kind of neat because in all of my classes so far it has pretty much been white women in their 20's and 30's. That's about it. So I had a pretty diverse group. I'd say we all got along pretty well.

Tim, who was in the same supervision group as Connie, also discussed the effects of personal backgrounds. Similar to John, Tim discussed the effects of group members' geographic location. Tim commuted several hours via car pool with two other students in his practicum group. He stated because of this extra time spent with these peers he may have had a closer relationship with them. Tim stated that he believed that this was handled professionally but that he "just kind of felt" the effects of these relationships during group supervision time.

Tim also discussed the effects of racial and ethnic differences in his group. One of the members of Tim's supervision group was a young, African-American woman. When discussing this, Tim stated:

She was the only Black woman in the group and we talked about that during one of the sessions, about cross-cultural types of things. So she was able to talk about that one time. But often, I felt like maybe she somehow or another in some unconscious way was getting the short end of the stick. She ended up with the least amount of client hours and I don't know what that was about.

The second category in this domain pertained to differences in professional backgrounds. Three participants discussed this topic during their interviews. In all cases, this was noted as having a positive impact on group supervision. John, for instance, stated that two members of his supervision group were teachers. Likewise, when describing her group, Katrina stated:

We had a pretty good combination. We had school counselors, community agency, umm, I think one was marriage and family, so we had three. So that was kind of nice because we got information from information that was in different classes and stuff, and focusing on different areas.

Katrina stated that her group would have been “more limited” if group members all came from the same professional background and that the professional diversity in her group contributed to a “more well-rounded viewpoint” in group discussions.

Kathy described a specific instance in which differences in professional backgrounds contributed positively to her group. She described the following scenario:

Umm, well we had a nurse in [our group], that was one. And my client was on several medications. And that was something that [the nurse] pointed out was that these medications, and my client was bipolar, and she pointed out exactly what these medications were for, and how they worked and part of my, but something she said to me was, the next time you are with her try to see what the dosages are.

Kathy stated that she followed her peer’s advice regarding the client’s medications, which led to a clinical break through in the case. Kathy stated that were it not for this peer’s expertise in nursing, her supervisor and fellow group members may not have made this important clinical discovery.

In the final category of this domain, two participants discussed the effects of having persons of different experience levels in their group. John and Jill, the participants who discussed this phenomenon, were from the same supervision group. As stated by John, within their supervision group John and Jill had “A couple of people, three of them actually, who had been doing this a long time and were, you know, pros at it.”



Both John and Jill noted these differences in experience levels as having a negative impact on their group supervision experience. John stated that he was intimidated by the more experienced students in his group. He offered, "When I am intimidated I usually tend to back off a little bit and really question myself. Boy, if you could only do it like that, you know, and never really look at it realistically." John stated that he was also "hesitant at times" to question his more experienced peers. He stated, "I was afraid to question some things. If I had a question I was a little, I was like these people know what they are doing. So I was deferring to what I thought was their expertise."

Jill, too, noted some negative effects pertaining to different experience levels in her supervision group. She stated that she was sometimes hesitant to discuss clinical issues with her more experienced peers because she has not "done what they have done." She further described this hesitancy when she offered:

You know, I might say, well tell me about this or whatever, and even their answers would be assuming I would know things that I didn't. And then, this is probably my own issue, how many questions do I ask? You know, feeling kind of like I don't want to be the student in the class who raised her hand 50 times and annoys everybody.

Jill also stated that different experience levels in her group may have affected the quality of supervision she received as a beginning counselor. She stated that she would have liked her supervisor to have had a "bit better understanding of the different places that each of us were at" and that she "almost thought it was assumed that we knew what [practicum class] was all about."

Class Size. The domain of class size pertained to participants' evaluations of

the size of their supervision groups and the effects of that size on their training in group supervision. All eight participants commented on the size of their supervision group. Kathy, Katrina, Connie, and Tim were in supervision groups of five supervisees. John and Jill, who were in the same supervision group, were in a group of six with one group member dropping out halfway through the semester. Stephanie was in a group of 10 while Laura was in a group of 15 supervisees.

Despite the fact that participants in the study took part in supervision groups of varying sizes, all reported that they were satisfied with the size of their groups. Each of the four participants who took part in groups of five described their group size as “good.” Each also reported that they would not want to include any more than five group members in a group. Tim, for instance, noted that he felt that five supervisees was “an ideal size” and that he didn’t “think you [could] improve on that number.” Connie offered similar thoughts when she stated that she felt that five was a “good size” and that she would not want to go “any larger.”

The two participants who were in a group of six (which later decreased to five) were also satisfied with the size of their supervision group. John noted that he was “real comfortable with the size” of his group. Jill, too, stated that she felt six was “actually just about right.” Neither commented on the loss of that group member or any detrimental effects that resulted because of the loss.

Lastly, Stephanie and Laura who took part in the two largest supervision groups also reported satisfaction with their group sizes. Stephanie stated that 10 was a “good size” for her supervision group and offered, “I don’t think I would have it any

bigger to be honest, it would have been just too much.” Stephanie also stated, though, that she did not think that fewer than 10 group members “would have been better.” Laura, too, was pleased with the size of her supervision group. She stated, with 16 students in the group “there was still enough individual attention for each of us and we each got to share enough, umm, I don’t think the size was an issue.”

All eight participants stated that the size of their supervision groups offered opportunities to receive diverse feedback and multiple viewpoints. Kathy best summarized this when she stated, “I felt like it was just enough people to have good dialogue, good feedback, and not too much that everybody was not able to contribute.” Katrina expressed a similar perception when she offered, “I like having a lot of different viewpoints, because everybody, you know, interpreted things differently.”

Outside Stressors. The domain of outside stressors pertained to any variables not associated with clinical work that caused stress for participants during their practicum experience. Five participants (Kathy, John, Tim, Stephanie, and Laura) discussed outside stressors. These stressors, which fell into four categories, affected participants’ experiences in group supervision in a variety of ways. Each variable is outlined below and their effects on the participants are delineated.

The first outside stressor described by participants pertained to the number of clients available for them to provide services to during practicum. All five participants who discussed outside stressors reported that a shortage of clients at their respective training clinics created stress during practicum. Kathy reported, for

instance, that the “least valuable part” of her experience was that “we did not have enough clients.” All participants noted specifically that this created stress for them because they worried whether they would accrue enough clinical hours to pass their practicum class.

The second outside stressor discussed by two participants pertained to materials and facilities available to them. Laura noted that she had difficulty reserving office space to engage in clinical work. Likewise, Stephanie described problems with the support staff at her training clinic. In particular, she stated that the support staff was not reliable in scoring assessment instruments and that they were not “smooth in helping us with our job.”

The third outside stressor discussed by two participants pertained to travel considerations. Each participant was enrolled in a cohort program and took the majority of their classes at branch campuses close to their homes. Their practicum classes, however, were not offered at these branch campuses and each was forced to travel long distances to attend practicum. Tim commuted 3 hours each way to attend his practicum class and stated that he would leave his hometown at noon and would not return until midnight. Similarly, Laura reported experiencing added stress as a result of travel time. She reported feeling stress as a result of a long commute and experienced difficulty in finding parking at the university. Both participants reported that this put added stress on them during their already stressful practicum experience.

Lastly, one participant (Laura) reported increased stress due to the way referrals were made at her university training clinic. She stated that during practicum,

students at her university were required to refer three people to the their counselor training clinic. Not only did Laura experience difficulty in finding three people to refer (“I had a hard time convincing three people to come”), she also stated that this process led to some uncomfortable moments during group supervision. She offered, “I had a client who was here for a friend and he had some issues that were very obvious, but he did not want to discuss them at all because he thought that I would discuss them with his friend.” She also stated that there were several “awkward” moments during group supervision as group members learned some very personal information about their peers’ family and friends.

Each of these stressors negatively affected participants’ experience in group supervision. Generally, outside stressors sometimes affected participants’ ability to be fully involved in group supervision and to pay attention to and learn from their peers. In short, these stressors served to distract participants’ attention from their clinical work and learning.

Suggestions. Lastly, participants offered several ideas on how to improve group supervision during practicum. Seven of the eight participants in the study offered such suggestions. Each of these is outlined below.

Three participants suggested that their group supervision could have been improved if their group supervisor would have created, as Katrina stated, a “set amount of time just for group supervision.” Each of these three participants were enrolled in practicum at University A. Because participants from University A often felt pressed for time (as described in the domain of Time Issues), group supervision

did not always occur during a set time each week. When discussing this issue, John offered that his supervisor could have made improvements by “being a little more forthright about it and saying this is what this time is for.” Tim outlined a similar suggestion when he stated:

I suppose the only thing that could have been done better was if we really assigned a time [for group supervision], you know, rigid and then forced everyone to be there so that there was always the full impact, the full benefit of each peer.

A second suggestion offered by two participants concerned the use of role-playing techniques during group supervision. Katrina stated,

I think some role-playing would have been good with the supervisor. Like taking an issue of, umm, someone who is having a problem in the session and turning it around. Like I would have been my client and [my supervisor] the counselor.

Connie also suggested the use of role-playing in group supervision. She offered that it might have been beneficial to “maybe pick out one of the suggestions that one of the other students gave and then role-play how we would exactly go about doing that.” Connie stated that her supervisor did use a role-play in group supervision one time during the semester and described it as “very helpful.”

Several other suggestions were offered individually by each of the participants in the study. Kathy suggested that her group supervision experience could have been enhanced if her practicum would have been a year-long rather than one semester. Laura suggested that more case presentations and follow-ups on client progress would have been beneficial to her during group supervision (each supervisee in her group presented one time). Jill outlined two suggestions that may have improved her group

supervision experience. She stated that it would have been beneficial for someone to explain all of the paperwork and clerical expectations to her group in detail at the beginning of the semester. Jill also stated that group supervision could have been improved if her supervisor would have garnered a "little bit better understanding of the different places that each of us [supervisees] were. Tim offered that his group supervision experience could have been improved if his supervisor was more organized and did not try to provide too much information in a short period of time. Finally, Connie stated that her group supervision may have been more beneficial were it scheduled for a time after she and her fellow group members engaged in clinical work rather than before.

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Chapter Overview

In this chapter the results of the present study are reviewed and their implications for future research are discussed. In the first section, the results are summarized, comparisons are made to the existent literature, and suggestions for group supervision practice are offered. Then, the implications of the study are presented with suggestions for further study, and with several specific research questions.

#### Summary and Recommendations

The intent of this study was to examine the role of group processes in group supervision. The study was exploratory in nature with the overall goal of generating specific research questions for further study. In an effort to investigate this topic from multiple perspectives, both quantitative and qualitative methodologies were employed. To address this topic, the following research questions were asked:

1. Do trainees in group supervision endorse group processes as measured by Yalom's 12 therapeutic factors as being beneficial to their professional growth?



2. What types of peer interactions (i.e., group processes) in group supervision do supervisees find to be beneficial and detrimental to their professional development?

Because research on group supervision is limited, this study was discovery-oriented and exploratory in nature (Hill, 1990). The first research question was addressed quantitatively while qualitative methods were used to investigate the second question.

Forty-two masters-level counseling practicum students from four different university training programs participated in the quantitative investigation. Each participant completed a demographics questionnaire and a revised version of Yalom's (1995) Therapeutic Factors Scale (TFS-R). The primary investigator distributed these instruments during site visits to each university. Descriptive statistics were calculated on the information gathered from these instruments. This information was used to describe participants' experiences in group supervision and their perceptions regarding the helpfulness of the 12 Therapeutic Factors to their training. Participants' supervisors also completed a demographics questionnaire. The data gathered from this questionnaire was used to describe these supervisors and their style of group supervision.

For the qualitative investigation, eight participants from the quantitative sample took part in semi-structured follow-up interviews. These interviews took place in person and were designed to further assess participants' experiences in group supervision. Data were then analyzed using a modified grounded theory approach. During analysis, 10 domains emerged. Five of these domains were indicative of group

processes (Cohesion, Conflict, Guidance, Observation, and Feedback). The remaining five domains (Time Issues, Different Backgrounds, Class Size, Outside Stressors, and Suggestions) described variables affecting participants' experiences in group supervision.

Results from each method of study are in agreement with and extend counselor educators' current knowledge concerning group processes in group supervision. In this section, the results of the study are summarized and tentative recommendations for practice are made. In the sub-sections that follow, results from both the quantitative and qualitative investigations in the study are discussed.

### Quantitative Results

In this section, results from the quantitative portion of the study are reviewed and discussed. This review includes a discussion of results concerning the 12 Therapeutic Factors (from the TFS-R) and the participants' responses on the demographics questionnaire concerning ratings of group supervision. These results are compared to the existent literature concerning group supervision. Tentative conclusions are also drawn.

### The Therapeutic Factors

The results of this study indicate that group process variables, as measured by the TFS-R, may have a beneficial effect on the training of supervisees during their practicum experiences. In the quantitative portion of the study, 42 participants

completed the TFS-R. The objective of this inquiry was to assess participants' perceptions regarding the perceived benefit of the 12 Therapeutic Factors as described in the group process literature (Yalom, 1995). Descriptive statistics were calculated on the participants' responses to achieve this objective.

An item-by-item descriptive analysis of the TFS-R revealed that only 7 of the 60 items had mean scores below 1. This indicates that concepts measured by 53 items on the TFS-R were considered to be at least "Slightly Helpful." Furthermore, 10 items had mean scores of  $\geq 2$  indicating that participants found them to be at least "Helpful." To date, no other studies have conducted an item-by-item descriptive analysis of the TFS-R for supervision groups. Consequently, these results cannot be compared with previous research. These results, however, do provide promise for further empirical investigation of the therapeutic factors and their effect on supervision groups.

The participants ranked the 12 Therapeutic Factors in the following order from most helpful to least helpful: Instillation of Hope, Guidance, Altruism, Interpersonal Learning-Output, Group Cohesiveness, Catharsis, Interpersonal Learning-Input, Universality, Self-Understanding, Identification, Existential Factors, and Family Reenactment (the ordering of these factors differed slightly among university samples). All factors except for Family Reenactment had a mean score above 1 suggesting that, at the very least, participants found them to be "Slightly Helpful." Additionally, the first eight factors listed above had mean scores  $\geq 1.5$ , which approached a rating of "Helpful" on the TFS-R. While only tenuous

interpretations can be made regarding these descriptive results, they do suggest that group processes, as measured by the TFS-R, may have had a beneficial impact on participants' experiences in group supervision. Based on this result, supervisors may want to consider the manner in which they conduct group supervision and develop practices that foster group interaction and discussion. By developing and implementing such practices, counselor educators and supervisors could create group supervision environments where group processes could flourish, which may enrich practicum training and improve group supervision outcomes.

Although different methodologies were employed, the rankings of the 12 Therapeutic Factors by participants in this study were similar to those in Werstlein and Border's (1997) investigation, the only other study of group supervision to employ the TFS-R. Participants' rankings of the 12 Therapeutic Factors in Werstlein and Border's study were as follows: Guidance, Group Cohesiveness, Altruism, Self-Understanding, Interpersonal Learning-Output, Interpersonal Learning-Input, Universality, Instillation of Hope, Catharsis, Identification, Existential Factors, and Family Reenactment. When rankings from the present study are compared to these, several similarities are evident. The factors of Guidance, Altruism, and Interpersonal Learning-Output were ranked in the top five by participants in both studies. Likewise, the lowest ranked factors in both studies were Identification, Existential Factors, and Family Reenactment. Although statistical comparisons of the results of these studies is not possible, their similarities are noteworthy and may offer proof that that future research in this area could be of value.

Finally, it is interesting to note differences in rankings of the therapeutic factors among the four universities represented in the sample (see Tables 5 through 9). Because the study was not designed to conduct statistical comparisons among universities, the reader is cautioned against making judgments based on these results. However, it is possible that these rankings, if indeed significantly different from each other, were influenced by differences in training models and supervisory styles at each university. This may suggest that the benefits experienced by supervisees relative to group processes are influenced by factors related to the manner in which group supervision is conducted. That is, different group supervisory practices may differentially support the existence of and maximize the benefits obtained from group process variables. Until sound empirical evidence supports this claim, however, it remains speculative at best.

#### Perceived Benefit and Supervision Preferences

In addition, several findings of interest arose pertaining to participants' rankings of the perceived benefit of group supervision and their stated preferences for modality of supervision (as assessed on the demographics questionnaire). On a scale from 1 to 5 (1 = Very Beneficial to professional development, 5 = Very Unbeneficial to professional development), the participants' mean score of their experience in group supervision was 1.90. This suggests that participants found their experience in group supervision to be beneficial to their professional development. This finding is promising and is in agreement with other research describing group supervision as a

valuable component of training (Bernard & Goodyear, 1998; Christensen & Kline, 2001; Ray & Altekruze, 2000; Linton, in press; Starling & Baker, 2000; Werstlein & Borders, 1997; Wilbur, Roberts-Wilbur, Hart, Morris, & Betz, 1994; Walter & Young, 1999). Before definite conclusions can be drawn regarding these perceived benefits, however, further research is needed.

Despite participants' perceptions of the benefits of group supervision, half of the sample (N=21) expressed a preference for individual supervision over group supervision. Of the other half, 16 participants expressed an equal preference for individual and group supervision while only 5 participants expressed a preference for group supervision over individual supervision. No firm conclusions can be drawn regarding this finding at this time. However, the author questions how the current lack of sound group supervision theory and practice directives influenced participants' supervision preferences. As group supervision practice becomes more informed by a growing body of research, it will be interesting to see how or if these preferences change.

Additionally, one finding of note emerged from the supervisors' responses to questions regarding group supervision benefits. Of the 12 supervisors in the sample, 9 rated group supervision as "Very Beneficial" to trainee development, 1 supervisor rated it as "Beneficial," and 2 rated it as "Very Unbeneficial." While the majority of supervisors in the sample appeared to place a high level of value on the group supervision that they provided, it is disturbing to note that two supervisors ranked group supervision as very unbeneficial to trainee development. The author wonders

how the beliefs of these two supervisors influenced the type of training that they offered in group supervision and whether it had any detrimental effects on supervisees. Because of the high level of value placed on supervision during training (Holloway & Neufeldt, 1995; Lambert & Ogles, 1997; Lochner & Melchert, 1997; Newman & Lovell, 1993; Watkins, 1997) it is suggested that only supervisors who understand and value the role of group supervision in fostering professional development be granted the privilege of providing such services during practica and internships. Accordingly, university training directors may want to begin assessing this factor when hiring supervisors and appointing faculty to teach practica.

### Qualitative Results

Several findings of interest emerged from the qualitative portion of the study. In the sub-sections below, results concerning the domains of Guidance, Group Cohesion, Feedback, Conflict, Different Backgrounds, and Suggestions are summarized and compared to the existent literature concerning group supervision.

#### Guidance

One important finding of the qualitative portion of the study pertained to the domain of Guidance and supervisor feedback. Previous research on group supervision has suggested that supervisees place a high value on and may express a preference for the feedback that they receive from their peers in group supervision (Starling & Baker, 2000; Walter & Young, 1999). Hillerbrand (1989) suggested that this

preference may be related to cognitive development. While participants in this study did place a high value on the feedback that they received from their peers, they also rated the provision of guidance and specific feedback from supervisors as highly valuable (this was evident in both the quantitative and qualitative investigations). In the qualitative investigation, participants noted receiving specific guidance from their supervisors as beneficial and desired more such feedback during group supervision.

While preliminary in nature, this result may call into question counselor educators' current beliefs concerning the role of supervisor feedback in group supervision. Based on this finding, supervisors may want to consider providing a greater amount of and more specific feedback to supervisees in group supervision, especially early in the practicum experience, in order to enhance professional development. Of course, such supervisory behavior should be balanced with input and feedback from other group members. This type of practice concerning feedback may ultimately provide the most comprehensive and beneficial training for supervisees in group supervision. Because these results are tentative, however, further research is required before sound conclusions can be reached regarding supervisor feedback.

### Group Cohesion

A second result from the qualitative investigation pertained to the process variable of Group Cohesion. Group Cohesion is defined as "the attractiveness of a group for its members" (Yalom, 1995, p. 48) and has been likened to the therapeutic



alliance in individual counseling. In the quantitative investigation, the mean score for cohesion on the TFS-R was 1.63 making it the fifth highest ranked therapeutic factor. This mean score and ranking suggests that group cohesion was at least “Slightly Helpful” and possibly “Helpful” to participants. However, in the qualitative investigation, seven of eight participants noted cohesion as a very beneficial aspect of group supervision. Although somewhat conflicting, these two results point to the possible importance of group cohesion to supervision outcomes. Because participants’ skill development was not assessed, though, little can be said about the effects of cohesion on professional growth. Further research should investigate this link more closely.

Based on these results, however, it is recommended that supervisors work to create group cohesion among supervisees during group supervision. Even though strong empirical evidence pertaining to the effects of cohesion has yet to be presented in the literature, it seems imprudent to ignore relationships among supervisees during group supervision. As suggested in the qualitative investigation of this study, when cohesion was present supervisees demonstrated a strong interest in each other’s professional development and worked diligently to assist each other in becoming better counselors. As a result, supervisors are encouraged to continue practices that create feelings of cohesion in supervision groups while evidence supporting its positive effects on professional development begin to emerge.

### Feedback

A third finding of importance from the qualitative investigation was associated with participants' reports concerning the benefits of peer feedback. As has been well documented in the literature, supervisees consistently place a high value on the feedback that they receive from their peers (Bernard & Goodyear, 1998; Christensen & Kline, 2001; Ray & Altekruise, 2000; Linton, in press; Starling & Baker, 2000; Werstlein & Borders, 1997; Wilbur, Roberts-Wilbur, Hart, Morris, & Betz, 1994; Walter & Young, 1999) The results of this study are consistent with this claim. Accordingly, it is recommended that group supervisors work to create an environment where supervisees are encouraged to provide both supportive and constructive feedback to one another.

In addition to feedback received during group supervision meetings, five of eight participants in the qualitative investigation discussed instances of receiving feedback from their group supervision peers outside of group meetings. These "informal" opportunities occurred in several settings including student lounges and during car rides. In all five cases, feedback received outside of group supervision meetings was noted as helpful. This finding is consistent with Linton's (in press) previous study of group processes in group supervision. Based on these results, it may be beneficial to encourage students to discuss their practicum experiences outside of group supervision meeting times, provided that confidentiality of client information is maintained. Such encouragement could include verbal discussions initiated by the

supervisor regarding the benefit of such interactions, provision of a meeting place for supervisees to congregate during “down time,” or requiring supervisees to arrange meeting times with fellow group members during the practicum semester.

### Conflict

Another important finding of the qualitative investigation pertained to conflict. Although Linton (in press) observed similar phenomena in a previous qualitative study (in that study, conflict was described as “vicarious effects of supervisor behavior”) little attention has been given to the effects of conflict on group supervision outcomes. Seven of eight participants in the qualitative investigation stated that conflict in their groups had a negative effect on their experiences in group supervision. The effects of conflict ranged from feelings of discomfort to loss of confidence in the supervisor’s abilities. In most groups represented in the study, supervisors or group members did not address this conflict or make attempts at repairing any harm incurred because of it.

The ramifications of conflict for group supervision outcomes are many. If this finding has merit, it suggests that conflictual interactions among group members, or between supervisees and supervisors can negatively influence group supervision outcomes. After a conflict with her supervisor regarding a DSM-IV diagnosis, for example, one participant in the qualitative investigation lost “faith in her supervisor’s abilities.” Based on this interaction, she went on to state that her supervisor “did not know very much” and devalued the feedback that he provided during the semester.

This is similar to a finding in Linton's (in press) previous investigation. Because of the importance placed on group supervision during training (Bernard & Goodyear, 1998; Hayes, 1990; Hillerbrand, 1989; Holloway & Carroll, 1999; Werstlein & Borders, 1997; Westwood, 1989), these findings suggest that supervisors must remain vigilant in assessing the effects of conflict in their supervision groups and engage in reparative actions when necessary. As Linton suggested previously, whenever appropriate it may be advantageous to address supervision problems in individual supervision where conflict can be contained, more easily managed, and where there is less chance that it will "spread" throughout the group.

#### Different Backgrounds

A fifth finding of note from the qualitative investigation involved participants' comments regarding the different backgrounds of their fellow group members in group supervision. In the qualitative investigation, six participants noted the positive effects of having persons from different personal and professional backgrounds in their supervision groups. Participants noted that having diversity in their groups enhanced group discussion and that they benefited from the various areas of expertise of their fellow group members.

This finding appears to lend support to and is in agreement with one of Bernard and Goodyear's (1998) proposed advantages of group supervision. As they suggested, one of the advantages for using group supervision "is that supervisees can offer each other a variety of perspectives that no one supervisor could provide"

(Bernard & Goodyear, 1998, p. 112). Based on this finding, it may be possible to improve group supervision outcomes in the immediate future through the use of a supervisee selection and assignment process. Supervisors and university training directors could gather information concerning potential supervisees' personal and professional backgrounds prior to practicum class and make assignments to supervision groups based on the information that they gather (Bernard & Goodyear, 1998). In this manner, university personnel could assure that training would take part in a diverse environment and that supervisees would achieve the maximum benefit of group supervision discussions.

It should also be noted here, however, that one aspect of different supervisee backgrounds may have had detrimental effects on supervisee development. Two participants in the study described how having several highly experienced counselors in their groups negatively influenced their training. Both stated that they felt less comfortable in sharing their viewpoints and in questioning their more experienced counterparts. While this finding is preliminary, supervisors and university training directors may want to consider this variable when assigning supervisees to supervision groups and when conducting group supervision. Tools such as the Supervisee Levels Questionnaire (Stoltenberg, McNeill, & Delworth, 1998) are available for making such assessments. Likewise, several developmental supervision models are present in the literature to guide supervision practice with supervisees of different professional experience levels (Borders, 1989; Borders & Fong, 1989; Stoltenberg, McNeil, & Delworth, 1998).

### Suggestions

Lastly, seven of eight participants in the qualitative investigation offered suggestions for improving group supervision. These suggestions are outlined in Chapter IV. Although many suggestions offered by participants may have been idiosyncratic to their personal preferences, two suggestions already mentioned in the literature emerged during data analysis. These concerned using role-plays during group meetings and establishing a set amount of time for group supervision.

Bernard and Goodyear (1998) suggested that one advantage of group supervision is the opportunity to use action-based techniques as supervision interventions. They specifically mentioned role-playing in their discussion of this advantage. As participants in this study pointed out, role playing could have provided an opportunity to practice a counseling skill or intervention just prior to using it in a clinical situation. Based on this suggestion, supervisors may want to consider the use of such techniques in their supervision groups, especially in groups of counselor-trainees. Before firm conclusions can be drawn regarding the actual benefit of these techniques, further research is needed. However, anecdotal and preliminary evidence to date offers some evidence that these techniques may be of value.

Secondly, three participants in the study suggested that their group supervision experience could have been improved if their supervisors had assigned a “rigid” time for group meetings and then “forced everyone to be there so that their was always the full impact, the full benefit of each peer” (Quote from Tim, a

participant from University A). This suggestion is consistent with Bernhard and Goodyear's (1998) writings regarding the establishment of group structure and rules in group supervision. That these three participants were in groups where such meeting times were not valued is troubling and it may have detracted from their professional training. Such practice also raises accreditation issues, as CACREP (2001) requires 1.5 hours of group supervision per week for counselor-trainees (a mark that these participants did not reach). It is therefore suggested that university training directors strictly enforce meeting times for group supervision. It is also suggested that the privilege of supervising practicum students is offered only to those supervisors that will comply with the necessary standards of practice.

#### Suggestions for Further Study

This study is one of several in recent years to answer the call for research on group supervision (Holloway & Johnston, 1985; Prieto, 1996). When considered in conjunction with recent research conducted by Christensen and Kline (2001), Ray and Altekruze (2000), Linton (in press), Starling and Baker (2000), Werstlein and Borders (1997), Wilbur, Roberts-Wilbur, Hart, Morris, and Betz (1994), and Walter and Young (1999), the results of this study have added to an emerging understanding of the role of group processes in group supervision.

In addition, this study has significant implications for future research. The study was exploratory in nature with the overall goal of generating research questions for future investigation. Because research on group supervision is in its infancy, the

results of this study should be considered as researchers develop avenues for further investigation of group supervision practices. Several important questions for future research on group supervision emerged from the results of both the quantitative and qualitative investigations.

### Group Processes and Skill Development

The results of this study pointed to several beneficial and non-beneficial aspects of group supervision, including several group process variables. Participants deemed process variables such as Feedback, Guidance, and Cohesion as helpful while variables such as Conflict, Family Reenactment, and Time Issues were considered not helpful. However, because supervisee development and skill improvement were not measured in the study, it is impossible to determine whether participants in the study made any actual improvement or experienced any detriment as a result of the variables that they identified. Future research should therefore extend the results of this study and investigate the relationship between group processes and professional development. It will be important to answer the following question: How do interactions between supervisees in group supervision (i.e., group processes) influence professional counseling and skill development? Because evidence is mounting regarding the importance of group processes in group supervision (Christiansen & Kline, 2001; Linton, in press; Starling & Baker, 2000; Werstlein & Borders, 1997) researchers should begin to address this question immediately.



## Conflict

A second important area for future investigation concerns conflict in group supervision. Because supervisee skill development was not measured in this study or in Linton's (in press) previous investigation, it is unknown whether the conflict described by participants was actually detrimental to professional development. That is, it has yet to be determined whether conflict has verifiably detrimental effects on supervisee development or if supervisees simply experience conflict in group supervision as uncomfortable.

Because conflict in group supervision appears to have a strong impact on supervisees' perceptions regarding the effectiveness of group supervision, immediate investigation of this phenomenon is crucial to counselor training. Specifically, it is suggested that researchers investigate the following three questions:

1. What effects, if any, does conflict in group supervision have on supervisees' professional development?
  2. When it arises in group supervision, how should supervisors resolve conflict between group members, or between themselves and supervisees? Inherent in this investigation, researchers should establish some specific practices and techniques for resolving conflict.
  3. Is conflict a necessary aspect of group development in group supervision?
- The literature on group processes in psychotherapy groups suggests that normal group development involves five stages (forming, storming, norming, performing, and adjourning) and that each of these stages are crucial to the success or failure of the

group experience (Tuckman & Jensen, 1977). Determining whether a similar developmental process occurs in supervision groups will have direct ramifications for the manner in which supervisors manage conflict in group supervision.

### Supervisor Role in Group Supervision

Another important question for future study pertains to the role or roles that group supervisors should assume when leading supervision groups. While no research to date has addressed this topic empirically, some suggestions regarding supervisor roles in group supervision have been offered in the literature. In general, it is suggested that group supervisors act as process guides to steer the group discussion towards helpful interactions (Bernhard & Goodyear, 1998).

The results of this study, however, may call into question the effectiveness of this role, at least for use with counselors-in-training. Participants in the present study placed a high value on the feedback and guidance that they received from their supervisors. In the quantitative investigation of this study, the highest ranked item on the TFS-R was item 57 (*The supervisor's suggesting or advising something for me to do*) and the therapeutic factor of guidance was ranked highly by all participants. In addition, several participants in the qualitative investigation remarked that they would have liked their supervisor to provide a greater quantity of direct and specific feedback during group supervision. At the same time, participants in the study placed a high value on the feedback that they received from their fellow supervisees and on group cohesion, suggesting that group discussion and interaction was also beneficial.

It should be noted, however, that participants' reports regarding these phenomena may have been influenced by their developmental level as counselors-in-training. As Stoltenberg, McNeil, and Delworth (1998) suggest, beginning counselors often desire specific feedback regarding clinical situations and their counseling skills.

Two questions for future investigation then become apparent:

1. What supervisor roles are most effective for enhancing supervisees' professional development in group supervision? (i.e., Should group supervisors assume the role of process guide? Resource expert? Teacher? Or should they take on some combination of these and other roles?)

2. Is the effectiveness of certain supervisor roles in group supervision influenced by the developmental level of the supervisees in the group? In other words, do experienced supervisees benefit more from certain supervisor roles than less experienced supervisees?

Answering these questions will assist counselor educators in determining how best to create a group supervision environment where their supervisees can flourish.

#### The Role of Outside Stressors

A fourth area for future investigation suggested by the results of this study pertains to the management of outside stressors and time issues. As described in the qualitative results, all eight participants discussed the effects of time on their supervision group and five participants noted the effects of outside stressors. Generally, the effect of time issues appeared to be related to the university training

program in which participants were enrolled. All six participants from University A noted a “time crunch” during practicum and stated this phenomenon detracted from their group supervision experience. Likewise, in the domain of outside stressors, participants described several aspects of their practicum classes that infringed on their ability to obtain maximum benefit from group supervision. This included factors such as small client case loads, client recruitment, clerical duties, training clinic policies, facilities, and support staff.

Based on these preliminary findings, it may be important to determine whether time issues and outside stressors have a significantly detrimental effect on trainees during practicum. That is, does training in group supervision really suffer as a result of these phenomenon or is this stress merely perceived as detrimental by supervisees? Because practicum classes are described as a stressful time for trainees (Bernard & Goodyear, 1998; Stoltenberg, McNeill, & Delworth, 1998), it may be incumbent on supervisors and counselor educators to assist supervisees in the management of any stressors not associated with clinical practice. While issues of time, paperwork, case loads, support staff, and facilities are indeed part of the reality of post-degree clinical practice, it may be more beneficial for counselor-trainees to first learn to manage anxiety related to clinical work prior to being faced with these other stressors. Research, therefore, should address this issue and, if outside stressors and time issues are verified as detrimental to training, develop ways to prevent such issues from infringing on supervisee development.

### Group Size

A fifth area for future investigation highlighted by the present study concerned the size of supervision groups. As has been noted in the literature (Bernhard & Goodyear, 1998), research to date has not addressed questions pertaining to the optimal size of supervision groups. Authors such as Aronson (1990), however, have suggested that “the optimal size seems to be 5 or 6” supervisees (p. 91).

While this study did not directly set out to investigate the question of supervision group sizes, all eight participants in the qualitative investigation commented on this factor. Four participants took part in supervision groups of 5 supervisees, two took part in a supervision group of 6 (with one supervisee leaving the group halfway through the semester), one took part in a supervision group of 10, and one participated in a supervision group of 16. Unexpectedly, all eight participants noted that they were satisfied with the size of their supervision group. Each participant stated that they felt their group’s size allowed them to get individual attention and did not believe that having fewer supervisees in the group would have made their experience any more beneficial.

This result, although preliminary, may call into question current views regarding the size of supervision groups. While the idea that smaller groups are better may have intuitive appeal, research has yet to confirm this belief. Accordingly, researchers must begin to systematically and empirically investigate optimal sizes for supervision groups. Then, if a particular group size is deemed most beneficial,

training programs can begin to develop policies and procedures for practicum class training relative to this optimal size. The establishment of an optimal size for supervision groups may also benefit from and allow for a more thorough investigation of group processes in group supervision.

#### Development of Research Instrumentation

Finally, this study has highlighted a need for the development and validation of supervision-specific research instrumentation. Because no such instrumentation is currently available, the researcher was constrained to the use of the TFS-R, a psychotherapy-based research instrument. Although valuable information was gained from the use of the TFS-R, questions regarding its appropriateness for use in the study remain unanswered (Borders, 1989). In order to gain a better understanding of the role of group processes in group supervision, two important research questions must be answered. First, are psychotherapy-based research instruments appropriate for use in investigations of group supervision? Second, if these instruments are not appropriate, how should phenomenon in group supervision best be measured? In answering these questions, researchers may determine that new instruments, developed for and validated on supervisees, should be created.

#### Conclusion

This exploratory study sought to investigate the role of group processes in group supervision. Because of the wide practice of group supervision with

counselors-in-training, research on group supervision and the group processes inherent within is vital to the continued training of counselors (Holloway and Johnston, 1985; Prieto, 1996). This study represents another step into the investigation of group processes in group supervision and is consistent with and supports the work of researchers such as Christensen and Kline (2001), Starling and Baker, (2000), Walter and Young, (1999), and Werstlein and Borders, (1997). Future research should continue to build on the discoveries of this study and investigate the research questions offered above. With continued investigation, let us hope that within the next 10 years, Holloway and Johnston's dictum from 1985, "Group supervision: Widely practiced but poorly understood," becomes less descriptive of the state of the art in group supervision practice.

**Appendix A**

**Protocol Clearance from the Human Subjects  
Institutional Review Board**



## WESTERN MICHIGAN UNIVERSITY

Human Subjects Institutional Review



Date: April 8, 2002

To: John Geisler, Principal Investigator  
Jeremy Linton, Student Investigator for dissertation

From: Mary Lagerwey, Chair

A handwritten signature in cursive script that reads "Mary Lagerwey".

Re: HSIRB Project Number 02-03-22

This letter will serve as confirmation that your research project entitled "Group Processes in Group Supervision: A Quantitative and Qualitative Study" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: April 8, 2003

**Appendix B**

**Therapeutic Factors Scale - Revised**

### Therapeutic Factors Scale - Revised

The following are some aspects of group experiences which other counselors have found useful in helping them grow and learn. Please review in your mind the course of your group supervision experience. Indicate for each of the following items whether it was an important aspect of your group and helpful to your work in group supervision.

Use the following scale:

0 = Not helpful  
 1 = Slightly Helpful  
 2 = Helpful  
 3 = Very Helpful

Circle one number for each item.

	Not Helpful	Slightly Helpful	Helpful	Very Helpful
1. Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others	0	1	2	3
2. Expressing negative and/or positive feelings towards another member.	0	1	2	3
3. Group members pointing out some of my habits or mannerisms that may annoy other people.	0	1	2	3
4. Learning I'm not the only one with my type of problem; "We're all in the same boat".	0	1	2	3
5. Getting things off my chest.	0	1	2	3
6. Group members advising me to behave differently with clients.	0	1	2	3
7. Feeling more trustful of groups and others.	0	1	2	3
8. Being in the group was, in a sense like reliving and understanding my life in the family in which I grew up.	0	1	2	3
9. Learning that I have likes or dislikes for a person for reasons which may have little to do with the person and more to do with my hang-ups or experiences with other people in my past.	0	1	2	3
10. Knowing others had solved problems similar to mine.	0	1	2	3
11. Recognizing that ultimately there is no escape from some of life's pain and from death.	0	1	2	3
12. Learning that I sometimes confuse people by not saying what I really think.	0	1	2	3

Circle one number for each item.

	Not Helpful	Slightly Helpful	Helpful	Very Helpful
13. Learning that I'm not very different from other people gave me a "welcome to the human race" feeling.	0	1	2	3
14. Adopting mannerisms or the style of another group member.	0	1	2	3
15. Working out my difficulties with one particular member in the group.	0	1	2	3
16. Trying to be like someone in the group who is a better counselor than I.	0	1	2	3
17. Giving part of myself to others.	0	1	2	3
18. Learning that other had parents and backgrounds as unhappy or mixed up as mine.	0	1	2	3
19. Helping others and being important in their lives.	0	1	2	3
20. Admiring and behaving like my supervisor.	0	1	2	3
21. Continued close contact with other people.	0	1	2	3
22. Finding someone in the group I could pattern myself after.	0	1	2	3
23. Learning how to express feelings.	0	1	2	3
24. Learning that I react to some people or situations unrealistically (with feelings that somehow belong to earlier periods in my life).	0	1	2	3
25. Improving my skills in getting along with other people.	0	1	2	3
26. Being able to say what was bothering me instead of holding it in.	0	1	2	3
27. Revealing embarrassing things about myself and still being accepted by the group.	0	1	2	3
28. Group members suggesting or advising something for me to do.	0	1	2	3
29. The group's teaching me about the type of impression I make on others.	0	1	2	3
30. Seeing others getting better was inspiring to me.	0	1	2	3
31. Learning why I think and feel the way I do (that is, learning some of the causes and sources of some of my problems).	0	1	2	3
32. Recognizing that no matter how close I get to others, I must still face life alone.	0	1	2	3
33. Other members honestly telling me what they think of me.	0	1	2	3

Circle one number for each item.

	Not Helpful	Slightly Helpful	Helpful	Very Helpful
34. Being in the group was, in a sense, like being in a family, only this time a more accepting and understanding family.	0	1	2	3
35. Facing the basic issues of my life and death, and thus living my life more honestly and being less caught up in trivialities.	0	1	2	3
36. Feeling alone no longer.	0	1	2	3
37. Someone in the group giving definite suggestions about a counseling problem.	0	1	2	3
38. Being in the group somehow helped me to understand how I grew up in my family.	0	1	2	3
39. Learning about the way I related to other group members.	0	1	2	3
40. Belonging to a group of people who understood and accepted me.	0	1	2	3
41. Seeing that others had solved problems similar to mine.	0	1	2	3
42. Seeing that other group members improved encouraged me.	0	1	2	3
43. Discovering and accepting previously unknown or unacceptable parts of myself.	0	1	2	3
44. Learning that how I feel and behave is related to my childhood and development (there are reasons in my early life why I am as I am).	0	1	2	3
45. The group's giving me an opportunity to learn to approach others.	0	1	2	3
46. The group was something like my family – some members or the supervisor being like my parents and others being like my relatives. Through the group experience I understand my relationships with my parents and relatives. (brothers, sisters, etc.).	0	1	2	3
47. Recognizing that life is at times unfair and unjust.	0	1	2	3
48. Being in the group somehow helped me to understand old hang-ups that I had in the past with my parents, brothers, sisters, or other important people.	0	1	2	3
49. Putting other's needs ahead of mine.	0	1	2	3
50. Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me to do the same.	0	1	2	3
51. Belonging to and being accepted by a group.	0	1	2	3

Circle one number for each item.

	Not Helpful	Slightly Helpful	Helpful	Very Helpful
52. Learning that others have some of the same "bad" thoughts and feelings I do.	0	1	2	3
53. Helping others has given me more self-respect.	0	1	2	3
54. Group members telling me what to do.	0	1	2	3
55. Seeing that I was just as well off as others.	0	1	2	3
56. Expressing negative and/or positive feelings towards the supervisor.	0	1	2	3
57. The supervisor's suggesting or advising something for me to do.	0	1	2	3
58. Learning how I come across to others.	0	1	2	3
59. Knowing that the group had helped others with problems like mine encouraged me.	0	1	2	3
60. Forgetting myself and thinking of helping others.	0	1	2	3

**Appendix C**  
**Demographics Questionnaire**

ID# \_\_\_\_\_

### Participant Information

Please complete the following confidential survey regarding your personal and professional background.

**Age:** \_\_\_\_\_ years

**Gender:** \_\_\_\_\_ male  
\_\_\_\_\_ female

**Ethnicity:** \_\_\_\_\_

**University:** \_\_\_\_\_

**Program of Study: (check one)**

\_\_\_\_\_ Community Counseling

\_\_\_\_\_ Mental Health Counseling

\_\_\_\_\_ School Counseling

\_\_\_\_\_ Marriage/Family Counseling

\_\_\_\_\_ Other \_\_\_\_\_

1. Prior to this practicum, had you ever worked with clients as a counselor? (circle one)    Yes    No
2. How many months of work experience do you have in a mental health field? \_\_\_\_\_ months
3. What is the highest degree you have attained to date? (place check mark next to highest)
 

_____ Bachelor's degree.	Major area of study _____ (please specify)
_____ Master's degree	Major area of study _____
_____ Doctoral degree	Major area of study _____
4. How many individual supervision sessions (i.e., meetings between you and your supervisor only) did you receive during the course of your practicum this semester?  
\_\_\_\_\_ sessions
5. How many times did your supervision group meet during the course of your practicum this semester?  
\_\_\_\_\_ meetings
6. How many clients did you work with during your practicum this semester? \_\_\_\_\_ clients
7. How many total counseling sessions did you conduct during your practicum this semester?  
\_\_\_\_\_ sessions
8. What is your practicum supervisor's gender? (circle one)    Male    Female
9. What is the highest degree that your practicum supervisor has attained? (circle one)
 

Bachelor's degree	Master's degree	Doctoral degree	Don't know
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10. On a scale from 1 to 5, how beneficial do you think that the group supervision you received was to your professional development? Circle a corresponding number.
 

Very Beneficial	1	2	3	4	5	Not Very Beneficial
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11. Which format of supervision did you find most beneficial? (circle one)
 

Individual supervision	Group supervision	Both equally beneficial	Neither was beneficial
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12. If given the opportunity, would you ever voluntarily take part in group supervision again? (circle one)
 

Yes	No	Unsure
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**Appendix D**  
**Qualitative Interview Questions**

## QUALITATIVE INTERVIEW QUESTIONS

1. Describe your overall experience in group supervision.
2. How many students were in your group? What are your thoughts about this size?
3. What aspects of group supervision did you find helpful to your professional development?
4. What aspects of group supervision were not helpful to you?
5. What were relationships like between supervisees in your group?
6. Describe how you and your fellow supervisees interacted during group supervision.
7. How were other supervisees in your group helpful to you? How were they not helpful? Provide an example of each.
8. What were your interactions with your supervisor like during group supervision?
9. How did these interactions affect your professional growth?
10. What was the most valuable part of your group supervision experience? Why?
11. What was the least valuable part of your group supervision experience? Why?
12. What did your supervisor do to enhance your training and development as a counselor?
13. What if anything do you wish your supervisor would have done to improve your group supervision experience?

**Appendix E**

**Supervisor Demographics Questionnaire**

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### Supervisor Demographics Questionnaire

Please complete the following confidential questionnaire about your supervision background.

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**Age:** \_\_\_\_\_ years      **Gender (circle one):**    male      female

**Race/Ethnicity:** \_\_\_\_\_

1. Prior to this semester, had you ever conducted group supervision? (circle one)      Yes      No

2. How many years of group supervision experience do you have? \_\_\_\_\_ years

3. Please estimate the number of supervision groups you have led prior to this semester (if applicable).  
\_\_\_\_\_ sessions

4. How many times did your supervision group meet during the course of your practicum this semester?  
\_\_\_\_\_ meetings

5. How many supervisees are in your supervision group this semester? \_\_\_\_\_ clients

6. Do you have a doctoral degree? (circle one)      Yes      No

7. In what discipline is your terminal degree (e.g., counselor education, counseling psychology)?  
\_\_\_\_\_

8. On a scale from 1 to 5, how beneficial do you think that group supervision is to counselors-in-training (circle a corresponding number)?

Very Beneficial      1      2      3      4      5      Very Unbeneficial

9. Which format of supervision do you prefer to conduct? (circle one)

Individual supervision      Group supervision      Both equally      Neither

10. In the space below, please describe in brief your theoretical orientation to group supervision practice and any methods or techniques that you employ as a group supervisor.

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**Appendix F**  
**Study Description - Faculty**

Dear Faculty Member:

Thank you for expressing interest in assisting with my doctoral dissertation research. The purpose of letter is to request your cooperation with data collection for my doctoral dissertation, which is being conducted under the direction of Dr. John Geisler. You are being contacted at this time as a follow-up to our telephone or email conversation.

As I indicated to you during our previous contact, the purpose of my research is to investigate the process of group supervision. As you may know, little research has been conducted in this area. As a result, we as a field do not have a firm theoretical base on which we can rest our group supervision practices. This research will be a beginning point in rectifying this problem.

Should you decide to help, you will be asked to allow me to visit your individual practicum class towards the end of the semester. This visit will last approximately 10 minutes during which time I will explain my study to your students and distribute research materials. You will also be asked to complete a brief demographics survey, which is included with this mailing. In all, it is estimated that your involvement (including telephone conversations and survey completion) will take only 20 minutes of your time.

If you would like to participate sign the enclosed permission sheet and informed consent sheet, and complete the enclosed supervisor demographics questionnaire. Then, return these in the stamped, addressed envelope provided. Once I have received these materials, I will contact you to set up a time to visit your practicum group. Thank you again for your assistance.

Sincerely,

Jeremy M. Linton, MA  
Doctoral Student  
Counselor Education and  
Counseling Psychology  
Western Michigan University  
Kalamazoo, MI 49008

John S. Geisler, Ed.D.  
Professor  
Counselor Education and  
Counseling Psychology  
Western Michigan University  
Kalamazoo, MI 49008

**Appendix G**  
**Informed Consent – Supervisors**

WESTERN MICHIGAN UNIVERSITY  
 H. S. I. R. B.  
 Approved for use for one year from this date:  
 Approved for use for one year from this date:

APR 08 2002

x. *May Zager*  
 HSIRB Chair

Western Michigan University  
 Department of Counselor Education and Counseling Psychology

Principal Investigator: John Geisler, Ed.D.  
 Student Investigator: Jeremy Linton, MA

You have been invited to participate in a research project entitled "Group processes in Group Supervision: A Quantitative and Qualitative Investigation." This research is intended to study the role of group process variables in the supervision of counselors-in-training. This project is Jeremy Linton's dissertation project.

You will be asked to complete a demographics questionnaire as part of this study. This should take you approximately 5 minutes. Your replies will be completely anonymous, so do not put your name anywhere on the form. You may choose to not answer any question and simply leave it blank. If you choose to not participate in this research, you may either return the blank survey or you may discard it at your convenience. If you have any questions, you may contact John Geisler at (616) 387-5110, Jeremy Linton at (phone number), the Human Subjects Institutional Review Board (616 387-8293), or the vice president for research (616 387-8298).

In addition to the above, you will also be asked to allow the student researcher to visit your masters level counseling class for the purposes of soliciting your students' participation in the study. At no time will your students be provided with any of the information that you supplied on your demographics questionnaire. This visit should take approximately 10 minutes during which the study will be explained and research packets handed out. In all, participation in the entire study should take about 20-25 minutes of your time.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. Subjects should not sign this document if the corner does not have a stamped date and signature.

Your signature below indicates that you have read and/or had explained to you the purpose and requirements of the study and that you agree to participate.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Consent obtained by: \_\_\_\_\_

\_\_\_\_\_  
 Initials of researcher

\_\_\_\_\_  
 Date



**Appendix H**  
**Research Description - Quantitative**

Dear Student:

I would like to take this opportunity to invite you to participate in my doctoral dissertation research. The title of my dissertation research is *Group Processes in Group Supervision: A Quantitative and Qualitative Investigation*. Because you are currently enrolled in an individual practicum class, and are receiving group supervision, your input will be highly beneficial to the completion of this project.

If you would like to participate, please refer to the stapled document labeled *Research Packet*. In that packet, you will find several forms. Please read the enclosed informed consent sheet, and complete the forms entitled **Participant Information and Therapeutic Factors Scale – Revised**. Then, place these forms in the stamped, addressed envelope enclosed in this packet and place the envelope in the mail at your earliest convenience. Your responses to the Participant Information and Therapeutic Factors Scale – Revised will be confidential. Therefore, I ask that you do not place your names on these forms. The other forms included in this packet that will bear your name and/or contact information will be removed upon receipt and stored separately from your confidential responses. **At no time will your university practicum supervisor or anyone associated with your counselor training program have access to any of your responses.** In fact, they will not even know whether or not you participate.

In all, your participation will take approximately 20-30 minutes. As a reward for taking part in this study, I will enter your name in a raffle for a **\$50.00 gift certificate** to a national bookstore chain. All you have to do to enter is fill out the enclosed raffle card and enclose it in the envelope with your completed forms. If you win, I will mail the certificate to the address that you provide.

I would also like to take this opportunity to invite you to participate in a follow-up interview to further discuss your experiences in group supervision. To learn more about this, please see the stapled document entitled *Follow-up Interview Information*. If you are willing to do so, please read the enclosed description of the interview process and return the required information. As a reward for taking part in these follow-up interviews you will be paid \$10.00 per hour.

Thank you in advance for your participation. Your assistance will not only help me to complete the requirements for my doctoral degree, they will also benefit the field of counseling in innumerable ways.

Sincerely,

Jeremy M. Linton, MA  
Doctoral Student  
Counselor Education and  
Counseling Psychology  
Western Michigan University  
Kalamazoo, MI 49008

John S. Geisler, Ed.D.  
Professor  
Counselor Education and  
Counseling Psychology  
Western Michigan University  
Kalamazoo, MI 49008

**Appendix I**

**Informed Consent – Quantitative Participants**

WESTERN MICHIGAN UNIVERSITY  
 H. S. I. R. B.  
 Approved for use for one year from this date:

APR 08 2002

x *May Lagon*  
 HS/RB Chair

Western Michigan University  
 Department of Counselor Education and Counseling Psychology

Principal Investigator: John Geisler, Ed.D.

Student Investigator: Jeremy Linton, MA

You are invited to participate in a research project entitled "Group Processes in Group Supervision: A Qualitative and Quantitative Investigation" designed to analyze the nature of group process variables in the group supervision of counselors-in-training. The project is being conducted by John Geisler, Ed.D. and Jeremy Linton, MA from Western Michigan University, Department of Counselor Education and Counseling Psychology. This research is being conducted as part of the dissertation requirements for Jeremy Linton.

This study is comprised of two survey instruments. The first questionnaire is 16 items and contains multiple response formats. The second questionnaire is 60 true/false items. In total, both of these questionnaires should take approximately 15 minutes to complete. Your replies will be completely anonymous, so do not put your name anywhere on the form. You may choose to not answer any question and simply leave it blank. If you choose to not participate in this survey, you may either return the blank survey or you may discard it at your convenience. Returning the survey indicates your consent for use of the answers you supply. If you have any questions, you may contact John Geisler at (616) 387-5110, Jeremy Linton at (phone number), the Human Subjects Institutional Review Board (616 387-8293), or the vice president for research (616 387-8298).

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. You should not participate in this project if the corner does not have a stamped date and signature.

**Appendix J**

**Research Description - Qualitative**

Dear Student:

Thank you for your interest in taking part in the follow-up interview to your participation in my doctoral dissertation research. Below is a brief description of the interview process.

It is anticipated that the interview will last for approximately 1 to 1 ½ hours. During that time, we will further discuss your experiences in group supervision. All interviews will be tape recorded. Should you decide to participate I will use the telephone number or email address that you provide and will contact you as soon as I receive your materials. We will then arrange a time and place to meet on your university campus. To compensate you for your time, you will be paid \$10.00 per hour for your participation in these interviews. This will be given to you in cash immediately following the interview. The information that you provide in these interviews will be confidential. Once the interview is complete, your tape will be assigned an identification number and any identifying information will be removed. **At no time will your university practicum supervisor or anyone associated with your counselor training program have access to any of your responses.**

If you would like to participate in a follow-up interview please read and sign the informed consent sheet and complete the interview interest sheet. Then, put these in the enclosed stamped, addressed envelope and place the envelope in the mail at your earliest convenience.

Thank you in advance for your participation. Your assistance will not only help me to complete the requirements for my doctoral degree, they will also benefit the field of counseling in innumerable ways.

## Appendix K

### Informed Consent – Qualitative Participants



WESTERN MICHIGAN UNIVERSITY  
 H. S. I. R. B.  
 Approved for use for one year from this date:

APR 08 2002

x *May Lazon*  
 HSI/IB Chair

Western Michigan University  
 Department of: Counselor Education and Counseling Psychology  
 Principal Investigator: John Geisler, Ed.D.  
 Student Investigator: Jeremy Linton, MA

You have been invited to participate in a research project entitled "Group processes in Group Supervision: A Quantitative and Qualitative Investigation." This research is intended to study the role of group process variables in the supervision of counselors-in-training. This project is Jeremy Linton's dissertation project.

You will be asked to take part in a one to one and a half hour interview with Jeremy Linton. You will be asked to meet Jeremy for these sessions at in a convenient place at my university. The interviews will During the meeting, you will also be asked to provide general information about yourself, such as age, level of education, and employment status.

As in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or treatment will be made available to me except as otherwise specified in this consent form. One potential risk of participation in this project is that you may be upset by the content of the Interview. No services will be provided to address any discomfort other than a possible referral to your university counseling center.

One way in which you may benefit from this activity is having the chance to discuss your experiences in supervision, which may be helpful in helping to reflect upon practicum training. You may also benefit by gaining exposure to the qualitative research process through first hand experience as a participant. Information that you provide could also help to advance the understanding of supervision practices and may assist in enhancing current counselor training models.

All of the information collected from you is confidential. That means that your name will not appear on any papers on which this information is recorded. Likewise, your participation in the study is confidential. In particular, neither your practicum supervisor nor anyone associated with your training program will know whether you participated in the study. All forms will be retained for at least three years in a locked file in the principal investigator's office.

You may refuse to participate or quit at any time during the study without prejudice or penalty. If you have any questions or concerns about this study, you may contact either John Geisler at (616) 387-5100 or Jeremy Linton at (phone number). You may also contact the chair of Human Subjects Institutional Review Board at 387-8293 or the vice president for research at 387-8298 with any concerns that I have.

WESTERN MICHIGAN UNIVERSITY  
H. S. I. R. B.  
Approved for use for one year from this date:

APR 03 2002

x. Mary Zagay  
HSIRB Chair

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. Subjects should not sign this document if the corner does not have a stamped date and signature.

Your signature below indicates that you have read and/or had explained to you the purpose and requirements of the study and that you agree to participate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Consent obtained by: \_\_\_\_\_  
initials of researcher

\_\_\_\_\_  
Date

If you would like to participate in this portion of the study, please complete the qualitative study interest sheet.

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