Group process variables in group supervision

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Abstract:

A single subject case study indicated the supervision group was primarily task-oriented, made a contribution to supervisees' learning, and achieved the affiliation level of group development.

Keywords: group supervision | counseling | supervision outcomes

Article:

Many writers agree that the use of group supervision is crucial to the education and maintenance of counseling skills, for both novice and experienced practitioners (Bernard & Goodyear, 1992; Blocher, 1983; Fraleigh & Buchheimer, 1969; Hillerbrand, 1989; Holloway & Johnston, 1985). These writers believe that group supervision offers unique opportunities for growth that are clearly distinguishable from those obtained from individual supervision, because group supervision may foster less dependence on the supervisor. Anxiety is lessened; self-efficacy and learning opportunities are enhanced by the supportive environment and by the reassurance that peers have similar concerns (Hillerbrand, 1989).

Hart (1982) believed that group counseling skills are enhanced by a group supervision experience as well. Professional standards support these writers' views, typically specifying that group supervision be included as a separate component of professional preparation and postgraduate continuing education (Borders & Cashwell, 1992; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 1991).

Despite this seemingly universal endorsement of group supervision, empirical evidence of its contributions to counselor development is almost nonexistent. In a review of conceptual and empirical literature on group supervision from 1960 to 1983, Holloway and Johnston (1985) found methodologically inadequate studies of process groups popular in the 1960s and 1970s, and "no substantive empirical information" (p. 337) about the case presentation format more

typical in later years. They also observed that no detailed descriptions of group processes were documented.

Little progress has been made in the study of group supervision since that review: we have located only two studies published during the last two decades. In the first, Kruger, Chemiss, Maher, and Leichtman (I 988) investigated group supervision of paraprofessional counselors (Mental Health Technicians-not all with advanced degrees) in a residential treatment facility, with a focus on the problem-solving behaviors of group members during biweekly meetings over 9 weeks. Results indicated that the meetings were highly task oriented, with about 70% of interactions regarding problem solving (e.g., clarifying clients' issues, designing and planning interventions). Approximately 5% of the group voiced concerns regarding their own difficulties. Supervisors were slightly more verbal than supervisees, at 51% versus 47%.

Group members reported that they were highly satisfied with their group experience, rated the interpersonal climate of the group meetings highly, and believed that their group experience had made substantial contributions to the development of their counseling skills and knowledge. Satisfaction ratings were related to supervisors' level of experience, with experienced supervisors receiving higher ratings, as well as to the level of supervisees' participation in group meetings.

In the second published study on group supervision, Wilbur, Roberts-Wilbur, Hart, Morris, and Betz (1994) investigated the effect of a structured group experience on practicum counseling students' self-reported development. A 10-item rating form was devised to measure students' personal growth and skill development (no reliability or validity information provided). Twenty structured groups and five control groups were studied at three universities. The structured group supervision model consisted of sequential steps in which a student makes a specific request for assistance, receives feedback from each group member, (during which the supervisee remains silent), and then reflects on and evaluates the feedback.

In the control groups, a "case conceptualization-skill acquisition focus" was used, including review of audiotapes and role plays. Students in structured groups reported significantly greater gains in personal growth and skill development than did students in control groups. The researchers noted. however, that students in both treatment and control groups reported significant gains from their group experiences. The researchers suggested that their results offered at least tentative support for the pervasive use of group supervision (whatever the format) in counselor training programs.

Although these two studies provided us with some useful information, there are many unanswered questions about what happens in group supervision and how it works. It is not known which elements of the group supervision experiences contributed to students' self-reported benefits in the Wilbur et al. (1994) study. Interpreting outcomes, particularly their application to practice, is difficult without adequate descriptions of the process variables at work (Holloway & Hosford, 1983; Kruger et al., 1988). And, although Kruger et al. concluded that positive outcomes seemed to be related to total time spent in supervision. the supervisor's experience as a supervisor, and supervisee's participation level, they also observed that the unique setting of their study may have affected their results. For example, paraprofessionals' group behavior may differ from that of counseling students in important ways (e.g., focus on

problem solving versus issues related to the self). It is clear that exploratory process studies of actual supervision groups are needed to identify and understand the phenomena at work in this supervision format (Holloway & Hosford, 1983).

Even exploratory studies need a plausible framework to identify relevant variables for examination. Group supervision literature, such as descriptions of benefits (cited previously), models (see Bernard & Goodyear, 1992; Borders, 1991b; Holloway & Johnston, 1985). and peer groups (e.g., Greenburg, Lewis, & Johnson, l985; Lewis, Greenburg, & Hatch, 1988), strongly suggests that general group process literature is a logical source for studying supervision groups. These and other writers have indicated that the benefits of group supervision are dependent on the group environment (Fraleigh & Buchheimer, 1969; Sansbury, 1982; Smith, 1976). They believe that *group climate* promotes change. member satisfaction, and group development They also characterize the supervision group environment in terms closely resembling *therapeutic factors* (e.g., universality, guidance) prominent in group literature, which have consistently been related to positive results in numerous therapy groups (Fuhriman & Burlingame, 1990; Lieberman, Yalom, & Miles, 1973) and growth groups (Kivlighan & Goldfine, 1991). They also suggested that supervision groups will progress through stages typical of all group experiences: engagement. differentiation, and individuation (MacKenzie & Livesley, 1983). Still, none of these pervasive assumptions about group phenomena occurring in supervision groups have been investigated. Such knowledge would be highly useful to supervision researchers and practitioners in their efforts to design and evaluate effective supervision groups.

The purpose of our study was to document and explore the existence of several group phenomena in a supervision group. Due to the lack of information available on group supervision, a discovery-oriented research approach (C. E. Hill, 1990; Elliott, 1984; Mahrer, 1988) was selected. Discovery-oriented research is viewed as a necessary first step in the systematic inquiry of a phenomenon, with the goals of describing what is actually happening and then generating hypotheses for future study. This was particularly appropriate for research on group supervision, because the existing literature was primarily based on assumptions about the group supervision process rather than "direct measurement of actual supervision events" (Borders, 1989, p. 18; see also Holloway & Hosford, 1983).

A single subject ($N = 1$) design was chosen to allow intensive assessment and examination of the operation of a supervision group. The single subject design, involving multiple process and outcome variables, provided the clearest means to "describe the group, specify changes in the behavior or actions of group over time, and link one or more selected process variables to outcome" (Heppner, Kivlighan, & Wampold, 1992, p. 320).

A group of master's-level supervisees working with a doctoral-level supervisor was studied for one semester. We addressed the following: (a) To what extent do the supervisor and supervisees perceive the first three stages of group development to be present in their group? (b) To what extent do they perceive the occurrence of therapeutic factors in each group session? (c) What subject matter and work styles characterize the supervision group? (d) What verbal activity level (i.e., ratio of utterances of supervisees to supervisor) characterizes the group sessions? (e) How are the process variables (i.e., group development stages, therapeutic factors, content and work styles, verbal activity level) related to (e) the supervisor's and supervisees' estimates of learning

during *the* group sessions and (f) their evaluations of session effectiveness? (g) What process and outcome variables characterize the "best" and "worst" sessions identified by the supervisor and supervisees?

METHODOLOGY

Participants

Participants were drawn from an accredited counselor education program at a midsized state university in the southeast United States. Four master's-level counseling students (2 men and 2 women) were enrolled in their first semester internship course; their doctoral-level supervisor volunteered to participate.

Assignments were determined by the coordinator of internships following usual practices (e.g., grouping by experience level, type of internship setting).

Supervisees' ages ranged from 44 to 51 ($M = 46.7$, $SD = 3.4$). At the time of the study, each had completed most their counseling course work and approximately 120 hours of counseling practicum. Their internships were at a private psychiatric hospital, a rape counseling center, a nursing home. and a community mental health center. They reported a mean of 2 years of previous related experience of various schools of counseling (e.g., eclectic, cognitive/behavioral and existential). All had been involved in both individual and group supervision during practicum activities.

The assigned supervisor (women, age = 38) to the group was an advanced doctoral student in the same counselor education program. She reported a total of 7 years of counseling experience in public and private practice, including extensive group experience, and described her counseling orientation as primarily family systems. The supervisor had successfully completed a 600-hour doctoral-level supervised counseling internship and most of her counseling course work, including a 3-hour academic course and supervised practicum in counseling supervision. This was her first experience supervising internship students for a full semester. her work was supervised (weekly in either individual or group sessions) by a faculty member in the counselor education program (L. DiAnne Borders).

Supervisees received weekly individual or group supervision (or both) at their sites and at the university. The focus of this study was the on-campus supervision group, because this was the consistent group experience for all participants. The group met every other week ($n = 5$; 1½ hours each) for the 10-week summer session, and followed a case presentation formal in which supervisees took turns presenting a client (including audiotaped segments of a recent counseling session) and requesting specific feedback about their work. Time was also allotted for any group member's concerns (e.g., site-based issues-approximately 40 minutes). Approximately 20 minutes of Group Sessions 1 and 4 were designated for reviewing internship requirements, such as deadlines for submitting paperwork, contracts, letters of agreement. supervisors' roles, students' roles, and so forth.

Instruments

Group Climate-Short Form. Group Climate-Short Form (GCQ-S; MacKenzie, 1990) is a measure of group atmosphere based on participants' perceptions of peers' interactions. Group members respond to 12 items on a 7-point Likert scale (0 = *strongly disagree,* 6 = *strongly agree).* Subscales of three group dimensions are based on factor analysis: engagement (degree of cohesion and work orientation on the group), avoidance (degree to which individuals rely on group members or leaders), and conflict (interpersonal conflict and distrust) (Mac-Kenzie, 1983). Patterns of these subscale scores also are used to suggest the first three stages of group development (Mac-Kenzie, 1983): Stage 1, engagement (rising engagement score, low conflict and avoiding); Stage 2, differentiation (lower engagement scores, higher conflict and avoiding); and Stage 3, individuation (higher engagement scores, low conflict and avoiding). Support for construct validity of the GCQ-S has been demonstrated in several studies (e.g., Kanas & Barr, 1986; MacKenzie, Dies, Coche, Rutan, & Stone, 1987), with acceptable coefficient alphas (e.g., .88, -.94; Kivlighan & Goldfine, 1991).

Therapeutic Factor Scale. The Therapeutic Factor Scale (TFS; Butler & Fuhriman, 1983) is a measure of the overall presence of Yalom's (1985) therapeutic or change factors throughout group sessions. These factors are believed to be a prerequisite for change in any group (Yalom, 1985). Five items measure each of the 12 factors: 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, 1985). Originally developed as a 60-item Q-sort, items were drawn from critical incidents gathered by Lieberman et al. (1973) and Maxmen (1973) and from earlier literature on successful groups (see Yalom, 1985). Psychometric support for the Q-sort (e.g., test-retest reliability and factor analytic studies) is moderately supportive (Yalom, 1985). For the purposes of this study, an adapted version of Likert format (cf. Butler & Fuhriman, 1983; MacDevitt & Sanislow, 1987) was used. Here, participants rated or evaluated the helpfulness of each *item* in relation to their growth and learning on a 4-point scale (0 = *slightly helpful,* 3 = *very helpful).*

Critical Incident Form. In contrast to the TFS overall assessment, the Critical Incident Form (CI; MacKenzie, 1990) was used to measure therapeutic factors perceived present in a particular group session. On this form, participants were asked to describe the events in a particular session that they considered most important or significant to the supervisees' growth.

Several studies have indicated that with sufficient training raters may achieve adequate interrater reliability (e.g., Bloch & Reibstein. 1980; Kivlighan & Goldfine, 1991; Kivlighan & Mullison, 1988). In this study, critical incidents were classified by three master's-level raters not familiar with the purpose of the study. Raters were trained following a manual adapted from Bloch, Reibstein, Crouch, Holroyd. and Themen (1979). using critical incident responses from a pilot study, until raters achieved an 85% level of consistency (approximately 5 hours). Following guidelines in Bloch et al., written responses were categorized along Yalom's (1985) 12 therapeutic factors. (To allow for direct comparison with TFS results, all 12 factors were included rather than Bloch et al.'s revised 10 factors.) Final assignment was determined by majority agreement (2 or 3 raters' independent assignment) or, when necessary, through consensual discussion. For 84% of the incidents, at least two of the three raters agreed on the classification.

Hill Interactional Matrix SS. The Hill Interactional Matrix SS (HIM-SS; W. F. Hill, 1965, 1977) is a classification system for measuring the content and quality of verbal interactions in small groups of various types. Two dimensions considered important in distinguishing the therapeutic quality of group communication are used to identify a group's style of operation: *content/style,* or what groups talk about, and *work/style* a group's level of work. Content/style consists of four categories of increasing significance (topic, group, personal, and relationship). Work/style comprises five categories ranked from low to high in intensity (i.e., responsive, conventional, speculative, assertive, and confrontive). Content and work dimensions were derived by studying many therapy groups over time (W. F. Hill, 1965). A matrix was plotted with the content/style categories on the horizontal axis and work/style categories on the vertical axis, resulting in 20 cells, each of which "typify 20 recognizable and familiar patterns of behaviors in groups" (W. F. Hill, 1965, p. 7). This matrix (see Table 1) yields combinations of non-member-centered and member-centered categories (content/style) for pre-work and work-focused styles of interaction transcripts of a group session. Participants' utterances were assigned to one of the matrix cells, based on transcripts of a group session. Acceptable interrater reliability indices (i.e., .76 to .90) have been reported consistently (summarized in W. F. Hill, 1965).

TABLE 1. Exemplary Statements and the Percentage of Statements Overall in the Sixteen HIM-SS Categories

	Content Style Categories			
	Nonmember Centered		Member Centered	
Work Style Category	**Topic 1**	**Group 2**	**Personal 3**	**Relationship 4**
Pre-work				
Conventional (B)	Listen…when is Dr. Franklin's next seminar? (0.2%)	The last group. Everybody has got one week left of the individual. (12.8%)	One of the more important things I've learned from group was not to sit and wait. I have a tendency to sit and wait on other people. (1%)	I think that will be real interesting to see how that goes. (4.1%)
Assertive (C)	When you talk about that part of reimburse for people who want to do individual counseling, it's critical. (.4%)	I know, somebody should redo that form. If there is more specific information they want then they should probably. (.2%)	She is going to be as wide as she is high. (.2%)	I said ok. I did good on that. I admit it. (1.1%)
Work				
Speculative (D)	Hopefully, we will decrease a little of that frustration. The way I see group is really an opportunity for five professionals. (18.3%)	We are all middle-age adults, so we have got some experience there, I think. (2%)	But I found it's everybody's, it's my client's issues too, boundaries. Being able to set boundaries. (43.3%)	So that is just really verifying the whole thing here. (2.8%)
Confrontative (E)	This isn't to say they can't be helped. They can be significantly, the way you are saying. (3.9%)	And I appreciate you sharing that kind of insecurity because—what you are saying is get me out of here! (.1%)	Sounds like the idea of doing a case study meets some of your needs, because you felt all along like what can I do to help these others. (9.6%)	I try to tell … her that she has done some really good things, and every time … (.2%)

Validity has been established in several ways, including comparisons of content and work styles in different types of groups (e.g., interactional vs. insight), and in groups following different theoretical orientations. An expert rater (P. Hill) provided statement-by-statement categorizations of transcripts for the groups sessions in this study.

Activity Level Index. Activity level of the supervisor and supervisees was assessed as in Martin, Goodyear, and Newton's (1987) supervision case study. The ratio of numbers of utterances made by the supervisor and the total number of utterances made by both the supervisor and the supervisees were expressed as a proportion.

Rate of Learning Scale. Rate of learning (RL) was assessed by asking the supervisor and supervisees to designate how much a particular session had contributed to the supervisees' learning and development as a counselor. One Likert-scale item (1 = *no learning,* 7 = *a lot of learning),* similar to measures used in studies of client improvement in a counseling session (e.g., C. E. Hill, Carter, & O'Farrell, 1983; O'Farrell, Hill, & Patton, 1986), was devised for this study.

Session Evaluation Questionnaire. The Session Evaluation Questionnaire, Form 4 (SEQ; Stiles & Snow, 1984) is frequently used to measure participants' immediate reactions to sessions and their post-session affective states. Depth and Smoothness subscales measure participants' perceptions of power and value, comfort, relaxation, and pleasantness in the session. Positivity and Arousal subscales measure post-session mood or feelings of confidence and clarity, and activeness and excitement. Twenty-four dichotomous adjectives (20 scorable pairs) were presented in a 7-point semantic differential format (Osgood, Suci. & Tannenbaum, 1957), with five pairs for each subscale. Factor analysis has supported the four dimensions, and the SEQ has demonstrated high reliability (Stiles & Snow, 1984). The SEQ also has been used to measure reactions in groups (Stiles, Tupler, & Carpenter, 1982) as well as the quality of supervision sessions (Martin et al., 1987).

Best-worst sessions. Participants were asked to designate what they believed to be the best session and the worst session of the semester. The one-page questionnaire asked for the numbers of the best and worst sessions and participants' reasons for identifying each as such.

Procedure

At the end of each group session, participants completed the GCQ-S, CI, SEQ, and RL. After the final session, participants also completed the TFS and designated the best and worst group supervision sessions throughout the semester. Supervisees were asked to base their responses on individual reactions; the supervisor was instructed to complete the forms based on her perceptions of total group functioning. These were distributed to participants by the researcher (Pamela O. Werstlein) at the beginning of each group session. Participants remained in the group room to complete the packets at the end of the session and returned them to the researcher outside of the room.

Audiotapes of each session were transcribed; transcriptions were then mailed to the expert rater for classification using the HIM-SS, Using the same transcripts, activity levels also were calculated.

RESULTS

Group Stages

Identifications of group development stages were based on participants' ratings of the GCQ's three dimensions of engagement, avoiding, and conflict. These subscale scores, graphed separately for the supervisor and supervisees, are depicted in Figures 1 and 2. Following instructions given in MacKenzie (1983), three judges (doctoral counselors with training in group counseling) studied the graphs independently, comparing them with normative patterns in MacKenzie (1983) to determine whether the stages of engagement, differentiation, and individuation occurred in the supervision group.
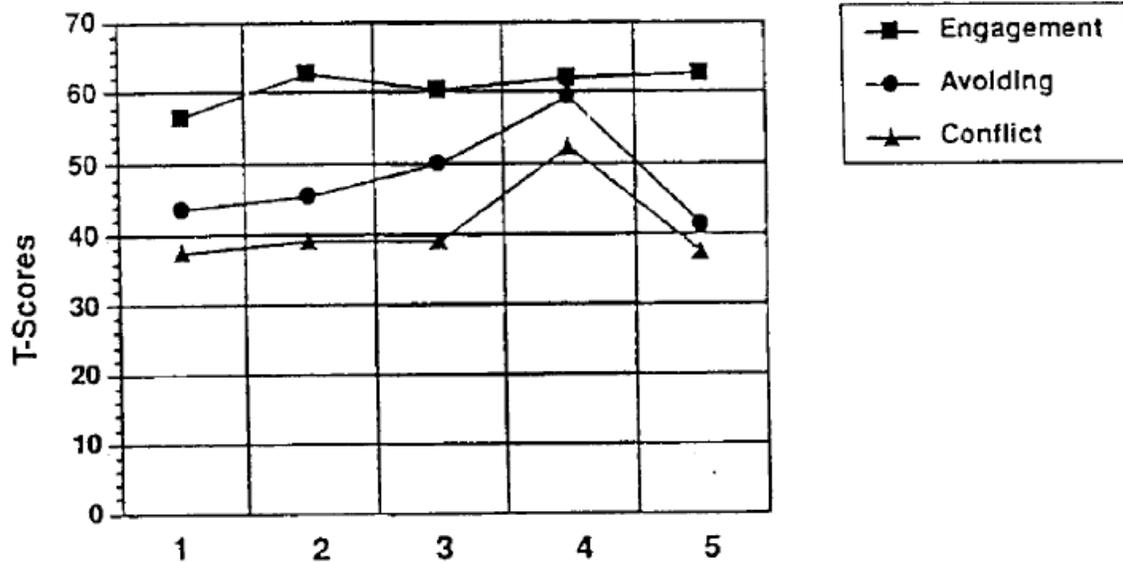

FIGURE 1. Supervisor GCQ Subscale Scores Across Five Group Supervision Sessions
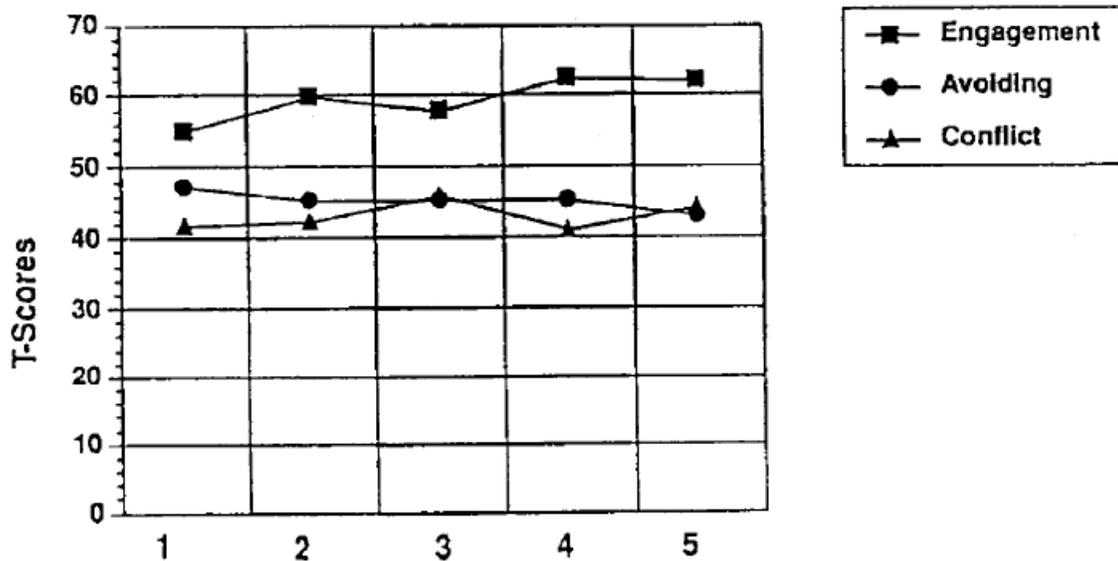

FIGURE 2. Supervisees' GCQ Subscale Scores Across Five Group Supervision Sessions

The judges agreed that the supervisor's and supervisees' ratings indicated the presence of Stage 1 characteristics (rising engagement, low avoiding and conflict scores). They also agreed that the

ratings suggested that Stage 2 was initiated in Session 3 (drop in engagement, higher avoiding and conflict scores). There was less agreement, however, concerning the presence of Stage 3 (rise in engagement, decrease in avoiding and conflict scores). One judge believed the ratings suggested that this stage began in Session 4, the second named Session 5, and the third did not identify evidence of Stage 3. Thus. although the supervisor and supervisees provided somewhat similar patterns of group development, it seemed that the supervision group only experienced the first two stages of group development for the 5 sessions.

TABLE 2. Reports of Therapeutic Factors Measured Through the Critical Incident Form (CI) by Session and Therapeutic Factor Scale (TFS) Across Sessions by Supervisor and Supervisees

Therapeutic Factor	Supervisor	Supervisee	Total
Guidance			
CI frequency	1	8	9
TFS mean	0.4	1.3	
Group Cohesiveness			
CI frequency	4	3	7
TFS mean	1.6	1.3	
Altruism			
CI frequency	0	2	2
TFS mean	1.2	1.2	
Self-understanding			
CI frequency	0	3	3
TFS mean	0.4	1.1	
Interpersonal learning/output			
CI frequency	0	1	1
TFS mean	0.4	1.4	
Interpersonal learning/input			
CI frequency	0	1	1
TFS mean	0.8	1.5	
Universality			
CI frequency	0	1	1
TFS mean	0.6	1.1	
Instillation of hope			
CI frequency	0	1	1
TFS mean	2.4	1.7	
Catharsis			
CI frequency	0	0	0
TFS mean	1.4	1.6	
Identification			
CI frequency	0	0	0
TFS mean	0.4	1.0	
Existential factors			
CI frequency	0	0	0
TFS mean	1.2	1.2	
Family reenactment			
CI frequency	0	0	0
TFS mean	0	0.4	

Therapeutic Factors

The presence of therapeutic factors was measured both per session and for all sessions. Factors by session were measured via participants' reports on the CI. Of a possible 25 critical incidents

(one per session for each of the five participants), 25 were collected and then classified into one of Yalom's (1985) 12 therapeutic factors (cf. Bloch et al., 1979). Results of the three judges' final classifications for the supervisor's and supervisees' critical incident reports are reported in Table 2. At least three therapeutic factors were identified for each session by the supervisees, and there was little agreement between the supervisees and supervisor about what factors were present and influencing participants' growth and development. Overall, both the supervisor and supervisees cited guidance ($n = 9$) and group cohesion ($n = 7$) as the most important therapeutic factors during the sessions. Guidance was cited by at least one supervisee for each group session. Self-understanding was cited by one supervisee for each of the middle sessions, altruism was cited once for the first and last sessions, and instillation of hope was named once. in the last session only. The supervisor cited group cohesiveness for each session except Session 3 (guidance).

As a second measure, participants indicated their perceptions of the overall occurrence of the factors throughout the five sessions using the TFS. Results are in Table 2. In general, means for all the factors were relatively low (Likert scale of 0 = *slightly helpful* to 3 = *very helpful);* the supervisor's ratings evidenced somewhat more variation throughout sessions than the average of the supervisees' ratings. Both the supervisor and supervisees agreed that instillation of hope was the most predominant therapeutic factor across the sessions, and both gave their lowest ratings to family reenactment. Supervisees gave relatively higher ratings to catharsis and interpersonal learning/input. The supervisor gave relatively higher ratings to group cohesiveness and catharsis. Results also reflected some disagreements in ratings between the supervisor and supervisees. Supervisees gave higher ratings on seven of the factors; for learning/output and guidance the differences were at least .9.

Content and Work Styles

Transcriptions of the five sessions yielded a total of 2,362 statements, which were classified into the 16 HIM-SS categories by the expert rater. As indicated in Table 1, almost half of the statements were classified as personal/speculative (43.3%); the second most frequent category was topic/speculative (18.3%). These results suggest that most of the group's verbal interactions were focused on discussing and hypothesizing about cases that were presented and the counseling approaches deemed appropriate. These frequently characterized each session; there were few notable trends across sessions (e.g., relatively higher percentages of conventional/group in Sessions 1 and 4, during which the supervisor reviewed internship policies and procedures).

HIM-SS results may also be analyzed in terms of the four quadrants formed by the matrix (W. F. Hill & Gruner, 1973, see Table 1). Statements in Quadrant l (upper left) denote behaviors characteristic of the orientation phase of group development, such as discussion of non-member-centered, superficial concerns that required few risks. Here, the group was attempting to establish a structure. A total of 13.6% of this group's statements fell into this category. Quadrant 2 (lower left) statements indicate exploration; participants were attempting to resolve frustration and individual differences; 24.3% of this group's the statements fell into this quadrant. Quadrant 3 (upper right) statements indicate member and leader role-taking; such statements preclude risk-taking. Only 6.4% of the group's statements were classified here. Quadrant 4 (lower right) statements reflect the production phase of a group in which members engaged in problem

solving. Over half (55.9%) of the group's statements fell into this quadrant. These results suggest that group members talked mostly about members' educational concerns (i.e., clients, counseling approaches, internship setting) with little mention of reactions to other group members, and even less mention of the group itself. In summary, the group was highly task-oriented.

Activity Level

The ratio of number of words spoken by the supervisor and the total words uttered was calculated for each session. Results indicated that the percentages of words spoken by the supervisor were 33.29% for Session 1. 10.13% for Session 2, 22.24% for Session 3, 35.11 % for Session 4, and 18.34% for Session 5. Although these varied, the content of the supervisor's statements seemed to readily explain these differences (e.g., supervisor presented group format in Session 1, reviewed requisite internship forms in Session 4). Even so, supervisees spoke more frequently than the supervisor in each session.

Rate of Learning

Participants tended to perceive that the group sessions positively influenced supervisees' learning and development as a counselor, although the supervisor's ratings (range = 5.0-6.0) tended to be higher than those of the supervisees (range = 5.0-5.8). Higher ratings were generally given to sessions at the beginning and end of the series (Session l: supervisor = 6.0, supervisees = 5.6; Session 3: supervisor = 5.0, supervisees = 5.0; Session 5: supervisor = 6.0, supervisees = 5.3).

TABLE 3. Means and Standard Deviations for Session Evaluation Questionnaire (SEQ) Subscales by Sessions for Supervisor and Supervisee

SEQ Subscale	Session											
	1		2		3		4		5		Overall	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Depth												
Supervisor	5.8	—	6.6	—	4.6	—	6.0	—	6.4	—	5.9	.78
Supervisee	5.5	.74	5.5	.60	5.3	.90	5.4	.44	6.0	.43	5.5	.27
Smoothness												
Supervisor	5.8	—	6.0	—	6.0	—	5.6	—	5.2	—	5.7	.33
Supervisee	5.1	.19	4.3	.99	4.1	.35	4.9	.38	5.1	.60	4.7	.47
Positivity												
Supervisor	5.6	—	6.0	—	6.0	—	5.8	—	6.4	—	6.0	.30
Supervisee	5.2	.94	4.8	.69	4.4	.49	5.3	.58	5.8	.30	5.1	.53
Arousal												
Supervisor	4.0	—	4.4	—	4.0	—	5.0	—	3.6	—	4.2	.53
Supervisee	4.6	.37	4.6	.28	4.1	.41	4.9	.50	4.3	.50	4.5	.31

Session Effectiveness

As an additional measure of session outcome, participants completed the SEQ after each group. Mean subscale scores for each session and across sessions are reported in Table 3. Scores were in the moderate-to-high positive range, although the supervisor tended to provide higher ratings on each subscale than did the students. Supervisees tended to give their lower ratings to Session

3, but few other overall patterns of scores were apparent. The supervisor and supervisees did not exhibit any similar patterns throughout the sessions.

Best and Worst Sessions

The supervisor selected Session l as the "best." believing that she successfully set the tone for trust and group cohesiveness. Her high level of activity reflected her efforts to create this atmosphere, and her critical incident report for this session also emphasized this. She also gave one of her highest ratings of supervisee learning for Session 1.

The supervisor selected Session 3 as the "worst." citing low energy due to illness, which prevented her from being as engaged in the group process as normal. Her relatively low depth (SEQ) scores and rating of supervisee learning also reflected this. It was the only session for which her critical incident did not emphasize group cohesiveness; for this session, the incident was classified as guidance.

Selections of supervisees were varied. For the "best" session, they selected 5 ($n = 2$), 4 ($n = 1$), and 3 ($n = 1$). The pattern was that the supervisee received valued responses in the session. including a case presentation and an assessment of frustrations precipitated by working in one internship setting (i.e., nursing home). Other reasons were that they experienced more cohesiveness in the identified session, and that they felt competence as a counselor as a result of group events. For the "worst" session, they selected Sessions 2 ($n = 2$), 1 ($n = 1$), and 3 ($n = 1$). One supervisee did not like the organizational focus of Session 1. Others noted a session during which personal issues were affecting participation, and a session in which a member's comment seemed to be an insult. Individual RL scores for each supervisees' "best" session ($M = 5.75$, $SD = .96$) were similar to those for their "worst" sessions ($M = 5.20$, $SD = .84$). SEQ subscale scores for individual "best" sessions also tended to be only slightly higher than those for "worst" sessions (differences in mean subscale scores ranged from .05 to .75).

DISCUSSION

This study was an initial exploration of the group process in a supervision group and its relationship to several outcome variables. The results suggest this was an active, focused, and task-oriented group, highly valued by its members for its contribution to their professional development. Results correlated to each of the variables of interest are summarized below.

Only Stages 1 (engagement) and 2 (differentiation) clearly occurred during the duration of the group. It seems that group members achieved active participation and a sense of commitment (Stage 1), and began to explore individual differences and define themselves as a group (Stage 2) (MacKenzie & Livesley, 1983). The conflict characteristic of Stage 2, however, was not evident, so that the group did not experience the maturity that comes from confronting conflict and threats to self-esteem. Thus, intimacy—and Stage 3 individuation—was not achieved.

This group's development may be explained in several ways. It may be that the limited number of group sessions (five) did not permit enough time to allow issues of more advanced stages to occur. It also may be, as Kruger et al. (1988) suggested, that supervision groups do not possess

expected group stages. Instead, highly task-oriented behaviors may predominate across all stages.

Similarly, therapeutic factors reported per session (critical incidents) did not follow patterns associated with group development stages for other types of groups (e.g., Bloch et al., 1979; Kivlighan & Goldfine, 1991; Kivlighan & Mullison, 1988). In fact, the factors named in those patterns (e.g., decline in universality, increase in catharsis) were almost never cited by the supervisees. Also, guidance was cited consistently across sessions rather than increasingly over stages (cf. Kivlighan & Goldfine, 1991). It seems that the change factors significant in group supervision may be different from those at work in other groups, particularly therapy and growth groups, although the length of the supervision group experience may have influenced these data.

Our results suggest that the supervisor and supervisees may have different perceptions of significant events (therapeutic factors) in a group session. In this study, the supervisor emphasized group cohesiveness whereas the supervisees emphasized guidance. This contrast seems rather appropriate when considering the different roles and needs of the group participants. The supervisees wanted help with their clients; the supervisor was concerned with creating an environment in which the supervisee's needs could be addressed. This contrast has been reported for other groups (e.g., Bloch & Reibstein, 1980), suggesting that including the group leader's perspective of therapeutic factors may give a more complete picture of significant events in a group, depending on the research question.

We also found that group members' views of significant therapeutic factors may depend on how and when the factors are measured. When providing the overall measure of therapeutic factors (TFS), supervisees gave instillation of hope their highest rating. This factor, however, was only cited once by session (CI).

Although this contrast is unusual, it should be noted that the TFS may not be a relevant measure for supervision groups, given the low ratings on each of the factors on this scale. Nevertheless, future researchers must decide between measuring the presence of therapeutic factors per session, per a total of sessions, or both, because the two measures may yield quite different results. Also, several therapeutic factors, particularly those deemed more clinically oriented (e.g., family enactment), did not seem to occur in this group.

Bloch and Reibstein (1980) suggested that therapeutic factors could be combined into three classes: cognitive (e.g., guidance, universality), behavioral (e.g., altruism, learning from interpersonal action), and affective (e.g., instillation of hope, catharsis). Given these groupings, this supervision group clearly emphasized cognitive factors, which involve learning from thinking about topics (vs. learning by doing or via emotional expressions) and stress understanding.

Content and work styles also reflected this cognitive emphasis. In this group, supervisees hypothesized about clients, offered suggestions about working with clients, and discussed frightening site-based issues. Combined with results for group development stages and therapeutic factors, the profile of a consistently task-oriented group clearly emerges. Although Kruger et al. (1988) reached a similar conclusion regarding the focus of their paraprofessional

supervision groups, supervisees in this counselor intern group were far more direct. Differences in professional status, work settings (i.e., short-term residential facility for emotionally disturbed children and adolescents versus variety of community agencies), or work content (i.e., inpatient versus outpatient services) may account for these results.

Although the supervisor of this group had set an agenda (review of internship policies). the supervisees spoke more frequently in session. To what extent this reflects the supervisor's unique leadership style and to what extent it is representative of all supervision groups is a question for further studies.

The task-oriented group profile seems appropriate to the nature of this group and its case presentation format. Supervisees seemed quite satisfied with their experience. They were actively involved (activity level), found sessions to be at least moderately effective (SEQ), and said that the group experience had highly influenced their learning and development as a counselor (rate of learning).

Although their views of "best" and "worst" sessions were somewhat idiosyncratic, their choices seemed to stem from feeling satisfied that they received guidance for their own counseling work. This was a member-centered group, seemingly committed to helping each other resolve professional issues. From the perspective of the supervisees and supervisor, this was a successful group experience. Such a clearly positive evaluation echoes evaluations in the two other published studies of supervision groups (i.e., Kruger et al., 1988; Wilbur et al., 1994), and also supports Wilbur et al.'s (1994) conclusion regarding the value of group supervision in counselor training programs.

Several limitations should be considered while examining the results of this study. Both the supervisor and supervisees were relative novices in their roles, and the repeated use of session measures could have affected responses. As is true of naturalistic designs, a convenience group was studied, with few controls over preexisting differences (e.g., prior counseling or group experience) or concurrent experiences during the study. Use of a naturalistic setting yielded both advantages and limitations. Advantages include the data and thorough analysis possible in following one group over time. Limitations include the lack of control over influential variables, such as group format and group composition, which may have provided alternative explanations for the results. Supervisees' previous supervision experiences (including group supervision) may have contributed, because they had perhaps learned how to assume more responsibility for their learning in a group than students in the midst of their first supervision experience.

Nevertheless, this study provides a first look at group phenomena in a seemingly typical supervision group for beginning counselors. and thus provides a baseline for future studies.

Researchers could expand this study in several ways. It would be informative to examine a supervision group that met for more than five sessions. This would provide a better test of group stages and development. The study of different types of groups would indicate whether these results are idiosyncratic or can be generalized. Future groups might be composed of counselors with more experience, or include interns or counselors in other settings (e.g., schools), or be composed of a heterogeneous group that varies based on these or other factors.

A group reporting a negative supervision experience would provide an interesting comparison. These studies could identify critical variables to be isolated in more controlled designs, for example, experimental or analogue (cf. Holloway & Hosford, 1983).

This study was rooted in group process literature from psychotherapy and support groups because descriptions of important group events in the supervision literature were so similar to group process variables in related literature. Our results indicate that a more task-oriented model may be a better foundation for studying supervision groups. This is supported by Kruger et al.'s (1988) results for supervision groups of paraprofessionals. Conyne's (1989) task-personal stage model may be suitable for future research because Conyne includes both personal relations (i.e., dependency, conflict. cohesion, interdependence) and task functions (i.e., orientation, organization, data-flow, problem solving) in each group stage.

If future research indicates that supervision groups tend to be task oriented, supervisors could then address the question of whether this is the preferred style, based on the goals and functions of these groups. As Holloway and Johnston (1985) noted, various types of groups have been predominant at different times (e.g., interpersonal process groups in the 1960s and early 1970s, case presentation approach from the middle 1960s to the present), but little empirical research regarding the actual functioning or effectiveness of any group approach is available. A focus for future researchers and practitioners is the degree to which attention to interpersonal dynamics should be integrated with more task-oriented activities, the necessary skills of the group supervisor (cf. Borders, 1991b).

There is a need for systematic work in developing measures of supervision variables. Other supervision researchers (e.g., Borders, 1991a) have concluded that therapy-based measures are often inadequate for describing events in individual supervision. Evidence suggests that this conclusion also holds true for several of the measures in this study, particularly of therapeutic factors (e.g., low ratings on the TFS, limited number of therapeutic factors cited in the critical incidents). It may be that more basic work. such as that conducted by Ellis (1991) with group supervision with supervisors-in-training, is needed to create a classification system of change events that is specifically grounded in group supervision experiences.

Identifying useful outcome variables for this study was difficult due to the absence of clearly defined outcome variables in supervision literature and the almost impossible task of isolating outcomes of individual versus group supervision.

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