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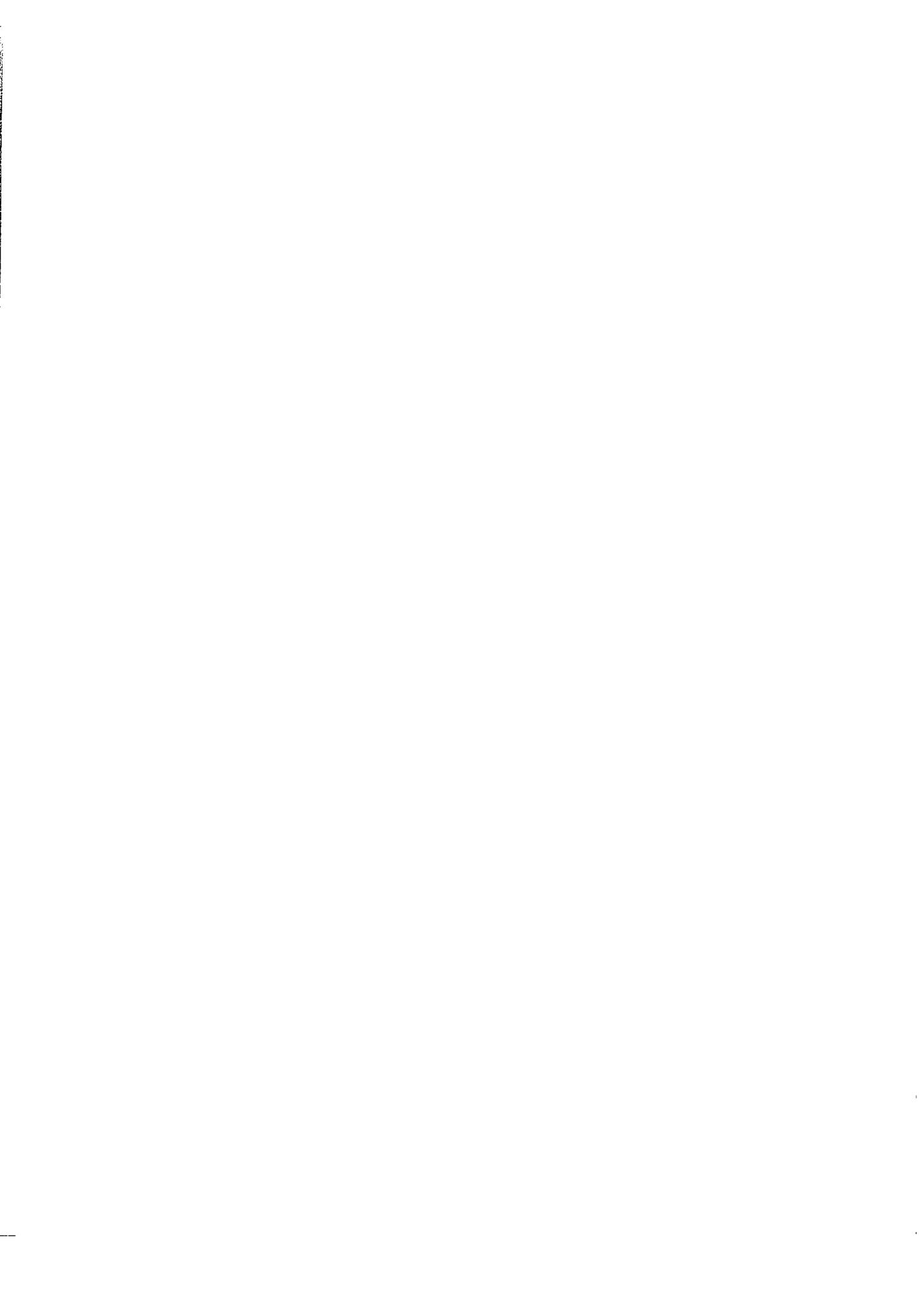
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Group process variables in group supervision

Werstlein, Pamela Odham, Ph.D.

The University of North Carolina at Greensboro, 1994

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GROUP PROCESS VARIABLES IN GROUP SUPERVISION

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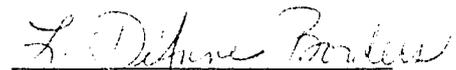
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The purpose of this study was to systematically investigate process components during actual group supervision with the purpose of targeting process variables that could serve as a basis for further research regarding critical components of group supervision. The following group process variables were the focus of this study: therapeutic factors, group climate, and verbal interactional (content and work dimensions) observations. Data related to these variable were gathered and then were studied in relation to the participants' perceptions of session effectiveness and rate of learning.

A naturalistic study format was selected in order to provide comprehensive descriptive data. Sixteen supervisees (masters or doctoral students) enrolled in a one-semester internship and four supervisors (advanced doctoral students) participated in the study. Each group met for five one and one half hour sessions. Data were collected at each session.

Overall findings suggest that group supervision was positive and contributed to the learning process. All four groups progressed to Stage 2 (differentiation), indicating that affiliation was established and some self-definition began to develop in the supervisees. Cognitive therapeutic factors were most frequently identified as the critical incidents for learning. Supervisors and supervisees often did not agree on what events were important in the sessions. Supervisees focused on self while the supervisors focused on group development. Examination of verbal responses indicated that members primarily gave advice and suggestions for cases. Supervisees spoken more often than the supervisor. Ratings for session effectiveness were moderate to high for all participants, but did not relate to any of the other variables in a consistent manner. Neither supervisors nor supervisees could agree on a session that was the "best" or the "worst."

As a result of the study, it seems imperative that a greater number of critical events in group supervision be collected from all types of supervisees. Group climate variables

indicate that supervisors must pay more attention to group process issues in order to promote group development. Also, it remains critical that supervisors devise means for checking the perceptions of supervisees as the supervision group progresses.

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of the Graduate School at The University of North Carolina at Greensboro.

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CHAPTER I

INTRODUCTION

The use of groups to provide supervision for counselors is common practice both in counselor education programs and in agencies that employ counselors. In fact, a number of writers have agreed that the use of group supervision is an essential element for the education and maintenance of counseling skills, for both novice and experienced practitioners (e.g., Getzel & Salmon, 1985; Hillerbrand, 1989; Holloway & Johnston, 1985; Parihar, 1983).

Group supervision is viewed as unique and critical element for counselor development, distinguishable from individual supervision. Group supervision is considered an important means of providing students with peer review, peer feedback, and personal insight (Bernard & Goodyear, 1992; Holloway & Johnston, 1985; Sansbury, 1982). Professional standards support this view. Standards of the American Counseling Association's (ACA) Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the American Psychological Association (APA) both specify that group supervision be included as a separate component of professional preparation and post-graduate continuing education (Holloway & Johnston, 1985). In addition, economic advantages of group supervision over individual supervision have been noted (Bernard & Goodyear, 1992; Holloway & Hosford, 1983; Holloway & Johnston, 1985).

Although group supervision is widely accepted as an economic and effective use of supervision time, empirical evidence for its unique contributions to the supervision process are almost nonexistent. Early writings consisted of descriptive models and suggested activities; empirical support for these models, however, was scarce (Holloway & Johnston, 1985). Instead, previous research was based on growth groups used in training programs

and their impact on supervisees' self-concept and self understanding (Axelson, 1967; Betz, 1969; Holloway & Johnston, 1985; Hanley, 1988; Wirt, Betz, & Engle, 1969). In addition, researchers have focused on global, often amorphous, factors such as "group dynamics" and "increased ability to interact with others" (e.g., Betz, 1969; Gazda & Ohlsen, 1961; McKinnon, 1969; Orton, 1965). More recent research in the 1980s and 90s has been scarce. In fact, in this time period only two published studies were found in which group supervision phenomena were examined. Hanley's (1988) purpose was to determine how time was used in group supervision and to examine group climate and supervisees' self-reported satisfaction with group supervision. Kruger, Cherniss, Maher, and Leichtman (1988) studied paraprofessionals with a focus on analyzing problem solving activities during group supervision. While these two studies did focus on group supervision specifically, the key components of supervision groups were not identified. In short, the components of effective group supervision have been described conceptually but have only begun to be defined empirically.

Several writers have suggested that group process variables are critical to the effective functioning of supervision groups (Graves & Graves, 1973; Holloway & Hosford, 1983; Sansbury, 1982). Group process refers to the "nature of the relationship between individuals who are interacting with one another" (Yalom, 1985, p. 137), or the "how" and "why" of members' verbal interactions. It includes specific concepts such as group development stages, cohesion, and universality. Writers in this area draw on the group literature to suggest that group process variables exist and function in supervision in a manner similar to other types of groups (e.g., encounter groups, psychotherapy groups). In addition, Anderson (1985) argued that group leaders or supervisors must "help the group to process itself, catalyze and direct it when needed" (p. 281). Based on this view, the supervisor must

understand, use, and trust group process and the group's ability to reflect upon its process as it continues with its designated tasks. Otherwise, group supervision is dyadic supervision with an audience.

Despite these assertions, the existence of group process variables in supervision groups has yet to be documented. Presently, we do not know whether group supervision is focused on members' interactions, or whether supervisors use group process to enhance individual growth and group development and to promote change. It may be that these variables behave differently in supervision groups versus more therapeutic groups; in particular, these variables may have differential effects on a supervision group's success.

To understand the functions of group process variables, their relationship to session effectiveness, and, eventually, their impact on counselor growth, a systematic approach to studying group supervision is needed. To study group supervision in a systematic manner, the group's life and its transactions must be examined. The first step of such a systematic research agenda is to document the existence of process variables over time in an actual supervision group (cf. Holloway & Johnston, 1985). The literature on group supervision to date notes the importance of such investigations, but, in fact, there is a paucity of descriptive data on how the group process actually occurs (Holloway & Johnston, 1985).

Purpose of the Study

The purpose of the proposed study was to provide descriptive data about group process variables occurring during actual group supervision. This information was not currently available in the literature on group supervision. The descriptive information gleaned from a case study of group supervision was intended to provide a basis for the selection of variables that might serve to identify, explain, and/or otherwise offer insight useful for further research and, eventually, for building an heuristic model of group supervision which has more than an intuitive base.

Need for the Study

Many counseling professionals (e.g., Borders, 1991; Cloud, 1986; Greenburg, Lewis, & Johnson, 1985; Nobler, 1980; Remley, Benschhoff, & Mowbray, 1987; Todd & Pine, 1968) believe that groups are an effective supervision approach. This approach, however, is supported only at the "rudimentary level" of empirical findings. This study provided baseline data collected from natural group supervision sessions to determine whether process variables found important in other types of groups were present in group supervision. Targeted process variables then can serve as a basis for further research defining the critical components of effective group supervision.

C. E. Hill (1990) described an empirical approach to examining what occurs within actual clinical settings, which she termed "discovery-oriented research" (see also Elliott, 1984; Mahrer, 1988). In this approach, natural occurrences are coded in order to describe what is actually happening, with the hope of establishing a more objective view of a situation. Discovery-oriented research is viewed as a necessary first step in the systematic inquiry of a phenomenon. As C. E. Hill (1990) explained, "Exploratory research follows the spirit of the scientific method, in which observation of clinical phenomena leads to refinement of the hypotheses, replication of the results, and finally development of theory" (p. 288). C. E. Hill (1990) further stated that the researcher is focusing on hypothesis building when studying the natural setting in order to make sense out of data that were systematically gathered.

Given the lack of information available on group supervision, it is this kind of discovery-oriented research which is currently needed. Documentation of group supervision phenomenon must come from "direct measurement of actual supervision events" (Borders, 1989, p. 18; see also Holloway & Hosford, 1983). By understanding the visible and invisible processes in group supervision, supervisors will be in a better position to identify group phenomena that are related to promoting supervisees' knowledge and skill development as a counselor.

Statement of the Problem

The literature about group supervision is largely narrative and often based on clinical description. Activities that appear to be effective in accomplishing supervision tasks are described, but whether or not these activities actually contribute to a positive outcome is not established. In fact, it is not clear what actually happens in supervision groups. No substantial research has been conducted. Thus, the use of the group in supervision is based on post-hoc description or, at best, the expressed satisfaction of members and leaders (Bernard & Goodyear, 1992). Translation of this intuitive positive reaction to an established empirical base requires objective data. A systematic case study of selected group process variables is an important beginning step toward reaching this goal.

This study provided an initial look at actual group supervision events and thus contributed to a systematic investigation of group supervision. At this time in the group supervision literature, it is necessary to develop insight, discover process, and interpret within the context of what is actually occurring in group supervision. Thus, in line both with the suggestions of C. E. Hill (1989) and others (e.g., Borders, 1991; Holloway & Hosford, 1983; Holloway & Johnston, 1985), an intense single case design was employed. In particular, group process variables identified in related literature (e.g., small groups, group psychotherapy) were investigated for their relevance to group supervision.

In accordance with the suggestions of supervision researchers (Borders, 1989; Hill, C. E., 1990; Holloway & Hosford, 1983), the proposed study investigated components of group process during an actual supervision group over time by (a) collecting self-reported incidents perceived to be critical to supervisees' learning and growth, (b) gathering perceptions of the presence or absence of therapeutic factors in the group, (c) charting group development phases via impressions of the dimensions of group climate, (d) categorizing verbal group interactions based on content and work styles, and (e) collecting self-reported rate of learning for each session. Specifically, the following general research questions were addressed:

1.
 - a. To what extent do the supervisor and supervisees perceive the first three stages of group development (i.e., engagement, differentiation, and individuation), as measured by the Group Climate Questionnaire - Short Form (GCQ-S; MacKenzie, 1990), to be present in a supervision group over time?
 - b. Do the supervisor and supervisees agree in their perceptions of the stages?
2.
 - a. To what extent do the supervisor and supervisees perceive the occurrence of therapeutic factors, as measured by self-reported critical incidents, in each group supervision session?
 - b. Do these perceptions of therapeutic factors change over time?
 - c. To what extent do the supervisor and supervisees perceive the overall occurrence of therapeutic factors, as measured by Yalom's (1985) Therapeutic Factor Scale, during supervision group sessions across one semester?
 - d. Do the supervisor and supervisees agree in their perceptions of the overall occurrence of therapeutic factors?
 - e. Do the therapeutic factors identified in the critical incidents agree with (i.e., match) therapeutic factors identified by the Yalom (1985) Therapeutic Factor Scale?
3.
 - a. What content and work styles, as measured by the Hill Interactional Matrix-SS (Hill, W. F., 1965), characterize supervision groups?
 - b. Do the content and work styles change over time?
4.
 - a. What is the activity level of group sessions, as measured by the ratio of words spoken by supervisees to supervisor?
 - b. Does the activity level change over time?

5.
 - a. What rate of learning do the supervisor and supervisees report for each session, as measured by one Likert-scale item?
 - b. Do the supervisor and supervisees agree in their self-reported rates of learning?
 - c. Do their self-reported rates of learning change over time?
6.
 - a. How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to group development stages identified by the supervisor and supervisees over time?
 - b. How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to therapeutic factors identified by the supervisor and supervisees over time?
 - c. How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to content and work styles of supervision groups over time?
 - d. How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to activity level of group sessions?
 - e. How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to self-reported rates of learning over time?

7. What are the characteristics (i.e., group development stage, therapeutic factors, content and work styles, activity level, rate of learning, evaluation of session effectiveness) of the "best" and "worst" sessions as identified by the supervisor and supervisees?

Definition of Terms

The following terms are defined as they apply in this study:

Activity level - Calculated ratio of numbers of words spoken by the supervisor to the total number of words spoken by both the supervisor and supervisees, expressed as a proportion.

Content and work styles - Description of verbal interactions in a group in terms of what the group talks about and the group's level of work. For purposes of this study, the Hill Interaction Matrix-SS (HIM-SS; Hill, W. F., 1965) will be used to categorize content and work styles. In this system the four content styles are topic, group, personal, and relationship; the four work categories are responsive, conventional, assertive, speculative, and confrontive.

Critical incident - Specific event identified by supervisees and supervisor in each group supervision session which they believe were important influences on supervisees' development as a counselor.

Group climate - A series of interactional dimensions that characterize various group development phases. For purposes of this study, group climate will be measured by MacKenzie's Group Climate Questionnaire - Short Form (GCQ-S; MacKenzie, 1990). The interactional dimensions are engagement, avoidance, and conflict. Phases defined by dimensions on this instrument are engagement, differentiation, and individuation.

Group development stages - A series of predictable tasks that are performed by group members as a result of members' dealing with a set of interpersonal issues. Tasks are performed and group stage is augmented. For purposes of this study, MacKenzie's (1990) first three stages, engagement, differentiation, individuation, will be used. Group

development phases will be defined by measures of MacKenzie's group climate dimensions of engagement, avoidance, and conflict.

Group process variables - Feelings and perceptions that underlie intrapersonal, interpersonal, and group-level behavior. Group process variables include therapeutic factors, stages of group development, and content and work styles.

Group supervision - Supervisees meeting regularly as a group with a "designated supervisor for the purpose of furthering their understanding of themselves as clinicians, their clients, or service delivery in general, and who are aided in this endeavor by their interactions with each other and with their supervisor in the context of group process" (Bernard & Goodyear, 1992, p. 72).

Rate of learning - Amount of supervisees' learning that occurred as a result of each session as perceived by the supervisor and supervisee for the purposes of this study; rate of learning was measured by a one Likert-scale item.

Session effectiveness - Affective evaluative dimensions identified as group members' immediate reaction to sessions and their affective state post-session. The evaluative dimensions are depth and smoothness and the affective dimensions are positivity and arousal. For the purposes of this study, the Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984) will be used to measure session effectiveness.

Supervisee - Counselor in training or working in an agency who is working directly with clients (Supervision Interest Network, 1990).

Supervision - An intervention that is provided by a senior member of a profession to a junior member (Bernard & Goodyear, 1992).

Supervisor - Counselor who has been designated to directly oversee the professional clinical work of counselors (Supervision Interest Network, 1990).

Therapeutic factors - Elements that contribute to conditions for change in a supervisee's functioning and which are a function of the actions of the supervisor, the other supervisees, and the supervisee him/herself (Bloch & Crouch, 1985). Specific therapeutic factors include: altruism, group cohesion, catharsis, guidance, identification, family re-enactment, interpersonal learning/input, self-understanding, universality, instillation of hope, existential factors, and interpersonal learning/output (Yalom, 1985).

Organization of the Study

This proposal is presented in three chapters. Chapter I is an introduction to the use of groups in supervision and the current status of knowledge about group processes in supervision. In addition, Chapter I contains the purpose of the study, need for the study, statement of the problem, and definition of terms.

In Chapter II, a Review of Related Literature is presented in sections. The first section highlights research about groups. Research related to the study of group psychotherapy is reviewed in this section, with a focus on the literature related to therapeutic factors. The next section includes information related to descriptive literature of group supervision, including characteristics and models. Next, group supervision research is examined in depth. Before the final summary, case study designs are discussed in relation to the need for this study. The last section summarizes Chapter II.

In Chapter III details about the study's methodology are provided. Description of the sample, instruments used, and data analyses are included.

Chapter IV presents the data collected. Profiles of groups are described in detail.

Chapter V reviews the findings, suggests areas for future study, and identifies implications for the improvement of group supervision.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

Becoming a counselor is a multifaceted process which involves formal coursework, laboratory experiences that focus on skill development, supervised interaction with clients, and integration of the counselor's life experiences. Actual clinical experiences are perceived by developing counselors as an integral part of their learning, and supervision is the process that integrates these realms of knowledge (Bernard & Goodyear, 1992).

Supervision is a means of transmitting the skills, knowledge, and attitudes of a particular profession to the next generation in that profession. Supervision is also an essential means for ensuring that clients receive a certain minimum quality of care while trainees work with them to gain their skills. (Bernard & Goodyear, 1992, p. 2)

Groups have been used extensively in supervision as a means of facilitating counselors' learning, development, and change (Bernard & Goodyear, 1992). Bernard and Goodyear (1992) defined group supervision in the following way:

the regular meeting of a group of supervisees with a designated supervisor for the purpose of furthering their understanding of themselves as clinicians, or of their clients, or of service delivery in general and who are aided in this endeavor by their interactions with each other and with their supervisor in the context of group process. (p. 72)

The recognition of group supervision as a critical element in counselor development is highlighted by various accreditation standards (e.g., Council for Accreditation of Counseling and Related Educational Programs [CACREP], 1991). Despite this point, we have few conceptual descriptions of the critical elements of group functioning. In addition, almost no empirical studies of the use of groups and how the group facilitates counselor development

have been conducted. Thus, the purpose of this study was to provide an initial look at the life of four supervision groups via multiple measures and a longitudinal design. Variables of potential importance to the functioning of supervision groups were drawn from related bodies of literature, such as small group research and group psychotherapy.

In this chapter, the literature will be examined in order to find a framework that can be used to identify possible group supervision phenomena. Familiarity with research and ideas gleaned from small groups, psychotherapy groups, therapeutic factors in groups, and group supervision will help to document what is known. As shown, information from this literature will directly affect the choice of variables and data collection methods. This literature also will help conceptualize interpretations made from the data to be gathered in this study of group supervision.

Group Phenomena

Groups have been and currently are being used to promote change and increase learning in areas such as interpersonal relations, personal awareness, psychotherapy, education, business, and self-improvement activities. Why is the group format so widely used? Benefits such as mutual support, sharing of common experiences, accomplishing complex tasks, learning new behavior, participating in skills training, increasing interpersonal competencies, increasing insight, and promoting behavior change are but a few of the reasons advocated in the literature (MacKenzie, 1990). People do not function in isolation, so the group becomes a naturally occurring format to accomplish socialization and increase learning. One-on-one interactions are not always feasible, so the group provides a setting that allows an experience to touch many.

Briefly, the study of groups has occurred in basically two areas: (a) small group studies focused on events that occurred in group life, and (b) group psychotherapy studies focused on what happened in the groups to promote change or learning for members. First, in small group studies nontherapeutic terms are used and group is defined as "a collection of

individuals going through the expected tasks of forming and maintaining a social system" (MacKenzie, 1990, p. 21). Small groups involve individuals who share a common goal and interact face-to-face. This face-to-face interaction creates a specific atmosphere, known as "group climate," which takes into account the behavior of all group members.

In studies of group psychotherapy, "group process" is the focus and is considered the core of group functioning. Group process is defined as the "nature of the relationship between individuals who are interacting with one another" (Yalom, 1985, p. 137). Group process is expressed through the "how" and "why" of verbal content that a group emphasizes and/or through the metacommunicational aspect of members' messages. Bion's (1961) early clinical work is a classic example of a theory that focused on the "group-as-a-whole," portraying common group experiences that could be identified by members as affectively influencing their responses both in the group and in their lives outside the group. Group process describes these common phenomena. The group itself provides components of the helping or learning process through variables that are perceived and reported by group members; they also are the primary components of constructing the group climate. Group climate variables promote change and learning and increase expressed satisfaction of individuals involved in group work (Clark & Culbert, 1975; Lieberman, Yalom, & Miles, 1973; MacKenzie, 1990; Yalom, 1985; Yalom, Houts, Zimerberg, & Rand, 1967). As group climate evolves, the group itself moves through developmental phases (Braaten, 1991; MacKenzie, 1990) in which a sense of solidarity is established. Yalom (1985) and Bloch and Crouch (1985) both described this solidarity as cohesion, and consider cohesion to be one of several "therapeutic factors" that characterize a group's climate. Therapeutic factors are highly related to positively perceived outcomes by group members (Yalom, 1985). The presence of therapeutic factors in a group increases the possibility that learning and creativity will be identified as outcomes by the members (Braaten, 1991). The presence of the therapeutic factors contributes directly to the group climate.

How does one study groups? To study group phenomena is to study variables that reflect group climate. Repeatedly in the literature, researchers are examining phases of group development, categorized descriptions of group interactions, and the presence of therapeutic factors. Therefore, in this study, group development phases, group interactions, and therapeutic factors will be studied as indicators of the presence of group process in group supervision. Highlighted in the following discussion will be studies that have dealt with these three variables of group process as a beginning effort to understand the group process that could be occurring in group supervision.

Group Development

Group development is a temporal dimension of group life. Phases of development are discernible patterns of changes that emerge across a group's life. Agreement among group researchers that there are different stages is amply recorded in the literature (e.g., Bales & Strodtbeck, 1951; Bennis & Shepard, 1956; Hill, W. F., & Gruner, 1973; Shultz, 1966; Tuckman, 1965). Different labels but similar stages of progression are cited in these studies. An example of a conceptualization of group stages is the work of Tuckman (1965) and Tuckman and Jensen (1977), who denoted the stages of forming, storming, norming, performing, and adjourning. Tuckman (1965) identified content, themes, and developmental tasks as the basis of his theory of how groups develop. Having established that groups move through stages, researchers also have noted that the manner in which the stages emerge is different for various groups, depending on the nature of the group task, heterogeneity of the group, and the cyclical or repetitive nature of the group (Tuckman & Jensen, 1977).

MacKenzie and Livesley (1983) used Tuckman's work to develop a therapeutically-oriented developmental stage model. In their model, they conceptualized changing patterns in groups based on three group climate elements: engagement, avoidance, and conflict. From the patterns identified by group members in relation to these

elements of group climate, the first three stages were identified as engagement, differentiation, and individuation. MacKenzie (1990) believed that there are three other stages, ones of intimacy, mutuality, and termination, but consistent patterns have not been established for these stages (MacKenzie & Livesley, 1983).

In the engagement phase, active participation is achieved and there is a sense of satisfaction and commitment among members that the group members will survive. The differentiation phase is focused on the ability of the group to tolerate differences and the inability to challenge among themselves. With self-definition established in the second phase, the group moves to exploring diversity, and as a result of this process, matures and becomes closer. Within this stage there are conflicts and threats to self-esteem; as these are openly processed, the group matures. Intimacy becomes the focus of the third stage (individuation) as the group explores relationships among members. Commitment to relationships within the group comes in the fourth stage of mutuality. Exploration of responsibilities within close relationships becomes the task. The individual has strong boundaries for self and for the group. Outside interest is brought into the group to be explored. Trust and interdependence are characteristic of the climate. The last stage that the group must complete is termination. The dissolution of the group occurs and there are once again individuals who have explored the loss and said goodbye. This final stage may occur at any time in a group's life and therefore is not given a defining number.

Closed groups, in which there are the same number of people for a set amount of time, provide consistent evidence of the first three phases (MacKenzie, 1990). Members' perceptions delineate the stages using the group climate dimensions. Trends are identified over time, and thus the first three phases of group are identifiable. These recurrent patterns are "another source of information with which to understand group process" (Dies & MacKenzie, 1983, p. 166). In fact, results from MacKenzie, Dies, Coche, Rutan, and Stone's (1987) study of 53 training groups provided evidence that groups that reported increased

learning could be predicted by identifying patterns in the engagement dimension mentioned above. Group supervision, as an example of closed groups, also may illustrate the phases outlined by MacKenzie.

Further documentation of the presence of group developmental phases is illustrated in a study by Stiles, Tupler, and Carpenter (1982), who looked at session evaluations over time. These researchers studied dimensions which were identified through multidimensional scaling of participants' session ratings to identify patterns that "reflected the affective impact or connotative aspects of group interaction rather than the content or themes of sessions" (p. 238). These dimensions were similar to the three general dimensions of connotative meaning identified by Osgood and his associates (Osgood, Suci, & Tannenbaum, 1957) (i.e., evaluation [good vs. bad], potency [strong vs. weak], and activity [fast vs. slow]). After each of 17 1/2 hour group sessions, a questionnaire was completed by the 12 subjects. Results indicated that the three dimensions of evaluation, potency, and activity occurred in a manner that corresponded to Tuckman's (1965) four-phase model of group development. In other words, participants' affective responses to what was occurring in the group formed a pattern which indicated a group moving through phases of group development. Given this hypothesis of groups' evaluation of sessions reflecting group development, an instrument that measures group participants' perceptions of their affective response to sessions could broaden validity of those patterns identified through the study of content from group sessions. It is quite possible that measurement of session dimensions will provide a description of group development in group supervision as well.

Another means of defining group development is to study therapeutic factors. In three studies of group development (i.e., Bloch, Reibstein, Crouch, Holroyd, & Themen, 1979; Butler, 1981; Kivlighan & Mullison; 1988) the occurrence of therapeutic factors was found to be related to group stage (i.e., universality was perceived as more important early in the group, while learning through interpersonal actions was important in later sessions of

the group). Their work was less strenuous in defining group development than was MacKenzie's (1990), but the results did show evidence that the presence and absence of therapeutic factors in group sessions could provide documentation of group development.

Group development through discernible phases is documented in the literature. Studying the activities of many groups over time has provided evidence for the recurring phenomena such as those outlined by MacKenzie (1990), and for their importance in relationship to positive group outcome. Further evidence is cited for the establishment of group development by studying session evaluation dimensions identified by group members and the presence and absence of therapeutic factors. Therefore, identification of evidence that would support the premise that group development occurs in group supervision (i.e., patterns of group climate, therapeutic factors, and patterns of session evaluative dimensions) would suggest that group supervision would promote learning for supervisees.

Group Interaction

Group process also has been illuminated through study of group members' interactions. A few group researchers have addressed this task. Among the most notable have been Bales (1953), Steinzor (1949), Carter, Haythorn, Meirowitz, and Lanzetta (1951), Lippitt and White (1958), and Bion, (1961). Bales (1950) and W. F. Hill (1977) both used categorical approaches to examine group interaction and to understand the interplay in the group. Their categorical systems were used to study a single meeting; changes within a designated period of time were examined via transcripts by raters who placed verbal content of the meeting into designated categories. Fuhrman and Packard (1986) listed both Bales and W. F. Hill's instruments as highly valued group process instruments and stated that both instruments have been frequently cited in the literature.

Bales' system describes how problems are solved in groups through task matters and/or maintenance issues. Bales (1950) developed a twelve-category system for observing and recording communication within groups (i.e., giving or asking for suggestions, opinions,

or orientation, showing solidarity or tension release, agreeing, disagreeing, and showing tension or antagonism). Findings from his studies using this system have supported the premise that groups evolve through phases. He also examined in-depth issues such as leadership styles, group size, etc., in relation to how the group accomplished tasks (e.g., Bales & Strodtbeck, 1951). Bales' instrument focuses on problem-solving behavior and is very complicated to use. Task groups seem to be most appropriate for study with Bales' categories.

The Hill Interaction Matrix - SS (Hill, W. F., 1965) is not based on a particular theory. The intent was to create an instrument that is objective and useful for studying all types of groups. W. F. Hill's (1977) categories are used to describe interactional content and work styles of the group and to provide an in-depth picture of group interaction. In W. F. Hill's (1965) scheme, five work levels are described: conventional (i.e., members are focused on social amenities or conversational topics), assertive (i.e., members are defying the group, and attempting to announce their individuality and are focused on emotionally-laden pseudo-words), speculative (i.e., members are focused on playing the therapeutic game), or confrontive (i.e., members have real involvement with tension and risk-taking). Content of interactions is also based on five categories: topic (i.e., talk is about topics external to the group), group (i.e., talk is about the group itself), personal (i.e., talk is about a group member in a historical manner), or relationship (i.e., talk is about here and now reactions to other members). Work and content categories are hierarchical in terms of their significance depending on how much member centeredness, interpersonal threat, and role taking are present in groups (Hill, W. F., 1965) (e.g., it is more important for group members to be relationship focused than be focused on a topic). These categories provide a meaningful way of systematically studying process. After studying a large number of groups using "stimulated recall" and interviewing group psychotherapists about what they considered the essential ingredient for successful group psychotherapy, categories were formed and tested

for useability. "The twenty cells of the HIM Matrix are intended to typify twenty recognizable and familiar patterns of group behavior. The systematic ordering of these emergent categories was determined by theoretical and group dynamic sources" (Hill, W. F., 1965, p. 7). (More discussion of the tool development is covered in Chapter III). Categorizing verbal interactions in groups has become a significant means of studying groups empirically. A representative sample of these studies are described below.

Lambert (1971) used Hill's category system to study ten trainees' counseling sessions with their clients and individual sessions with their supervisors. Samples of 160 hours of dyadic supervision and counseling sessions were categorized. Counselors' facilitative conditions were measured and sessions were compared using the Hill's categories. Results indicated that empathy and specificity were lower in supervision than in counseling sessions. Hill's instrument indicated that more responses were categorized as therapeutic work levels in counseling sessions than in supervision.

Page, Davis, Berkow, and O'Leary (1989) studied one 12-hour marathon therapy group of drug addicts using the Hill Interaction Matrix-Form G (HIM-G; Hill, W. F., 1965). The purpose was to study interpersonal group process of this group. The group's work styles were highly speculative and confrontive; the most therapeutic interaction time was the middle six hours of group time, based upon the result that personal and relationship interactions occurred more often in this time span. Members' content style was more personal than group focused.

A recent study that used Hill's approach was conducted by Toseland, Rossiter, Peak, and P. Hill (1990), who examined four support groups conducted over eight weeks. Two were led by professionals and two were led by peers. Several aspects of group process were measured. The Hill Interaction Matrix Form-SS (HIM-SS) was used to conduct a content analysis of each statement made in the group sessions. The Leader Therapeutic Behavior Scale was designed for this study to rate the leader's behavior after the rater listened to the

entire tape. A qualitative analysis procedure also was used to study each audiotape, with raters taking notes on leader interventions and on members' statements related to positive benefits of the group. Quantitative findings from the Hill instrument did not reveal any differences between the professionally and peer lead groups. From qualitative data, however, a profile of the professional leader as giving more attention to problem solving and learning new skills was revealed. Overall, participants reported that the opportunity to ventilate feelings, validate experiences, receive affirmations of coping abilities, receive encouragement, gain mutual support, and exercise mutual sharing were the most therapeutic happenings in the two types of groups.

Therapeutic Factors

Beginning with the seminal paper by Corsini and Rosenberg (1955) to the most current work by Bloch and Crouch (1985), examination of change mechanisms has been an important part of the systematic group psychotherapy research. In an effort to establish the conditions in a group that would enhance the possibility that members would grow and increase their learning, the core learning mechanisms had to be identified. Corsini and Rosenberg's (1955) abstraction of 300 group therapy articles was a major work in establishing a taxonomy of therapeutic factors. Prior to that time no systematic studies existed on therapeutic factors (Bloch & Crouch, 1985). Corsini and Rosenberg (1955) identified primary conditions in group treatment as the opportunity to self-disclose, receive and give feedback, experience strong emotions, and increase cognitive learning. Also mentioned were communion, spectatorism, discovery of similarity, and active and passive involvement as necessary conditions which only occur in groups. Thus, from these conditions, three factors were identified as necessary for successful group dynamics: intellectual, emotional, and actional. Lieberman, Yalom, and Miles (1973) added further documentation to the presence of these primary conditions, later called therapeutic factors, in a three-year study of encounter groups. Lieberman et al. (1973) also included other therapeutic factors (i.e., advice from others, modeling behaviors, and

experiencing family re-enactment) as occurring in groups, but less often identified by members. Since Corsini and Rosenberg's work in 1955, many researchers have studied the concept of therapeutic factors in various types of groups (e.g., Bloch & Reibstein, 1980; Butler & Fuhriman, 1980; Butler & Fuhriman, 1983b; Rohrbaugh & Bartels, 1975; Sherry & Hurley, 1976; Yalom, 1985).

Change mechanisms or, as they are called in the group psychotherapy literature, therapeutic factors, are additional multi-dimensional process variables that lend themselves to study. The dominant therapeutic factors, overall, involve interpersonal relationships and are defined as "processes occurring within groups that assist in facilitating change" (Furhiman & Burlingame, 1990, p. 9). Orlinsky and Howard (1986) stated that the success of group psychotherapy depends on the presence of such therapeutic factors as vicarious learning, universality, role function, altruism, and family re-enactment. Yalom (1985) believed that these and other therapeutic factors are the core elements in group psychotherapy and are representative of the therapeutic process.

Twelve therapeutic factors or change mechanisms have been identified and defined by Yalom (1985) based upon his clinical observations, data from the literature, and his research: altruism (feeling good about self because of helping others); group cohesiveness (feelings of belonging in the group); universality (recognizing that problems are shared by others); interpersonal learning-input (learning from group feedback); interpersonal learning-output (learning from interaction in the group); guidance (receiving suggestions from others); catharsis (ventilating feelings); identification (trying to be like someone in the group); family re-enactment (understanding earlier family life); self-understanding (learning something important about self); instillation of hope (seeing others get better which inspires other group members); and existential factors (learning to take responsibility for one's own life).

In Fuhriman and Burlingame's (1990) systematic review of research literature related to individual and group psychotherapy, therapeutic factors were identified as core components

of both dyadic and group formats. These therapeutic factors were labeled as insight, catharsis, reality testing, hope, disclosure, and identification (Fuhriman & Burlingame, 1990). Therapeutic factors found only in groups were identified as vicarious learning, role flexibility, universality, altruism, family re-enactment, and interpersonal learning (Fuhriman & Burlingame, 1990).

Bloch and Crouch (1985) reduced Yalom's (1985) 12 factors to 10 factors (presented in Definition of Terms) after examining research studies and articles that dealt with therapeutic factors. Those factors which seemed to be consistently recognized in the studies were: self-disclosure, catharsis, guidance, universality, altruism, vicarious learning, cohesion, interpersonal learning, self-understanding, and instillation of hope. The existential factor and family re-enactment were excluded because they both invoked a special theoretical formulation and did not exert a beneficial effect as an element of group process. Thus, these therapeutic factor concepts exist in the discussions of group process, with some inconsistencies noted in the naming process, but with a common core of conceptual elements. The following discussion will highlight results of some of the more pertinent studies that examined therapeutic factors over time.

Berzon, Pious, and Farson (1963) studied 22 college students who were involved in two therapy groups. Through analysis of critical incidents reported at each session by group members, several therapeutic factors were identified. Increased awareness of one's personal emotional dynamics (insight) and recognizing similarity to others (universality) were identified as most important by group members for their satisfaction. Insight was defined as new self-knowledge, patterns of relating, and motivations; the researchers noted that these were cognitive-like factors frequently identified by the group members. Also mentioned frequently by group members were feeling positive regard, acceptance, and sympathy for others (altruism), seeing self as others do, and expressing self congruently. Least important

were ventilating emotions (catharsis) and feeling warmth and closeness in the group (cohesion).

A classic study that is referenced both in the small group literature and in the group psychotherapy literature was conducted by Lieberman, Yalom, and Miles (1973). Seventeen encounter groups, meeting 30 hours each, were studied over three years. Multiple instruments were used: critical incidents were collected at each meeting from each member and leader; Personal Description Questionnaire, Rosenberg Self-Esteem Questionnaire, Personal Anticipation Questionnaire, and Likert-type forms to assess affection, anger, and spontaneity were given as pre-and post-tests to each participant; Life Space Questionnaire, Fundamental Interpersonal Relations Orientation (FIRO-B), Friendship Questionnaire, Index of Encounter Group Attitude Questionnaire, and How Groups Work Questionnaire all were given once at different times over the course of the group sessions. Data were collected from group leaders and people from each group member's social network. Observers rated the material after each group meeting.

Results indicated that the group leaders varied widely in effectiveness. There was little variance in reported change mechanisms (i.e., therapeutic factors) as related to leader's type, but considerable variation in change mechanisms between those who learned and those who remained unchanged. "High learners" tended to rate insight, advice, cohesiveness, and recapitulation of family experience items more frequently than persons who experienced no change. Therapeutic factors that dealt with cognitive learning (i.e., understanding and insight) were designated as important to "high learners," while catharsis was seen as relatively unimportant. People in groups who perceived the outcome as negative did not perceive vicarious learning as a strong feature. They had to be directly involved in a situation in order to report benefit. This study provided a number of valuable inferences that are still being studied on a smaller scale. The classic study earned its reputation by being comprehensive, assessing outcomes, and using multiple measures.

Rohrbaugh and Bartels (1975) studied 13 growth or therapy groups (72 subjects) by administering Yalom's therapeutic factor and cohesion questionnaire. The purposes of the study were to examine the construct validity of the therapeutic factor schema and to study individual differences in group participants' ratings of various therapeutic factors. Four factors were identified via factor analysis: didactic orientation to change, reliance on self, giving feedback, and acceptance of confrontation. The type of group was positively associated with specific therapeutic factors. Therapy groups valued insight and relatedness less, while growth groups emphasized relatedness more than the existential factor and guidance. Size and duration of the group seemed to influence selection of therapeutic factors. Characteristics of the group, rather than individual variables (e.g., age, sex, previous group experience, attraction to group, and verbal participation), were found to be significantly related to perceived growth.

Sherry and Hurley (1976) studied non-patient groups involving 17 volunteer college students in 10-session growth groups. Interpersonal learning/input and catharsis were ranked as most important by these group members. In this study, it was noted that group leaders strongly influenced selection of the perceived important therapeutic factors by group members.

Butler and Fuhrman (1980) asked 28 day-patients and 68 out-patients in group treatment to complete the How Groups Work (Lieberman et al., 1973) questionnaire. The data collector visited the groups during a regular session and had the members rank order the items. Day-patients cited cohesion as the most important therapeutic factor overall, and identification, guidance, and recapitulation of family groups as least important. Out-patients cited understanding, universality, feedback, and catharsis as most important, and recapitulation of family and identification least. Out-patients were able to discriminate more subtly between factors. In a similar study of 91 out-patients, Butler and Fuhrman (1983a) further validated that a person's level of functioning was significantly related to four

therapeutic factors: catharsis, self-understanding, feedback, and interaction. The higher the individual member's functioning the larger variety of therapeutic factors were valued by the group member.

Bloch and Reibstein (1980) used a critical incident questionnaire with 33 out-patient clients and their therapists over a period of six months to compare therapeutic factors identified by the client with the ones identified by the therapist. The questionnaire was administered every third session. Therapists tended to emphasize behavioral factors such as self-understanding and interaction, although self-disclosure was most critical. Acceptance was the only other therapeutic factor to be valued by the therapist. Clients emphasized the same factors, with self disclosure perceived as more important than interaction. The clients, however, also valued instillation of hope and vicarious learning in addition to acceptance. Least valued were altruism, catharsis, and guidance.

Studies conducted since the 1985 work by Bloch and Crouch will be highlighted below. Using a revised version of Yalom's 60 item questionnaire Fuhrman, Drescher, Hanson, Henrie, and Rybicki (1986) conducted a factor analytic study of their revised therapeutic factor instrument. The instrument was given to 161 members of groups in a mental health center, Veterans Administration Hospital, university counseling center, and a class. Cohesion and catharsis factors were valued more highly than insight across settings.

Bonney, Randall, and Cleveland (1986) studied one incest group with a core of six women using Yalom's Q-sort in order to identify the therapeutic factors important to this group. The members and co-therapist completed the Q-sort and also were interviewed via a format recommended by Yalom (1975) in order to tap all relevant perceptions of the group members. Therapist and members had different perspectives about what was important to members' growth. The two therapists believed that altruism and existential factors were important for the members' growth, while the members felt self understanding, cohesion, and family re-enactment were most important.

Colijn, Hoencamp, Snijders, Spek, and Duivenvoorden (1991) used a modified version of Yalom's (1970) 60 item questionnaire to determine what kind of people in what type of group valued each therapeutic factor. Therapeutic group members ($N=134$) were asked to complete the questionnaire during one session only. The session was randomly chosen for each group (i.e., some had completed two sessions while others had completed 100 sessions). Their ranking of therapeutic factors, from most to least helpful, were catharsis, interpersonal learning/input, self-understanding, cohesion, interpersonal/output, family re-enactment, and identification. Type of groups, patients, and therapists did not differentiate between factors, with the exception of identification. The researchers concluded, "We may consider these highly ranked factors as the genuine common denominators of group psychotherapy" (Colijn et al., 1991, p. 378).

Kivlighan and Goldfine (1991) studied therapeutic factors in relation to group development in 36 growth groups. Participants were students in a counseling group process course. Members identified critical incidents which were then classified into ten therapeutic factor categories. The researchers found that universality and hope decreased and catharsis increased over time. Guidance was perceived to be important across group stages, while acceptance was important to the first two stages of group development.

Wheeler, O'Malley, Waldo, Murphy, and Blank (1992) used a single case approach to study therapeutic factors in an incest group over time (i.e., 20 1/2 hour sessions). Incest survivors in a group at a university counseling center were asked to identify therapeutic factors important to them. These factors were then examined according to group development. Yalom's (1975) Q-sort was used to assess the seven members' perceptions of therapeutic factors at the termination session. Critical incidents were gathered at each of the 20 meetings and classified as therapeutic factors. Results suggested that therapeutic factors were related to group stages. For example, catharsis was ranked lower in early sessions and

higher in later sessions. The findings were helpful in deciding the time needed for an incest group to move through stages of development.

As this literature overview suggests, therapeutic factors have been studied in various types of groups in an effort to isolate the central core of group process. It is apparent that the recognition of group process variables are based primarily on group members' self-report. Group psychotherapists and leaders must be attuned to the presence or absence of the process variables because they are deemed essential for promoting change and increasing learning. Results suggest such factors are critical to process, so it seems logical to examine these factors in other types of groups. Group supervision is used in related fields, such as psychotherapy, business, and education, to promote social learning and problem-solving (Bednar & Lawlis, 1978; Parloff & Dies, 1978). It seems logical that documenting the presence or absence of therapeutic factors in group supervision is an appropriate starting point for discovering the process variables that occur in group supervision.

Group Supervision

In this section, the group supervision literature will be examined by discussing various authors' descriptions of the contributions of groups to supervision, characteristics of the atmosphere believed to be necessary in group supervision, activities that have been described as useful in group supervision, and models of group supervision believed to be effective. Finally, the few empirical research studies focused on group supervision will be described in detail.

Contributions of Group Supervision to Counselor Development

That supervision within the group context contributes to the development of the counselor and provides unique opportunities for the supervisee is a repeated statement in the supervision literature. Counselor educators firmly believe in the use of groups to provide supervision (e.g., Allen, 1976; Bernard & Goodyear, 1992; Cohen, Gross, & Turner, 1976; Getzel & Salmon, 1985; Hart, 1982; Hillerbrand, 1989; Parihar, 1983; Sansbury, 1982). These

authors describe group supervision as useful based on their own experience as supervisors. It must be emphasized, however, that the contributions cited are not based on research studies but on practice and experience.

Contributions of group supervision cited in the literature range from common sense statements to self-reported supervisees' statements of what group supervision provided. Efficiency and cost-effectiveness provide justification for the use of group supervision, and are the most widely advocated contributions (Bernard & Goodyear, 1992). From a relationship perspective, group supervision provides an atmosphere in which there is less dependence on the supervisor (Bernard & Goodyear, 1992). Hierarchical concerns about the supervisory relationship are described as being less apparent when a group is used in supervision (Bernard & Goodyear, 1992). In addition, the supervisee learns to interact with peers in a way that could later decrease professional isolation (Getzel & Salmon, 1985; Parihar, 1983). Group supervision encourages self-responsibility, maximizes the utilization of peers, and increases mutuality between expert and novice, supervisor and supervisee (Allen, 1976; Cohen et al., 1976). Collaborative learning is described as another benefit, with the supervisee having opportunities to be exposed to a variety of cases, interventions, and approaches to problem solving (Hillerbrand, 1989).

Hillerbrand (1989) emphasized the cognitive learning that results from the exposure and opportunity to interact within the group, suggesting that supervisees experience increased comprehension in the development of cognitive learning. Hillerbrand's (1989) work is a sophisticated examination of cognitive research and its application to group supervision. Hillerbrand supported the use of group supervision as a unique means of increasing supervisees' cognitive and affective skills, based on his careful examination of cognitive psychology and also collaborative learning factors from educational research. He stated that collaborative learning and cognitive skill acquisition are necessary for the development of the complex counseling skills of formulating hypotheses, problem-solving,

and reasoning skills necessary for an individual to function well as a counselor. He believed that the counselor trainee uses these skills to "recognize and select client historical and behavioral information; evaluate information for internal consistency; activate relevant knowledge in memory; make inference and reasoning; allocate attention to specific counselor and client behaviors and information; and monitor progress to process and outcome goals" (p. 293). Hillerbrand's discussion highlighted the unique dimension of the group modality that fosters cognitive skill acquisition. He added, "The group modality increases cognitive rehearsal, motivation to learn, and perceptions of self-efficacy" (p. 295). Groups allow the individual to be exposed to the cognitive processes of counselors at various skill levels through verbal expressions and by the opportunity to receive feedback on their contributions.

Supervisees also gain benefits from the modeling that occurs in group supervision. Kadushin (1985) stressed that the supervisee gains from the group experience through viewing peers' accomplishments and failures and supervisors' challenges and consultation activities. Similarly, Payne, Weiss, and Kapp (1972) and Rank, Thoresen, and Smith (1972) characterized group supervision as a social modeling experience influential in the trainee's learning.

The group format also provides a means for the supervisor to observe the supervisee in action. How feedback is offered and/or received is a means of expanding the supervisor's knowledge of how the supervisee functions overall (Bernard & Goodyear, 1992). The supervisor's evaluation data base is expanded. Bernard and Goodyear (1992) stressed this aspect as a means for the supervisor to view the supervisee in an active role as a counselor and as a group member. Hart (1982) took being a group member a step further and advocated that group counseling skills are enhanced by a group supervision experience. Thus, peer review and peer feedback, as well as expert review and feedback, are reported to occur in group supervision (Holloway & Johnston, 1985).

In summary, the positive contributions that occur as a result of group supervision are perceived to be numerous, yet the descriptions do little to explain how groups are effectively used. The problem is that much of the information related to group supervision is based on intuition and inferences from experience and not on empirical studies (Holloway & Johnston, 1985). Writers of the group supervision literature allude to the unique contributions of groups, but fail to demonstrate empirically that their attributions are representative of what actually happens in group supervision or show how effective group supervision actually occurs.

Group Supervision Models

The literature also includes a variety of models for conducting group supervision. Some authors detail not only the contributions of their group supervision experiences, but also describe activities that appear to be effective. Very few empirical studies of the models, however, can be found (Holloway, 1992). Any research available is cited below along with discussion of the model.

The first models for group supervision training advocated experiential-affective approaches to promote supervisees' development in interpersonal groups (e.g., Betz, 1969; Bonney & Gazda, 1966; Foreman, 1967; McKinnon, 1969). Gazda and Ohlsen (1961) proposed a group supervision model designed to increase trainees' acceptance of self, to stabilize self concept, to increase the ability to relate to others, and to provide an opportunity to evaluate the counselor's role. The authors described prospective counselors as members of a time-limited group where they would talk about themselves and their problems. Gazda and Ohlsen (1961) used four experimental groups and two control groups to evaluate effectiveness of this model. A variety of variables (acceptance of self and others, stability of self-concept, movement toward a model of adjustment, and manifest needs) were measured pre-and-post to detect change in the counselors as a result of the group experience immediately after the end of the group experience and 14 months later. Results indicated

that the short term group experience was ineffective in significantly changing targeted variables, yet the verbal and written feedback from participants indicated a positive change in that they were happier and better able to relate to others.

Orton (1965) described group supervision as an opportunity to present cases and other counselor-related didactic material. He acknowledged group dynamics as a component of the process in his model of how to use groups in supervision. He outlined four areas on which to focus during the supervisory group meeting: training setting, clients, students, and group dynamics. Orton also provided examples of questions the supervisor might ask to encourage supervisees to expand the context of their understanding of these four areas.

Fraleigh and Buchheimer (1969) described the use of peer groups to accomplish Buchheimer's (1964) four supervisory approaches (procedural, didactic, demonstrational, and self-exploratory). They used the group process to supplement individual supervision by having supervisees check perceptions of the process of counseling, encouraging the development of a personal counseling style by observing others in the group, and promoting counselor self-exploration through identification with peers.

Sansbury (1982) modified Fraleigh and Buchheimer's (1969) model by delineating four foci:

1. Teaching interventions directed at the entire group;
2. Presenting specific case-oriented information, suggestions, or feedback;
3. Requesting affective responses of a particular supervisee as the feelings pertain to his or her client; and
4. Observing the group's interaction and development, which can be used to facilitate supervisee exploration, openness, and responsibility. (Sansbury, 1982, p. 54)

Sansbury (1982) and Smith (1976) proposed phases of group supervision development. In their view, generally, the building of trust and safety among the supervisees is an initial focus. As the anxiety of norming, openness, and honesty are established within the group, the supervision focus shifts to how to work effectively with clients. The group provides support and creates an arena for the processing of feelings and the rehearsal of techniques.

In addition, the supervisee's experiences of being in a group over time become a significant source of learning. Conflict and the style of interaction that occurred in the counseling session may be re-enacted in the supervision group, providing an opportunity to understand impasses and help supervisees appreciate their own contributions to counseling dynamics (Sansbury, 1982).

Later, Borders (1991) advocated that groups be used to increase feedback among peers. Borders (1991) suggested structure for group supervision and ways to use group process as a means of increasing feedback. Her procedure included roles for group members to use in meeting identified learning goals. The supervisor's role is one of moderator or process observer. The supervisees assume roles of client, the counselor, or other significant persons in giving feedback about the selected counseling session. Metaphors may be used to describe the dynamic of the session being studied. Peer interaction and feedback are the focus, with the goal of promoting supervisees' taking responsibility for their learning.

Other discussions of isolated activities deemed appropriate for group supervision are found in the literature. Bernard and Goodyear (1992) summarized seven of these: didactic presentations, case conceptualization, individual development, group development, organizational issues, and supervisor/supervisee issues.

In summary, models of group supervision provide the supervisor with numerous ideas about how to conduct group supervision. Less obvious are the reasons why certain activities are selected and when the activities are most appropriate to use. The cursory use of the word "group process" does not provide the information that would suggest to the supervisor how to make judgments about the use of "group process" for counselor development. With the implication that group supervision will continue to be utilized, supervision researchers must address the need for more empirically-based models.

Presence of Therapeutic Factors in Supervision Groups

A number of writers say the benefits of group supervision are dependent on the atmosphere or environment. Blocher (1983) discussed the therapeutic power of the group to provide a supportive atmosphere for the developing counselor. Others describe such an environment as characterized by mutual support, safety, validation, feedback, evaluation, trust, norm setting, universality, competition, and learning (Fraleigh & Buchheimer, 1969; Friesen & Dunning, 1973; Rioch, Coulter, & Weinberger, 1976; Sansbury, 1982; Smith, 1976; Yogev, 1982). Little empirical data exist to validate the presence or absence of these elements in group supervision. Descriptions of these elements, however, closely resemble the group process variables described as therapeutic factors in the group literature detailed earlier.

Although peer group supervision is not the focus for this study, the literature in that area also supports the presence of therapeutic factors in groups used for supervision. Peer supervision utilizes groups to provide consultation, and the groups are recognized as having distinct advantages. Greenburg, Lewis, and Johnson (1985) stated that peer groups provide a safe and trusting environment that promote deeper levels of exploration. This environment is characterized in ways similar to the therapeutic factors enumerated by Yalom (1975):

that is, acceptance and a sense of belonging that counter isolation, the satisfaction of helping other psychotherapists in their conflicts and problems, the reassurances of hearing that other professionals have negative feelings and problems at work, the constructive ventilation of feelings, and the opportunity for feedback and consensual validation. (Lewis, Greenburg, & Hatch, 1988, p. 81)

The presence of these therapeutic factors was documented in Lewis et al.'s (1988) survey of peer group participants. The researchers randomly sampled 800 psychologists regarding their participation in peer group supervision. All respondents ($N=480$) indicated that they were currently, had been, or wanted to be in peer group supervision. Participants indicated that peer group supervision provided consultation on ethical and legal issues,

suggestions for working with clients, and help for dealing with isolation and burnout. Sharing information and countering burnout were the greatest expressed needs met by peer group supervision. Acceptance, sense of belonging (cohesion), satisfaction of helping others, reassurance that other psychologists experience negative feelings about their work, constructive ventilation of feelings, and opportunity for feedback were identified as similar to Yalom's (1985) therapeutic factors (Lewis et al., 1988). Validation of the presence of these factors in peer and other types of supervision groups would provide valuable insights into group supervision dynamics and effectiveness (Hanley, 1988).

Research on Group Supervision

Only a few empirical studies have been conducted to examine group supervision. These studies have been focused on outcomes as perceived by supervisees, the climate of the supervision group, and categories of verbal content.

Betz (1969) studied the affective contributions of group on the supervisee. Two types of groups were used for the study. One affectively and one cognitively oriented group were selected to participate. Three variables (i.e., ability to respond to affective/cognitive content, degree of lead, and variability of responses) from each group were compared pretreatment, over time, and posttreatment. Betz used a controlled experimental study to establish that group counseling of an affective nature will increase the counselor's affective response to client, but was unable to support his hypotheses related to altering the counselors' lead and variability of responses. Results of the study empirically established that use of group supervision increased counselors' affective response to clients by having the supervisor or group leader respond consistently to the counselor's affective content in group supervision.

Axelson (1967) examined the usefulness of group supervision in increasing counseling students' personal awareness. Twenty discussion groups were used to study perceived empathy and ability to establish rapport. Group participants were asked at the end of the group discussions to complete a 60-item inventory constructed to measure six emotional

needs related to social processes of the members. Group members completed the inventory on themselves and then on each of the other members of their group as they believed that person would rate them. Axelson's results indicated that empathy and perceptions scores and emotional needs and self-projection scores varied significantly among the groups.

McKinnon (1969) studied four student counselor groups which met for 90 minute sessions over 14 weeks. The Thematic Apperception Instrument was given pre and post group counseling sessions to measure student counselors' perceptions of self and others. The Counselor Response Scale was used to rate verbal content of the counselors' sessions with clients. Perhaps due to the small sample and the short length of time of the groups, no statistically significant results were found; however, questions were generated for further research in the area of affective learning as it affects changes in self perception as a counselor. Self understanding and the ability to respond to clients' affective content were increased when counselors participated in group counseling as illustrated in these three studies just cited.

Holloway and Johnston (1985) conducted a review of the group supervision literature from 1967 to 1983. They reminded the reader that previous studies had methodological and ethical problems. Variation in group duration times and inability of personality assessment instruments to measure change over time were two of the problems. Their review suggested that peer review, peer feedback, and personal insight were all possible to achieve while doing supervision in groups. Approaches to group supervision focused on interpersonal process and case presentations. Rudimentary explanations about how group supervision worked were the only ones found in the literature. The existence or effectiveness of group process was not addressed.

Kruger et al.'s (1988) study is an example of a naturalistic approach examining group supervision. Interpersonal climate of group supervision, supervisees' perceptions of how group supervision was helpful to them, the relationship between satisfaction and amount of

participation, and differences in novice and experienced supervisors who were leading groups were all elements of the study. The study occurred in a residential treatment area where there were already established counseling teams (supervision teams of professionals). Instruments used in the study were a behavior observation system, designed by the authors, for categorizing verbal responses of group members and a questionnaire used to identify supervisee satisfaction and perceptions of group supervision. Findings indicated that group supervision content was task-oriented and related to solving problems. The primary activities detailed in the study were related to case conceptualization and to one other category that Kruger et al. identified as "counselor problems" (p. 366). The "counselor problem" category dealt with "verbal behavior that helped the group understand or reduce team members' social or affective problems" (p. 366). Results did not match Tuckman and Jensen's (1977) group development stages. In contrast to the researchers' hypothesis, high task involvement (i.e., problem solving behavior) was highest for the first and last group stages rather than the middle stages. Thus, Kruger et al.'s (1988) study provided support for the presence of case conceptualization and the expressed need for dealing with supervisees' issues.

Savickas, Marquart, and Supinski (1986) also examined activities or behaviors that occur in group supervision. Subjects consisted of 84 second-year medical students who were taking a required course in physical diagnosis, interviewing, and ambulatory care. They received supervision for 9 months from a family physician and a behavioral scientist. They were divided into 21 groups of four; each group met for 12, 3-hour sessions. Flanagan's (1954) critical incident report was used to gather data related to the most effective and ineffective supervisory behaviors for each supervisor as reported by the supervisees. "Teaching skills, techniques, and strategies; evaluating performance; and facilitating self exploration, critical thinking, and experimentation" (Savickas et al., 1986, p. 23) were all identified as effective activities of the supervisors. Physicians were seen more as models and

dealt more with content, while the behavioral scientists dealt more with the process of what was occurring and were asked to provide information about communication-related issues. No theoretical point of view was used in the study, and the authors emphasized that these findings were based on student perceptions.

Hanley's (1988) qualitative research study explored group supervision by examining the impact of group atmosphere on counselor development. She also examined how time was spent in group supervision and supervisees' satisfaction with the process. Instruments included a group atmosphere questionnaire, a supervisory satisfaction scale, and an information and impact questionnaire for the supervisee and supervisor. Participants were counselors in training. Findings provided some support for group supervision influencing counselor development as perceived by the supervisee. Atmosphere of the group did affect supervisees' perceptions of the value of group supervision. The impact of peer interaction, however, was identified as the key factor in the group interaction. Hanley (1988) stated that this conclusion would require more exploration.

Thus, after examining the group supervision research, it is apparent that the understanding of group supervision is based primarily on intuition, not empirical data. Kruger et al.'s (1988), Savickas et al.'s (1986), and Hanley's (1988) studies illustrate how intensive case studies and exploratory methodological approaches contribute baseline information to the study of group supervision. Their studies were of a descriptive nature and used multiple measures (e.g., participants' self-report, critical incidents, and categories of group behaviors). Results indicated that case conceptualization and activities that focus on counselor development (feedback related to their strengths and weaknesses, support for growth as individuals, and facilitation of critical thinking) were recognized by the supervisees as helpful. Focusing on the development of the group was not apparent in these studies, yet the term "group supervision" is defined with an emphasis on the use of group process to enhance learning. Tools sensitive to group process might provide valuable insights into the

functioning of supervision groups and which activities promote group development and counselors' growth.

Overview of Group Supervision

As indicated in the above discussion, group supervision is viewed as a necessary component of counselor education. Numerous contributions are outlined in the literature. Interaction with others, increased amount of feedback, and a vast variety of case interventions are reported by supervisors and supervisees as present and helpful. The supervisee gains skills and experience from interactions with peers and the supervisor. An arena that encourages self-awareness and opportunity for growth as a person and as a professional is present in group supervision. Details about models suggested in the literature from reputable authors provide some structure that is believed to promote effective group supervision. From the various definitions of group supervision one notes that the supervisors use the group to promote counselor development.

Early group supervision research indicated that a group experience increased supervisees' understanding and ability to respond affectively. Documentation of problem-solving activities in group supervision focused on case conceptualization was also noted in the few available research studies. Peer interaction was noted as a key factor. Quite notably, group development and group process variables have not been explored in relation to group supervision. In addition, session evaluation via an established instrument has not been reported. Single case research has been used by Kruger et al. (1988) to provide an in-depth analysis of problem solving in group supervision. Exploratory research is necessary to produce hypotheses that can be tested and later used to construct models that are intended to promote counselor development.

Case Study Design

The need for systematic, in-depth study of group supervision leads this researcher to select the intense single subject design. This qualitative approach to research is necessary

when one wants to discover, to increase insight, and to increase understanding of a knowledge base for a practice (Merriam, 1988). Case study research generates hypotheses in a situation where variables are not easily identified and where the variables are embedded in a phenomenon. Single case studies have four properties: (a) they are particularistic and can suggest what might be done in a similar situation; (b) they are descriptive and include as many variables as possible to study over time; (c) they are heuristic in that they illuminate understanding of a phenomena; and, lastly, (d) they are inductive in nature and discover new relationships that will lead to further study (Merriam, 1988). Group supervision has not been studied systematically and is at the point of needing interpretive studies, not measurement of phenomena that are yet to be described systematically.

Thus this study was conducted in the context of actual supervision groups in order to understand the nature of group supervision. The single subject design allowed more intensive assessment and examination of the operation of group supervision. The disadvantages related to external validity were offset by the exploration of actual group supervision phenomena. An elaborate description of group supervision is provided through the use of self-report, supervisor's observations, and a content analysis. Block and Crouch (1985) argued that the chief utility of the intensive case design is that the respect for the uniqueness of the group is maintained and that, potentially, the generation of new hypotheses bridges the way to other types of research.

This approach provided an analysis of the supervision interaction involving aspects of the supervisee and the supervisor in relation to what may occur in group supervision. Heppner, Kivlighan, and Wampold (1992) described this approach as "process research" which involves an attempt to "describe the group, specify changes in the behavior or actions of the group over time, and link one or more selected process variables to outcome" (p. 320). C. E. Hill (1982) identified three general purposes of process research that were extrapolated to supervision by Martin, Goodyear, and Newton (1987). "These purposes are (a) simply to

describe events to inform one of what is happening during supervision, (b) to show change in the supervisee's within-session behavior, and (c) to link process to outcome" (Martin et al., 1987, p. 226). Martin et al.'s (1987) examination of one dyad's work in supervision over time serves as a model for this type of investigation. Six process measures were used to gather data from the participants' and observers' perspectives. One descriptive measure was used to provide information about the supervisee's and supervisor's personality styles. The "best and worst" sessions were identified. All sessions were transcribed. Qualitative and quantitative data were examined. Although the data cannot be generalized, hypotheses were generated that could guide future research. For example, the same "best" session was identified by the supervisor and supervisee. This "best" session focused on relationship issues, which is consistent with other researchers' findings.

Ellis (1991) suggested that a naturalistic investigation of the issues in supervisor supervision (supervision in a group setting) would supply data that are needed to examine congruence between individual and group setting supervision. He suggested that the issues be examined by both the supervisor and supervisees and with more than self-report. Multiple measures were suggested in order to obtain triangulation. Webb, Campbell, Schwartz, and Sechrest (1965) suggested that triangulation be apparent because there is no external criterion against which to check an observation. Merriam (1988) further supported this idea by citing triangulation as a major strength of the case study. In other words, multiple measures become a check or validation of observations, a means of insuring internal validity and reliability.

Conclusions

Investigations of groups are time consuming, multifaceted, and cumbersome. Yet, groups have been and will continue to be a means of exposing individuals to learning and providing environments that could promote change. Group supervision is apparently one of these situations: widely used, but poorly documented (Holloway & Johnston, 1985).

A review of the group literature demonstrates that group process seems to be both a necessary and elusive group phenomenon. Group psychotherapy literature demonstrated that the group approach provides unique contributions to individuals' growth and established that a core of conditions exists which are necessary to promote the effective use of groups. Utilizing group process becomes a necessary means of using the core conditions. Yet, these terms are nebulous in terms of measurement. "Therapeutic factors" is the term that emerges from the literature as the link to study. Studying therapeutic factors is one means of bringing the illusive nature of group process to light. Through the use of single case design, the exploratory stage of a group supervision research program was initiated in a manner that would produce hypotheses that can be taken into the experimental arena of research. Also, the single case approach provided data gathered from multiple directions simultaneously.

Group supervision has been cited as necessary in promoting counselor development, yet the systematic gathering of documentation that supports this premise is missing from the literature. This study began the process of documenting what occurs in group supervision, offers data needed for additional systematic study of the group supervision process, and provides supervisors with insights about how group process may be used as a means of promoting counselor development.

CHAPTER III

METHODOLOGY

As revealed in the review of related literature in Chapter II, it is widely believed that supervision occurring in a group format contributes to the development and knowledge base of the counselor. Not so clear are the observable or deducible phenomena critical to the use of groups as a supervision format. It is believed that supervisors must be knowledgeable of group life or group process in order to be the "process observer" of group dynamics (Bernard & Goodyear, 1992; Borders, 1991).

This chapter presents the study's methodology. The chapter includes research questions, and description of participants, description of instruments, overview of procedures, description of statistical procedures used in data analyses, and a review of the pilot study.

Research Questions

The purpose of this study was to examine the following questions related to group supervision:

1. a. To what extent do the supervisor and supervisees perceive the first three stages of group development (i.e., engagement, differentiation, and individuation), as measured by the Group Climate Questionnaire - Short Form (MacKenzie, 1990), to be present in a supervision group over time?
- b. Do the supervisor and supervisees agree in their perceptions of the stages?

2.
 - a. To what extent do the supervisor and supervisees perceive the occurrence of therapeutic factors, as measured by self-reported critical incidents, in each group supervision session?
 - b. Do these perceptions of therapeutic factors change over time?
 - c. To what extent do the supervisor and supervisees perceive the overall occurrence of therapeutic factors, as measured by Yalom's (1985) Therapeutic Factor Scale, during supervision group sessions across one semester?
 - d. Do the supervisor and supervisees agree in their perceptions of the overall occurrence of therapeutic factors?
 - e. Do the therapeutic factors identified in the critical incidents agree with (i.e., match) therapeutic factors identified via the Yalom (1985) Therapeutic Factor Scale?
3.
 - a. What content and work styles, as measured by the Hill Interactional Matrix-SS (Hill, W. F., 1965), characterize supervision groups?
 - b. Do the content and work styles change over time?
4.
 - a. What is the activity level of group sessions, as measured by the ratio of words spoken by supervisor to the total number of words spoken by both the supervisor and supervisees?
 - b. Does the activity level change over time?
5.
 - a. What rate of learning do the supervisor and supervisees report for each session, as measured by one Likert-scale item?
 - b. Do the supervisor and supervisees agree in their self-reported rates of learning?
 - c. Do their self-reported rates of learning change over time?

- a. How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to group development stages identified by the supervisor and supervisees over time?
 - b. How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to therapeutic factors identified by the supervisor and supervisees over time?
 - c. How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to content and work styles of supervision groups over time?
 - d. How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to the activity level of group sessions?
 - e. How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to self-reported rates of learning over time?
7. What are the characteristics (i.e., group development stage, therapeutic factors, content and work styles, activity level, evaluations of session effectiveness, and rate of learning) of the "best" and "worst" group sessions as identified by the supervisor and supervisees?

Participants

Participants in this study were volunteer counseling students enrolled in a semester internship course at a mid-sized state university in the southeastern part of the United States, and volunteer supervisors assigned to these supervisees. A letter from the researcher was sent to all internship supervisors and students enrolled in internship prior to the first group supervision session. This letter provided information about the study and invited each of them to participate (see Appendix A). The groups were formed by the Director of Internships from the supervisor and supervisee volunteers enrolled in the internship. At least four students were in the groups. Criteria for group selection were that students be currently enrolled who were as similar to other supervision group members as possible, with the exception of their having volunteered for the project.

Supervisees were enrolled in a Master's of Education (M. Ed.) or Doctorate of Philosophy (Ph.D.) program in Counselor Education accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). Supervisors for the groups were doctoral students in the same Counselor Education program. Minimal preparation for the role of supervisor was successful completion of a 3-hour credit course in supervision.

Instruments

Participants were asked to complete questionnaires that include demographic items, Critical Incident Form (CI; MacKenzie, 1990), Group Climate Questionnaire - Short Form (GCQ-S; MacKenzie, 1990), Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984), and Therapeutic Factor Scale (TFS; Yalom, 1985). They also identified the "best" and "worst" group sessions across the semester. Amount of learning was rated for each session. W. F. Hill's process scale, the Hill Interaction Matrix - SS (HIM-SS; Hill, W. F., 1965), was used to rate statement-by-statement one of the group's five session transcripts in their

entirety. Activity levels also were calculated from these transcripts. All questionnaires are reprinted in Appendix C-G.

Demographic Information

Items for the Participant Information Sheet (see Appendix B) were developed for the present investigation in order to gather descriptive information about the supervisees and supervisor. Descriptive data for all participants (supervisor and supervisees) included questions regarding age, gender, highest degree earned, number of hours completed toward next degree, counseling orientation, years of counseling experience, types of counseling experience, types of group training, types of supervision in which the participant had been involved (i.e., individual, group, peer), and hours of accumulated supervised counseling experiences. In addition, supervisors were asked about supervision experiences.

Group Climate Questionnaire-Short Form

The Group Climate Questionnaire-Short Form (GCQ-S; MacKenzie, 1990) (see Appendix C) is a quantifiable process instrument that measures important interpersonal behavior perceived by group members within a group session. The GCQ-S is used as a sensitive "barometer" of group development phenomena (Dies & MacKenzie, 1983, p. 17). The first three group development stages are conceptualized by the perceived occurrence of three dimensions: engagement, avoidance, and conflict. These dimensions reflect elements of group climate and may be directly related to discovering how a group promotes the change process (Dies & MacKenzie, 1983). Members of a group report at each session how they perceive 12 items related to group climate. These responses provide a measure for each of the three dimensions. A profile of the dimensions are graphed and the graphs are used to identify the first three stages of group development (i.e., engagement, differentiation, and individuation) (MacKenzie, 1990).

The GCQ-S is used at each group session so that group climate dimension changes can be traced (MacKenzie, 1992). A 7-point Likert scale is used to indicate degree of

agreement with each item, ranging from "strongly agree" (1) to "strongly disagree" (7). An example item for the dimension of engagement is "The members tried to understand why they do the things they do, tried to reason them out" (MacKenzie, 1990, p. 278).

The GCQ-S has face validity, is brief, easily scored, and assesses key dimensions of group process (Dies & MacKenzie, 1983). A data base of 1,150 individuals who were involved in group therapy completed ratings that were used in a factor analysis. The three dimension scales were developed as a result of the factor analysis: engagement (degree of cohesion and work orientation in the group); avoidance (the degree to which individuals rely on the group members or leaders); and conflict (interpersonal conflict and distrust) (Dies & MacKenzie, 1983). The interscale correlational pattern (-0.44, avoidance and engagement; -0.18, conflict and engagement; and 0.30, conflict and avoidance) remained the same even when one or another of the subscales increased or decreased. Group stages of engagement, differentiation, and individuation were illustrated by score patterns (t-scores of normative values) on subscales of engagement, avoiding, and conflict (i.e., Stage 1, rising engagement score, low conflict and avoiding; Stage 2, lower engagement scores, higher conflict and avoiding; Stage 3, higher engagement scores, low conflict and avoiding). Thus, MacKenzie (1990) concluded that the GCQ-S was able to operationalize the first three stages of group development.

Several researchers (e.g., Kanas & Barr, 1986; Kivlighan & Angelone, 1992; MacKenzie et al., 1987) reported additional psychometric support for the GCQ-S. Kanas and Barr (1986) used the GCQ-S to measure group process in one group of six patients that met for 34 sessions (45 minutes each). Results from the study were compared to and supported the normative sample from MacKenzie's and Livesley's (1983) work. Kivlighan and Angelone (1992) used the GCQ-S to explore the relationship between group climate and members' interpersonal problems with students in personal growth groups ($N=7$). In choosing the GCQ-S, they concluded that the Kanas and Barr (1986) and MacKenzie et al. (1987) studies

"supported the construct validity of the GCQ-S by showing that, in more successful groups, clients perceived the climate as more engaging and characterized by more conflict and anxiety and as less avoiding" (p. 469). Kivlighan and Goldfine (1991) examined perceptions of students in personal growth groups; they reported coefficient alphas for the GCQ-S scales ranging from .88 to .94.

In addition, several researchers (Bloch et al., 1979; Kivlighan & Mullison, 1988; MacKenzie, 1987) have used the GCQ-S in studies of the relationship between stages of group development and endorsement of therapeutic factors. These studies illustrated that therapeutic factors are endorsed differentially at various stages of group development. MacKenzie et al. (1987), for example, found that "acceptance," "instillation of hope," and "universality" were noted in early stages of group development, while "self-understanding," "learning from interpersonal actions," and "vicarious learning" were endorsed in later stages of group development.

Finally, MacKenzie et al. (1987) studied learning outcomes in 53 American Group Psychotherapy Association (AGPA) 2-day training groups. The GCQ-S was completed at the end of four 3 1/2 hour sessions. Results indicated that the eight most successful groups, determined by factor analytically derived dimensions, progressed more rapidly through early group development stages. In fact, the GCQ-S engagement scale was predictive of increased learning as reported by participants.

For this study, the GCQ-S was used as Dies and MacKenzie (1983) suggested. Supervisees and supervisors completed the form at the end of each group supervision session as a measure of group climate dimensions and group development stages in the supervision group over the semester.

Therapeutic Factor Scale

The Therapeutic Factor Scale (TFS) (see Appendix D) was used to assess overall therapeutic factors that participants believed were important to their learning in group

supervision. The TFS is a 60-item questionnaire based on Yalom's (1985) 12 therapeutic factors, which he believed must be present in all groups if they are to effect change in participants. 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). An example item (#8) that assesses a participant's perception of "group cohesiveness" is, "Revealing embarrassing things about myself and still being accepted by the group."

Participants are asked to rate or evaluate the helpfulness of each item to their overall experience in an evaluative-retrospective manner during the last session. Participants indicate how important each of the factors were to their growth and learning on a four-point numerical scale ranging from not helpful (0), slightly helpful (1), helpful (2), to very helpful (3).

The TFS was developed as a 60-item Q-sort which described 12 therapeutic factors. Group participants ordered the cards in a forced-choice, seven-pile Q-sort format (Yalom, 1985). The seven piles were labeled: 1. Most helpful to me in 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); 7. Least helpful to me in group (2 cards). Items were drawn from critical incidents gathered by Yalom (1975) and Maxmen (1973) and from earlier literature on successful groups (Berzon et al., 1963; Corsini & Rosenberg, 1955; Dickoff & Lakin, 1963). Several versions were reviewed by a number of senior group therapists who made suggestions, additions, or deletions. Although many items in the Q-sort were similar, it was necessary methodologically to have the same number of items represent each of the 12 categories (Yalom, 1985). Yalom (1985) stated that the Q-sort was "not posited as a finely calibrated research instrument. Test-retest reliability (coefficient alpha ranged from .27 to .58)

has proven to be good for the Q-sort; factor analytic studies have yielded varied results: some studies showing only fair, others good, item to individual scale correlations" (p. 74).

The Q-sort has been used frequently in group research, especially with psychotherapy groups. Some researchers (e.g., Butler & Fuhrman, 1983d; MacDevitt & Sanislow, 1987; Rugell, 1987) have used the 60 items in a Likert-type format. Others (e.g., Lewis & Stone, 1991; Lieberman et al., 1973; Schaffer & Dreyer, 1982; Sherry & Hurley, 1976) have used a 14-item version called How Groups Work (HGW; Lieberman et al., 1973). Researchers typically administer the Q-sort or one of the derivatives only once at the end of the study, and typically suggest administering it to both participants and leaders.

As these studies illustrate, researchers have used the Q-sort to identify the relative importance of each factor particular to the type of group. This study, the first to consider therapeutic factors in supervision groups, has a similar goal.

In this study, the TFS was used to measure the supervisees' and supervisor's perceptions of the importance of therapeutic factors to their learning in group supervision. The supervisors were asked to complete the form based on their perception of what therapeutic factors were helpful overall for the group members. Supervisees were asked to rate the items according to their overall perceptions of how helpful the group was to their own learning.

The TFS version used in this study was a modification of the Q-sort used by MacDevitt and Sanislow (1987) and cited in Butler and Fuhrman (1983a). In this approach, Yalom's 60 original therapeutic factors items were administered in a Likert-scale format (0 being "not helpful" to 3 being "very helpful").

Critical Incidents

Since this is an exploratory study and multiple measures are desired, data related to therapeutic factors was collected from two sources. In addition to the TFS, therapeutic factors for each group session were assessed via a brief Critical Incident Form (CI;

MacKenzie, 1990) (see Appendix E). Open-ended questions such as the CI are widely used to collect data about therapeutic factors (Bloch & Crouch, 1985). This indirect method is less biased than a direct questionnaire and often is used as an adjunct to questionnaires that request participants' responses to given criteria (Bloch & Crouch, 1985). This flexible technique of data collection allows participants to report their perceptions of the significant contributions of an activity. In this approach, elements critical to participants' learning and/or progress are identified. With groups, members are asked to identify events or "critical incidents" occurring during a group session which they regard as most important or significant to their growth. The written responses are then categorized in terms of therapeutic factors.

The critical incident technique was developed by Flanagan (1954) for the Aviation Psychology Program. His goal was to gather data about why potential pilots were eliminated from flight school (Flanagan, 1954). In 1949 Flanagan also used the technique to determine critical job requirements for General Motors. In addition, the method has been used to measure proficiency and typical performance, training, selection and classification, job design, equipment design, motivation and leadership, and counseling and psychotherapy (Flanagan, 1954).

Collecting critical incidents is a popular approach in group research, as illustrated by two recent studies. Sharkin and Birky (1992) used critical incidents to study encounters between group leaders and group members in public settings. Results for 573 incidents indicated that most therapists were not comfortable with the encounter and were uncertain about confidentiality issues. Kivlighan and Goldfine (1991) used critical incidents to assess the most important events for group participants during each of 26 personal-growth sessions. The events were then classified as therapeutic factors and matched to phase of group development. Critical incidents identified by the personal-growth participants' were similar to those from participants in group psychotherapy. Group development stages identified by

judges were confirmed by the patterns formed by group climate dimensions as described by MacKenzie (1990).

The critical incidents technique also has been employed in several studies of individual supervision. Heppner and Roehlke (1984) collected critical incidents from supervisory sessions. The data were then categorized by raters into critical issues of supervision. Results of the study supported a developmental model of individual supervision and provided evidence that different supervisory behaviors are needed for different levels of supervisees. Martin et al. (1987) elected to use critical incidents in a case study of supervision process and outcome for one dyad. The incidents provided validation for and explanations of data obtained via more quantitative instruments.

In this study, supervisees and supervisors reported their perceptions of important issues and/or events in each session. MacKenzie's (1990) instructions were slightly modified for this study to adapt the instrument to events occurring in group supervision and to direct the supervisees to focus on their development as a counselor. The statement used by MacKenzie (1990) reads:

Please describe briefly the event that was most personally important to you during today's session. This might be something that involved you directly, or something that happened between other members but which made you think about yourself. Explain what it was about the event that made it important for you personally.
(p. 278)

The statement for the CI used for this study read:

Please describe briefly the event that was most personally important to you during today's session. This might be something that involved you directly, or something that happened between other members but which made you think about yourself. Explain what it was about the event that made it important for you personally in your development as a counselor.

Flanagan (1954) suggested that the CI direction statement remain simple and brief and indicated that authorities in the field should also agree on the general aim of the statement.

Faculty ($N = 3$) in a selected counselor education program reviewed instructions for the CI to be used in this study and agreed that the general aim was present. In addition, Flanagan (1954) stated that immediacy and minimum demands on the participants are necessary to obtain the data. Thus, the CI was collected immediately following each of the group sessions from the supervisees and the supervisors.

CI responses were categorized into therapeutic factors by three raters who were not familiar with the purpose of the study. Raters used a manual adapted by the researcher from a manual created to classify critical incidents in group psychotherapy (Block, Reibstein, Crouch, Themen, & Hokroyd, 1979) (see Appendix F); Descriptions of therapeutic factors in the manual are based on Yaloms's (1985) definition. Raters were master's students trained for a minimum of 5 hours with materials gathered during the pilot study. The raters practiced rating critical incident descriptions until they achieve at least a 50% identical agreement for each incident.

Hill Interaction Matrix SS

The Hill Interactional Matrix SS (HIM-SS; Hill, W. F., 1965) (see Appendix G) is a classification system for measuring the content and quality of verbal interactions in a variety of small groups of various types. The instrument has been used to study group psychotherapy, T-groups, encounter groups, and discussion groups. Two dimensions were identified as styles of operation (Hill, W.F., 1977). What groups talk about, or content/style, is one dimension; the "level of work" or work/style is the second dimension. These were identified as important in distinguishing the therapeutic quality of communication in groups.

Content/style has four categories: topic, group, personal, and relationship, which are ranked according to increasing significance of categories with "topic" to "relationship" being the lower to higher ranking. The work/style dimension has five categories (in order of significance): responsive, conventional, assertive, speculative, and confrontive. These

rankings are treated as ordinal scales based upon a value system outlined by W. F. Hill (1965).

Content and work dimensions were empirically derived by studying a large number of therapy groups over time. Hundreds of group meetings were observed, recorded, transcribed, and studied from 1954 to 1959 (Hill, W. F., 1965). The scale was then visualized as a matrix with two interacting dimensions. Both dimensions are descriptive of characteristic modes of styles of interaction in the groups that were studied. A matrix is plotted with the content/style dimensions on the horizontal axis and work/style dimensions on the vertical axis, resulting in 20 cells, each of which "typify 20 recognizable and familiar patterns of behaviors in groups" (Hill, W. F., 1965, p. 7). Each statement made in the group can be assigned a rating in one of the matrix cells.

For an interactional rating system, inter-rater reliability or equivalence is the preferred technique for measuring reliability. Having two raters categorize the verbal units, comparing results, and calculating as high a reliability index as possible is the best approach. However, variables such as amount of rater training and clarity of communication within the group effect the reliability (Hill, W. F., 1965). Reliability for the HIM-SS was established through three reported methods of inter-judge reliability: percentage of agreement, product-moment correlations, and rank order correlations. Average reliability indices for three judges on three groups were 70%, with an r of .76 and a rho of .90 (Hill, W. F., 1965). The product-moment correlations on seven similar interactional rating instruments (Bales, 1953; Carter, Haythorn, Meierowitz, & Lanzetta, 1951; Castore, Hill, W. F., Lake, & Politzer, 1959; Fourezios, Hutt, & Guetzkow, 1950; Heyns, 1948; Lippitt & White, 1958) reported $r = .76$ for the HIM-SS as compared to an average r of .77 for the other seven interactional ratings. W. F. Hill (1965) concluded that the HIM-SS is at least adequate in terms of reliability, depending on the method of computation.

Validity for the HIM-SS was established in several different ways. First, W. F. Hill (1965) used Coon's (1957) transcripts from two different types of groups, interaction and insight, with the HIM-SS. These two types represented a functional or generic difference in group operation and group management. Results indicated unique patterns of distributions within the HIM-SS categories (Hill, W. F., 1965) for the two types of groups. Interactional groups had 100% of the participation in the Conventional work level and 75% in the General Interest Topic in content/style categories, while the insight groups had 2/3 of participation fall in the Personal/Speculative level. These categories were very similar to Coon's (1957) description of these two types of groups. Another means of establishing validity was to use transcripts representative of seven different theoretical approaches to group psychotherapy (i.e., group analytic, neo-psychoanalytic, pure psychoanalytic, non-directive, didactic, rational, and guided group interaction). Loadings from the HIM-SS for each of the seven types were unique enough to discriminate between such divergent groups (Hill, W. F., 1965).

W. F. Hill (1965) stated that the HIM-SS yields reliable quantitative indices of group interaction. These indices can be interpreted to produce meaningful and significant descriptions of total group operation and to compare groups.

For this study, the HIM-SS was used to measure the content and work styles of verbal interactions in a supervision group over a semester. An expert rater was used to categorize the statement-by-statement content from the group supervision sessions. Dr. Priscilla Hill, the rater, is a nationally recognized HIM-SS expert. Transcripts were mailed to her for categorizing.

Session Evaluation Questionnaire

The Session Evaluation Questionnaire, Form 4 (SEQ; Stiles & Snow, 1984) (see Appendix H) is used widely to measure participants' immediate reactions to sessions and their post-session affective states. The most recent SEQ, Form 4, consists of four scales.

Depth and smoothness are evaluative dimensions; positivity and arousal are mood/affect dimensions. Depth and smoothness subscales measure participants' reactions of perceived power and value, comfort, relaxation, and pleasantness in the session (e.g., "This session was bad-good, safe-dangerous"). Positivity and arousal measure post-session mood or feelings of confidence and clarity, and activeness/excitement ("Right now I feel happy-sad, angry-pleased"). Immediate effects in response to a session are measured.

Twenty-four bipolar adjectives are presented in a 7-point semantic differential format (Osgood et al., 1957). Participants are asked to rate "How the session was today" (e.g., powerful-weak) and "Right now I feel" (e.g., happy-sad) immediately following the session on the 7-point scale. Of the 24 items, 20 are scorable, with five pairs on each dimension for depth, smoothness, positivity, and arousal. Raw scores on the items for each dimension are totalled; sums are divided by the number of items to obtain a mean score. Higher scores indicate how much more of the dimension is perceived to be present by the participant.

Form 4 differs from earlier versions in that some of the adjective pairs have been replaced and others added to provide 5 items for the arousal mood factor in the second section and to strengthen other factors. Results from all forms are comparable (Stiles, 1989).

In a validation study, Stiles (1980) used the SEQ, Form 2, to document the presence of common dimensions underlying client and therapist ratings in a given session and of their own feelings immediately following the session. One hundred sessions were rated by the therapist and by the client. Separate factor analyses were conducted on the therapist and client ratings and then compared. In the first part of the instrument, two factors were extracted from both the therapist and the client ratings, accounting for 62.5% and 61.0% of the common variance, respectively. In the second part of the SEQ, one factor from both the therapist and client loaded 53.8% and 54.3% of the common variance. Based on these loadings, indexes for the depth/value, smoothness/ease, and positivity were constructed. (Arousal items had not been added at this time). Results from this study were compared by

Stiles (1980) to the Therapy Session Report (Orlinsky & Howard, 1975). He concluded, "The present results converge with Orlinsky and Howard (1975) with the similar proportion of variance attributable to stable therapist differences and the similar overall level of client-therapist agreement of session qualities" (Stiles, 1980, p. 183). Thus, initial support for SEQ validity was established.

In a later study, Stiles and Snow (1984) examined 942 SEQ, Form 3, from counseling sessions of 72 clients and 17 novice counselors from a university psychology clinic. After six counseling sessions, clients and counselors completed the SEQ. The SEQ demonstrated high reliability, with coefficient alphas ranging from .82 to .89 for counselors and .78 to .93 for clients on the four dimensions. Internal consistency was high on all indexes from all perspectives (e.g., therapist and client). Positivity and arousal were moderately correlated on counselor and client perspectives. Factor analysis of residual correlation matrices at the session level (session ratings with dyad variance removed) and at the client level (mean ratings across client's sessions, with counselor variance removed) confirmed all four dimensions in both counselor and client ratings of sessions using the SEQ, Form 3 (Stiles & Snow, 1984). Stiles (1989) later pointed out that "intersperspective agreement has been moderate, underlying the importance of assessing multiple perspectives" (p. 2). Stability or the degree to which respondents give the same rating on different occasions is not to be considered as an indication of reliability because each rating is expected to be different. "Mean rating scales across 4-6 sessions is suggested for an adequately stable index" (Stiles, 1989, p. 2).

Current researchers in psychotherapy and counseling use the SEQ frequently (e.g., Dill-Standiford, Stiles, & Rorer, 1988; Friedlander, Siegal, & Brenock, 1989; Hill, C. E., Helms, Tichenor, Spiegel, O'Grady, & Perry, 1988; Stiles, Shapiro, & Firth-Cozens, 1990). The SEQ also has been used to measure reactions in groups. Using an earlier form, Stiles et al. (1982) found that therapists and clients used the same two dimensions to evaluate

sessions. (Only two dimensions were identified at this time. The post-session dimensions were not being evaluated on this form of the instrument.)

In addition, the SEQ has been employed in supervision research. Martin et al. (1987) used the SEQ as one of the multiple measures in a case study of individual supervision and "deemed it a useful gauge of session quality" (Martin et al., 1987, p. 234). Friedlander et al. (1989) studied the interlocking processes of counseling and supervision, using the SEQ, Form 3, to measure the immediate impact of each individual supervision session. They stated that counselors consistently rated supervision sessions as deep and valuable but varied in ratings of smoothness.

In this study, the SEQ was used to measure both supervisees' and supervisors' perceptions of the dimensions present in each group supervision session. Form 4 was used as described above, with participants completing the self-report instrument at the end of each session. Session quality as perceived by participants were studied in relation to group development, therapeutic factors, content and work styles, and activity level over time in supervision group sessions.

Activity Level Index

Activity level of the supervisor and supervisees was assessed as in the Martin et al. (1987) and Hill, C. E. et al. (1988) studies. The ratio of numbers of words spoken by the supervisor and the total number of words spoken by both the supervisor and the supervisees were expressed as a proportion.

Rate of Learning

Rate of learning was assessed by asking the supervisors and the supervisees to designate on an analogue scale how much a session contributed to the supervisees' learning as it related to their development as a counselor (see Appendix E). One Likert-scale item (1 being "no learning" to 7 being "a lot of learning") was administered at the end of each session. O'Farrell, Hill, C. E., and Patton (1986) and Hill, C. E., et al. (1983) both used the

one-item Likert scale to measure improvement as a result of counseling and satisfaction with counseling.

Best-Worst Sessions

Identification of the best and worst sessions is a strategy that has been used frequently in psychotherapy and supervision process research (e.g., Friedlander, Thibodeau, & Ward, 1985; Hill, C. E. et al., 1983; Martin et al., 1987; Strupp, 1980a, 1980b, 1980c, 1980d). In this study, the supervisor and each supervisee were asked to designate, based on their individual perspectives, the best session and the worst session of the semester at the last group supervision meeting (see Appendix I).

Procedures

The researcher contacted the Director of Internships for the selected Counselor Education program in order to gain permission to conduct the study. Supervisors and supervisees scheduled for supervision during Summer 1993 received a letter informing them of the research project and asking that they participate (see Appendix A).

At the beginning of the internship, supervisees and supervisors were given a Participant Instruction Sheet (see Appendix J) and were asked to complete a Participant Information Sheet that contains demographic items. At the end of each group supervision session, supervisees and supervisor completed the Critical Incident Form (CI; MacKenzie, 1990), Group Climate Questionnaire - Short Form (GCQ-S; MacKenzie, 1990), and Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984), and Rate of Learning Scale (RL). At the end of the last session, the Therapeutic Factor Scale (TFS; Yalom, 1985) also was completed by the supervisees and supervisors. In addition, participants were asked at that time to designate the "best" and "worst" supervision sessions across the semester, including the last session.

Each session of one randomly selected group was audiotaped and transcribed. Hill's process scale (HIM-SS; Hill, W. F., 1965) was used to rate, statement-by-statement,

transcripts of each group session. Based on the same transcripts, activity levels were established as the ratio between number of words spoken by supervisor and the total number of words spoken by both the supervisor and the supervisees.

During the first contact with the interns, the researcher provided an instruction sheet (see Appendix J). Each packet had a code number assigned to the participant that became the participant's designated identification number. This number was used on all instruments for the remaining project time. The researcher presented the supervisor and supervisees a packet at each group supervision session through the designated term. Beginning on the first and during all but the last group supervision sessions, a packet containing three forms (i.e., SEQ, GCQ-S, CI, and RL) was distributed to the supervisees and the supervisor. The supervisor was instructed to complete the forms based on his/her perceptions of total group function, while the supervisees were asked to base their responses only on their own individual reactions. During the last session, the above three forms, the TFS, and the designation of best-worst sessions were completed. Questionnaires were returned to the researcher, who was readily available.

Most of the instruments were coded and scored by the researcher (i.e., TFS, GCQ-S, SEQ, activity level, rate of learning, and best-worst sessions). Trained raters were used to categorize the CI into therapeutic factor classifications, and an expert rater (Dr. P. Hill) used the HIM-SS to categorize the content from session transcripts. Analyses was conducted using the SAS data analysis program of the VAX computer system at the University of North Carolina at Greensboro. Description of specific analyses follows.

Since this study is a small N, the procedure outlined above was repeated concurrently with three other groups. It was necessary that replication be done for validation of patterns and for back-up. The HIM-SS was not used with replication groups in its feasibility has not been established for supervision groups.

Data Analyses

Descriptive profiles for each group session were created and reviewed in light of the research questions. Profiles (tables and graphs) for the group were summarized for each data collection point (i.e., group session) for the GCQ-S, CI, SEQ, and RL for the supervisors and supervisees separately. Profiles utilized frequencies, percentages, means, and/or standard deviations to summarize the data. These profiles were examined in order of collection and summarized at the end of the study.

Research Question # 1

The three GCQ-S subscale scores were expressed as means for each supervisee and for the supervisor. Group session subscale score were calculated by averaging the means of the supervisees' scores. The means for each session were converted to t-scores and then plotted on a graph. Three raters identified the stage of group development by identifying prescribed patterns of the subscales (i.e., "norms" reported by [Dies & MacKenzie, 1983]). Inspection was used to identify differences and similarities of group stages reported by the supervisor and the supervisees.

Research Question # 2

The critical incidents identified in each session were categorized according to Yalom's (1985) definitions of therapeutic factors by three trained raters. Frequencies and percentages of each factor were profiled for each session and examined for changes over time. In addition, overall, combined, summary scores for the 12 therapeutic factors were calculated. A content analysis of the therapeutic factors identified by both the supervisor and supervisees were examined for differences and similarities.

The TFS data was expressed as means and standard deviations calculated for each of the 12 therapeutic factors (based on the 0-3 Likert scale for each therapeutic factor subscale). Supervisor and supervisees means were examined for similarities and differences. A rank

order correlation between frequencies of therapeutic factors identified via CI and TFS means was examined. (This was done in order to examine two schema for agreement.)

Research Question # 3

Data from the HIM SS was arranged in a matrix for each group session by an expert rater (P. Hill). The 20 cell matrix yielded multiple indices expressed in frequencies and percentages for each session; a combined total for all sessions also was calculated. Examination of the data was used to determine predominant categories and changes over time.

Research Question # 4

Activity level index of group sessions was expressed as the ratio of numbers of words spoken by the supervisor to the total number of words spoken by both the supervisor and the supervisees. The ratio (proportion) was calculated for each session.

Research Question #5

The rate of learning was expressed as whole numbers selected by the participant from one Likert scale item. The supervisors and supervisees rated each session according to their perception of how much learning occurred in each session for the supervisee. The supervisor rating and supervisees' average rating was examined for each session and graphed.

Research Question # 6

The four SEQ subscales were expressed as means for each session, calculated from the supervisees' and the supervisor's ratings, separately. These means were plotted along with means, frequencies, or percentages for the TFS, CI, GCQ-S, HIM-SS, activity level, and rate of learning, and then examined for patterns. Because the total number of sessions were small, no straightforward test to examine this statistically was done. The small number of sessions rendered difficult (if not impossible), a sufficiently powerful statistical test of relationship between session effectiveness (SEQ scores) and group development stages,

therapeutic factors, and group content/work styles difficult, if not impossible; nevertheless, it was feasible to examine whether or not the session effectiveness scores and rate of learning tended to relate to each of the variables. The relationship data is necessarily suggestive or exploratory and would need further confirmation with a substantially larger study.

Research Question # 7

Best-worst session data was summarized and session profiles examined and described in detail.

As mentioned in the Procedure section of the proposal, data also was gathered concurrently from three other group for validation or back-up.

Pilot Study

A pilot study was conducted in November 1991 in order to test the applicability and practicality of the instruments. During the fall semester of 1991, 33 out of 34 (97.5% return rate) master's and doctoral interns in eight groups and enrolled in internships in the UNCG Counselor Education Program completed measures of group process, the GCQ-S, HGW (14 item derivative of the Yalom (1985) Therapeutic Factor Scale), SEQ, Stroke's Three Factor Questionnaire (1983), CI, and Counselor Performance and Effectiveness Questionnaire (modified by the researcher from Supervisor Emphasis Rating Form; Lanning, 1986). (HIM-SS was not used in this pilot study). The instruments were completed only one time at the last group supervision session. Participants also were asked to rate each instrument on its effectiveness for evaluating their group supervision experience.

In summary, based on the HGW, universality, interpersonal learning/output, and catharsis were the therapeutic factors most often identified as important by participants. The CI indicated guidance as the most often cited therapeutic factor important for the supervisees' learning. SEQ results indicated that smoothness and positivity were descriptive of group supervision sessions. Stroke's Three Factor Questionnaire provided no discernible variation in measuring cohesion between groups. The Counselor Performance and

Effectiveness Questionnaire produced little variability between groups, and the instrument was found to need much more refinement. A complete report of the results of the pilot study, including descriptive data, are available from the author.

Based on feedback from participants in the pilot study, two tools were eliminated from the dissertation study, and directions were clarified to reduce confusion. Strokes's Three Factor Scale (1983) was not used because of its similarity to the GCQ-S, the lack of normative data available, and the total amount of time per session required from participants to complete post-session ratings. The Counselor Performance and Effectiveness Questionnaire was not used due to the need for additional refinement of the instrument. Instead, the briefer measure of self-reported rate of learning was added. Minor changes were made in instructions for other instruments to indicate that the responses were to be based on the most immediate experience in group supervision, not on all supervision experiences as a whole.

With refinements based on the pilot study, this study was implemented. The significance of the study was to identify and describe process variables that occur in group supervision. Descriptions of relevant group process variables may lead to the development of a group-as-a-whole approach to increasing a supervisee's learning and development as a counselor. Enhancement of group maturity may be guided by a supervisor who has an understanding of and ability to use group dynamics. This study attempted to provide some of that understanding.

CHAPTER IV

RESULTS

This chapter presents data collected in a descriptive study of group process variables occurring during group supervision. Four groups were investigated (via responses from supervisors and supervisees) over one semester by (a) collecting self-reported incidents perceived to be critical to supervisees' learning and growth, (b) gathering perceptions of the presence or absence of therapeutic factors in the group, (c) gathering perceptions of session effectiveness, (d) charting group development phases via analysis of dimensions of group climate, (e) categorizing verbal group interactions based upon content and work styles, and (f) gathering ratings of the impact of each group session on supervisees' learning.

Initially, descriptions of the research participants and the four groups will be described in detail. The chapter will continue with a discussion of results for each of the seven research questions as they relate to the four groups.

Participants

The four groups (A, B, C, and D) consisted of four supervisors and 16 supervisees who were involved in a counselor education one-semester internship course at a mid-size state university in the southeastern part of the United States. The four supervisors were advanced doctoral counseling students assigned to these 16 supervisees. The usual procedure for assigning supervisees to supervisors was done prior to the beginning of the study (see Chapter 3). Both the master's and the doctoral programs are accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP).

Each of the four supervision groups included one supervisor and 4 supervisees. The supervisees were responsible for providing counseling services to individuals, families,

and/or groups of clients in various community agencies and schools as part of their internship experience. Participation in this research was not a requirement of the course. All supervisors and supervisees volunteered to participate and signed statements of informed consent.

Supervisors included one female and three males between the ages of 29 and 46. Having worked as therapist/counselors for 3 to 20 years, they had more experience in individual counseling than in group, family, or couples counseling. All were involved currently in individual, peer, and group supervision (of their supervision), and previously had completed an academic credit supervision course. They reported less training in group work than in supervision. Supervision experience ranged from 0 to two years. Demographic data about the four supervisors is summarized in Table 1.

Table 1

Means, Standard Deviations, Lowest and Highest Values for Selected Supervisor Demographic Data

Category	Mean	SD	Lowest	Highest
Supervisor's age	39.0	7.4	29.0	46.0
Years worked as therapist/counselor	8.5	7.9	3.0	20.0
Years worked as supervisor	1.3	1.0	0.0	2.0
Hours in supervision skills training	204.0	299.0	30.0	650.0
Hours training for working with groups	47.5	21.0	25.0	75.0

Two of the supervisors identified family systems as their major theoretical framework, while one identified cognitive and one eclectic. All four supervisors reported that the 16 supervisees were the only people whom they were currently supervising.

The 16 supervisees included twelve females and four males between the ages 23 and 51. Ten of the counseling students had completed Bachelor's degrees and six counselors had

completed Master's degrees (two of these students were in the doctoral program and four had masters degrees in related areas (e.g., nursing). Having working as therapist/counselors for 0 to 8 years, 13 supervisees were most experienced in individual counseling and three most experienced in group counseling. All of the supervisees reported that they previously had been involved in individual supervision, seven in peer supervision, and 14 in group supervision. Twelve supervisees reported being involved in group training workshops, twelve in academic courses, nine in group therapy, seven in in-service training, and one in supervised group training.

Six of the supervisees identified client-centered as their major theoretical framework, four cited cognitive/behavioral, three identified existentialism; behavioral, family systems, and reality therapy were named by one supervisee each.

Group A, led by a male (age = 29), was composed of three females and one male (X age = 32.2). Internship sites included hospice counseling services, a private psychiatric hospital, and a family and children counseling clinic. Group B was led by a female (age = 38) and was composed of two males and two females (X age = 46.7). A private psychiatric hospital, a community rape counseling center, a nursing home, and a community mental health center were the internship sites for this group.

Group C was led by a male supervisor (age = 43) and was composed of four females (X age = 37.5). Placement sites were a mental health center, an elementary school, family service agency, and cancer support program. Group D, led by a male (age = 46), was composed of three females and one male (X age = 35.7). Internship sites included a community college, family and children services (2 counselors), and a university residence life program. Demographic data related to the supervisees in the four groups is summarized in Table 2 and includes an overall mean for age, years worked as a therapist, and group training hours.

Table 2

Means, Standard Deviations, Lowest and Highest Values, and Overall Means for Selected Supervisees' Demographic Data

Category	Group	Mean	SD	Lowest	Highest
Age	A	32.2	10.6	23.0	45.0
	B	46.7	3.4	44.0	51.0
	C	37.5	10.7	27.0	49.0
	D	35.7	9.2	25.0	46.0
	Overall	38.1	9.8	23.0	51.0
Years worked as therapist	A	2.7	1.3	1.0	4.0
	B	2.0	4.0	0.0	8.0
	C	2.4	2.5	0.0	5.0
	D	1.3	2.5	0.0	5.0
	Overall	2.1	2.5	0.0	8.0
Group training Hours	A	35.7	32.9	3.0	75.0
	B	55.7	47.3	10.0	100.0
	C	8.8	3.2	6.0	12.0
	D	44.2	51.1	12.0	120.0
	Overall	36.1	38.8	3.0	120.0

Note. N = 16 Supervisees

Results

Data related to selected group process variables, stages of group development, therapeutic factors, verbal responses, activity level, rate of learning, and session effectiveness will be presented as they relate to research questions posed in this study.

Stages of Group Development

All four groups, supervisors and supervisees, completed the GCQ after each of the five sessions. Identification of stages of group development were based on participants' ratings of the GCQ's three dimensions of engagement, avoiding, and conflict. These scores were then graphed and three judges (doctoral level counselors with training in group counseling) utilized normative patterns to establish if the stages of engagement, differentiation, and individuation occurred in the supervision groups.

Research Question 1a

To what extent do the supervisor and supervisees perceive the first three stages of group development (i.e., engagement, differentiation, and individuation), as measured by the Group Climate Questionnaire-Short Form (MacKenzie, 1990), to be present in a supervision group over time?

Research Question 1b

Do the supervisor and supervisees agree in their perceptions of the stages?

Patterns for the three GCQ scales were plotted separately for supervisors and supervisees in each of the four groups across the five sessions (See Figures 1-8). In comparing the graphs to the normative patterns indicative of group development (engagement, differentiation, and individuation) that were identified by MacKenzie and Livesley (1983), one sees some similarity. The first stage, characterized by rising engagement, low avoiding and conflict, is apparent to some degree in the four groups (See Table 3). The engagement scores are rising in the first two sessions as perceived by all four supervisors, while the rising is less as reported by the supervisees. Low avoiding and conflict scores are also apparent for the first two sessions as indicated by the supervisors and the supervisees. Thus, stage one is evident in all four groups, as reported by both supervisors and supervisees.

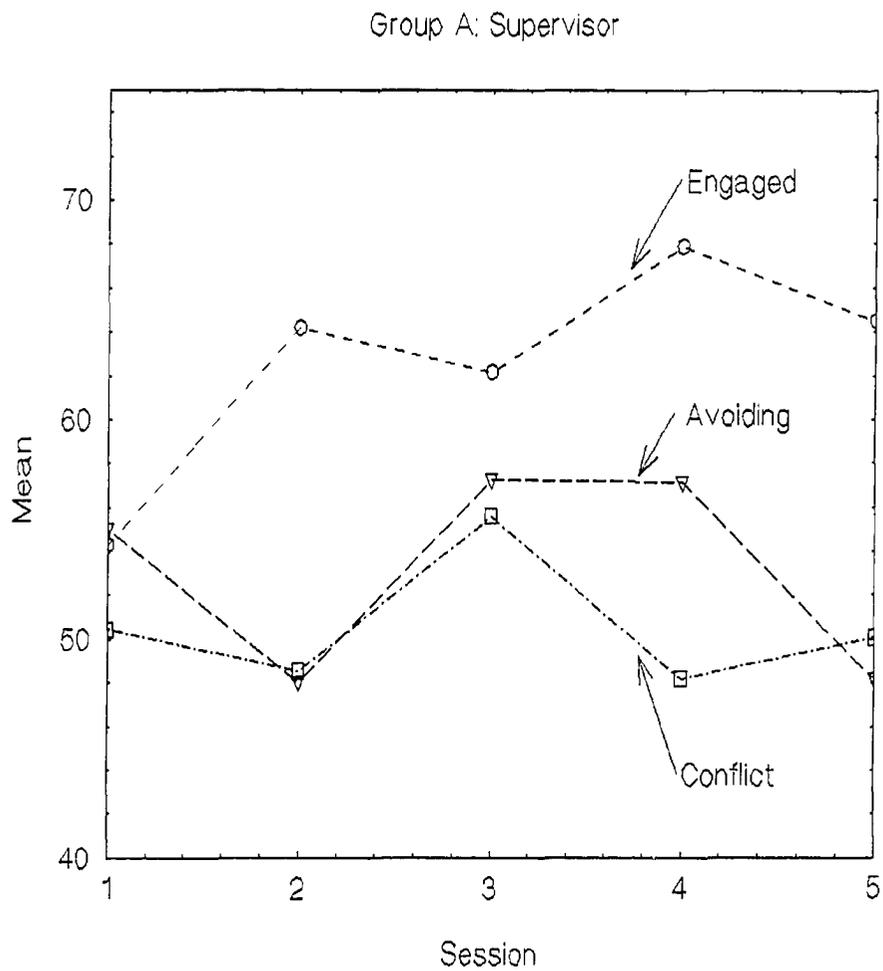


Figure 1. Group A's Supervisor GCQ Subscale Scores.

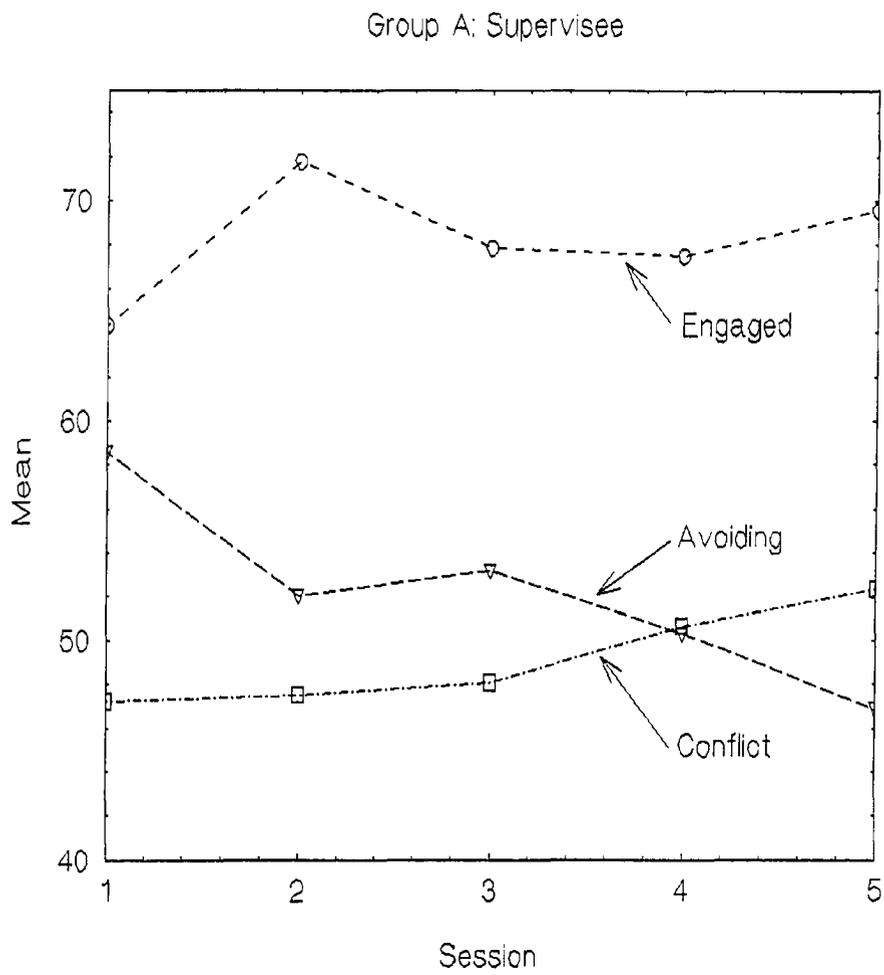


Figure 2. Group A's Supervisees GCQ Subscale Scores.

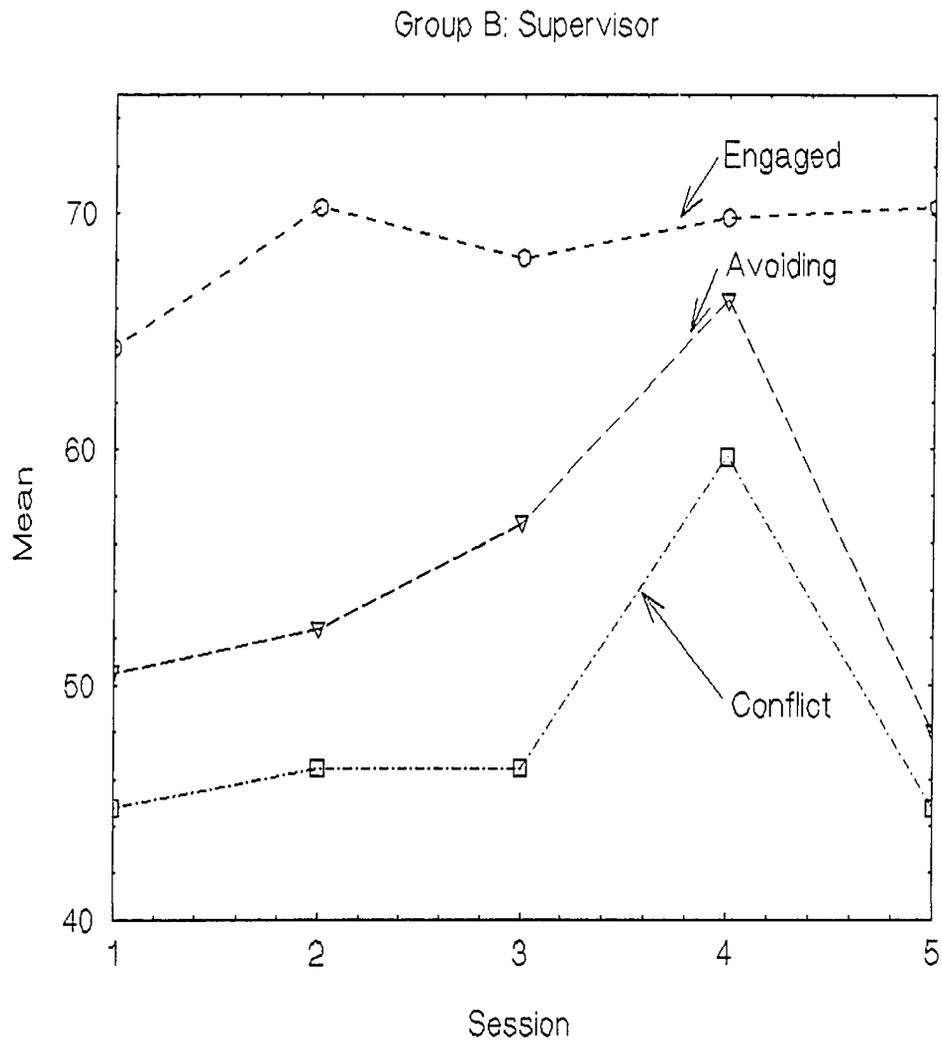


Figure 3. Group B's Supervisor GCQ Subscale Scores.

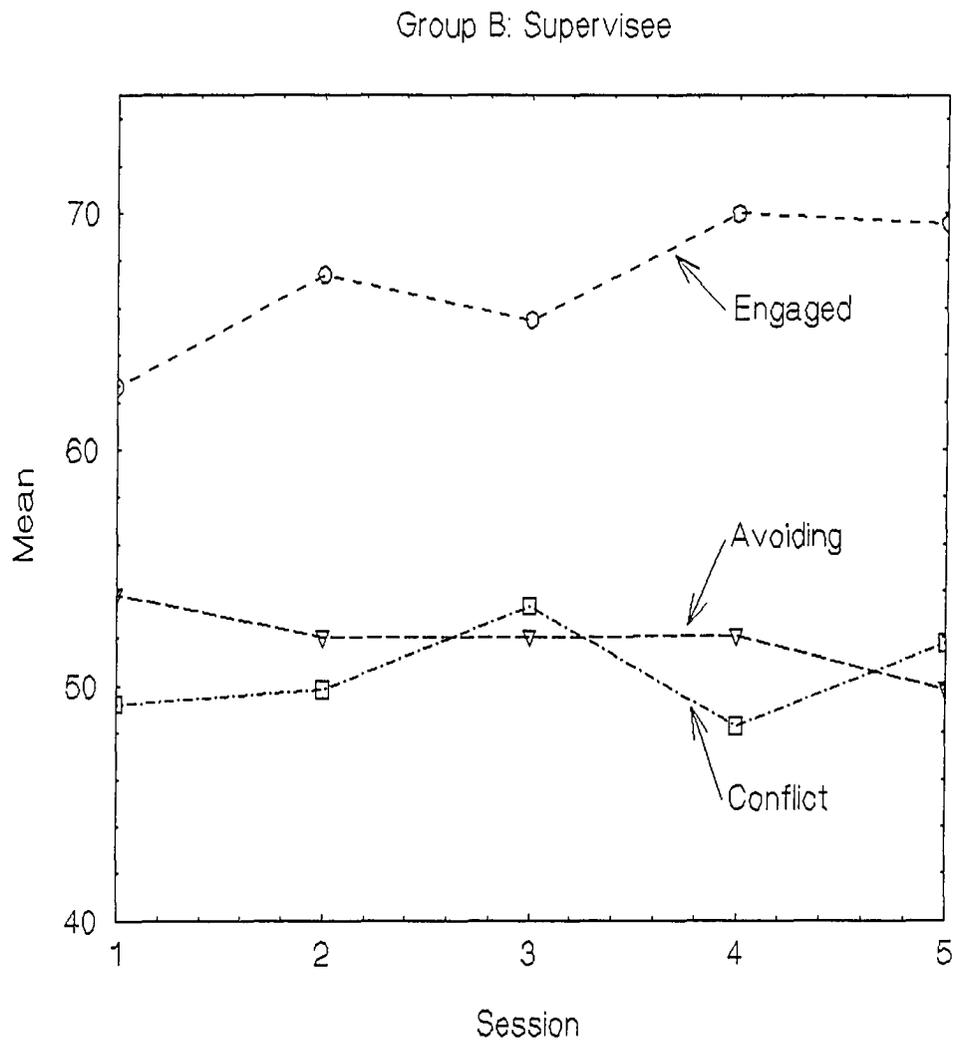


Figure 4. Group B's Supervisees GCQ Subscale Scores.

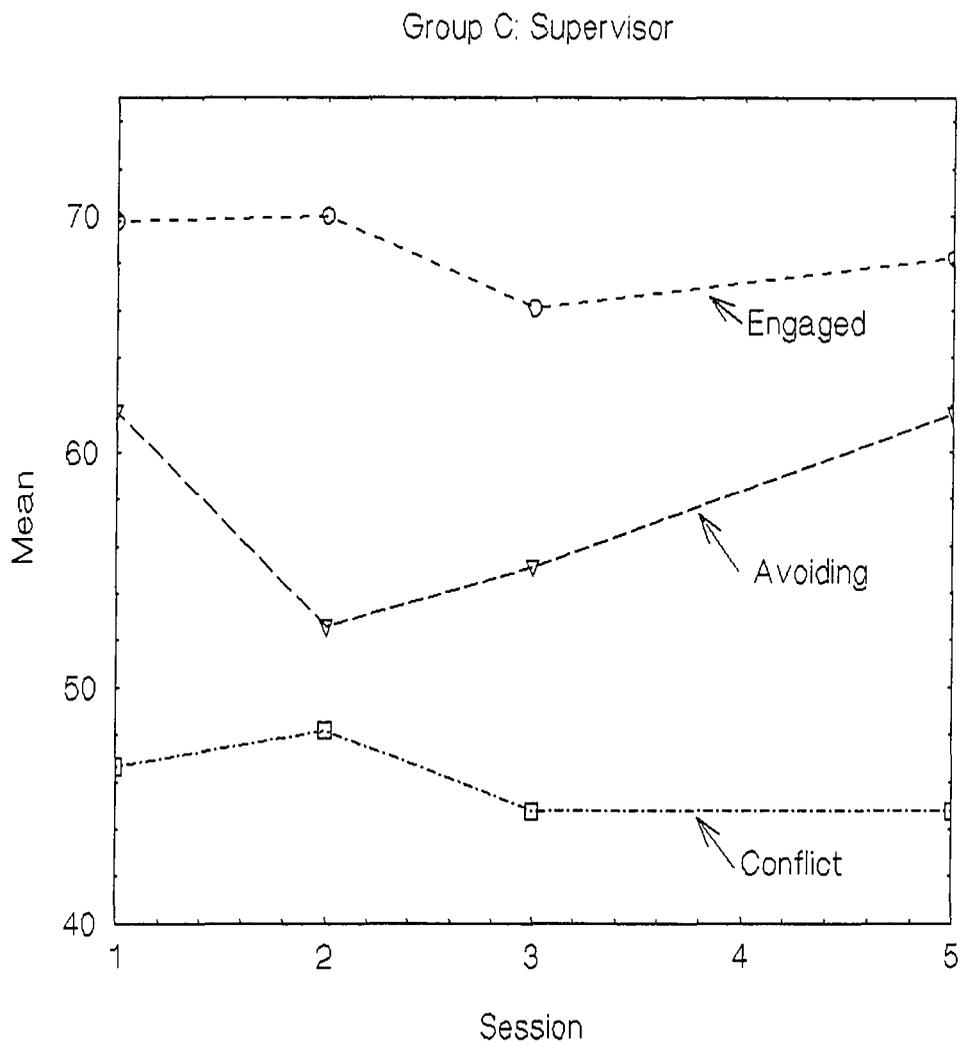


Figure 5. Group C's Supervisor GCQ Subscale Scores.

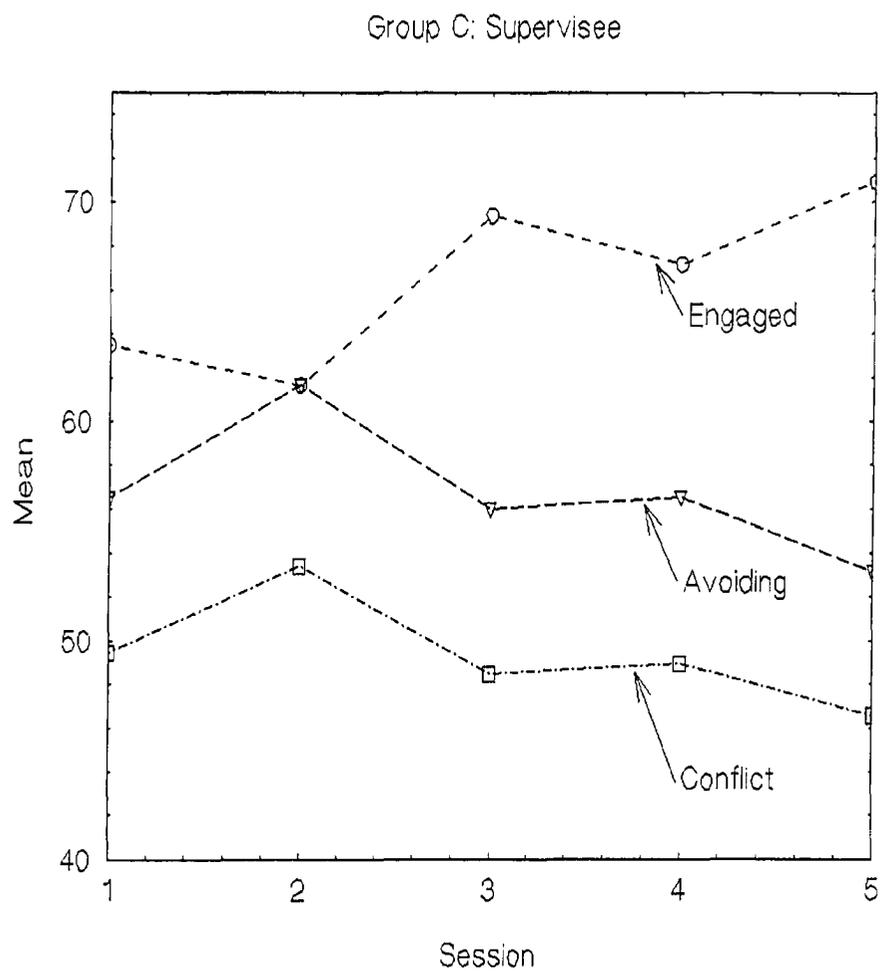


Figure 6. Group C's Supervisees GCQ Subscale Scores.

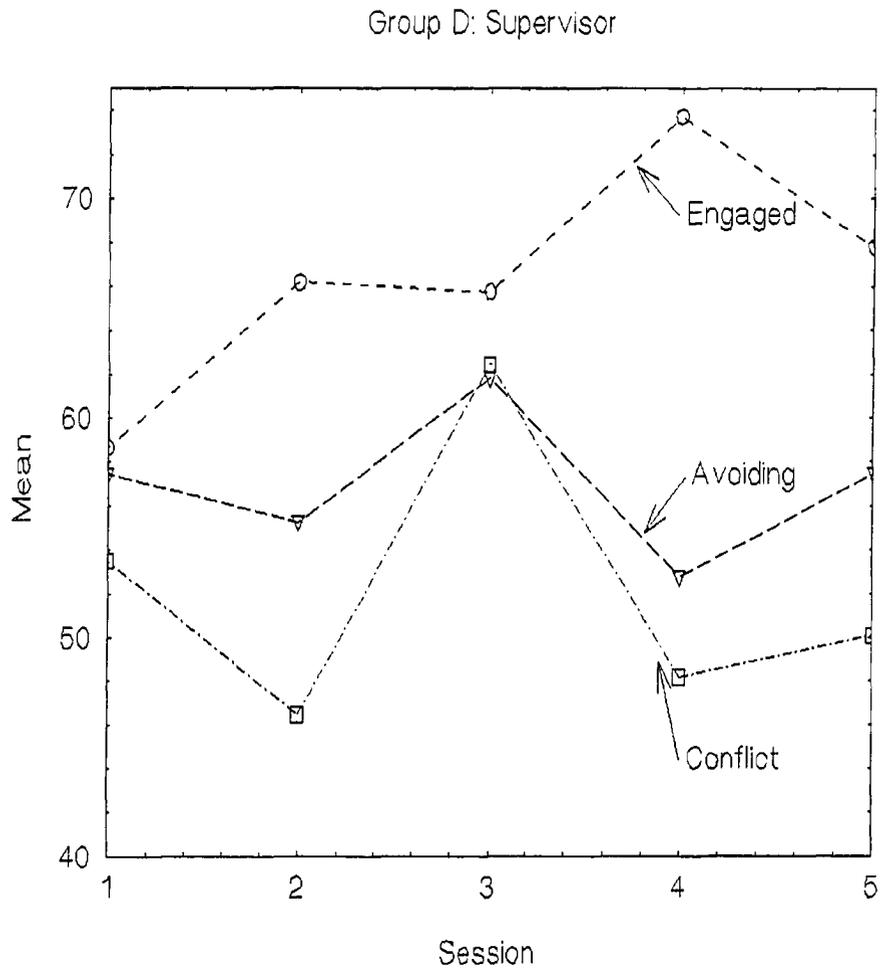


Figure 7. Group D's Supervisor GCQ Subscale Scores.

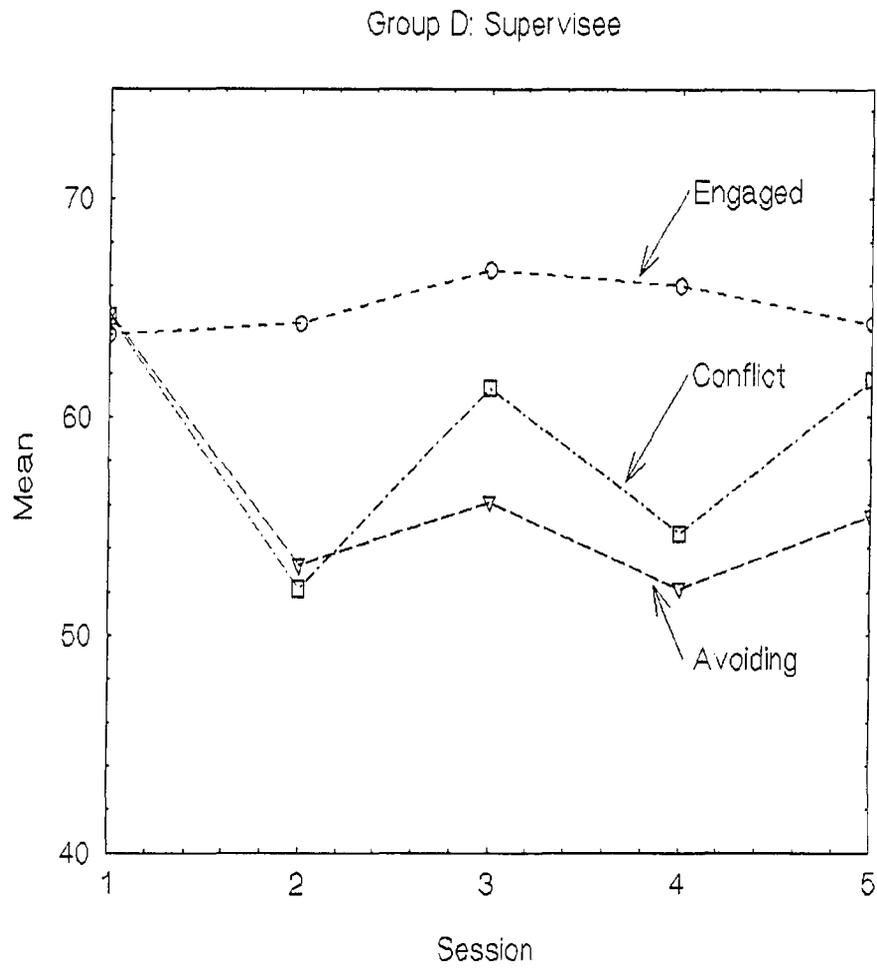


Figure 8. Group D's Supervisees GCQ Subscale Scores.

Table 3

GCO Subscales T-score Means for Group A, B, C, and D Supervisor and Supervisees for Five Sessions

Session	Group A		Group B		Group C		Group D	
	Supervisor	Supervisees	Supervisor	Supervisees	Supervisor	Supervisees	Supervisor	Supervisees
Engagement								
#1	54.29	64.32	64.30	62.65	69.79	63.50	58.66	63.76
#2	64.29	71.76	70.24	67.41	70.02	61.63	66.19	64.26
#3	62.15	67.86	68.10	65.49	66.08	69.37	65.75	66.74
#4	67.88	67.49	69.79	69.99	-	67.18	73.73	66.00
#5	64.50	69.59	70.24	69.59	68.22	70.92	67.77	64.23
Avoiding								
#1	50.44	47.22	50.53	53.86	61.72	56.49	57.46	64.68
#2	48.53	47.50	52.39	52.00	52.58	61.66	55.26	53.22
#3	55.58	48.07	56.84	52.02	55.10	55.99	61.81	56.09
#4	48.18	50.64	66.29	52.06	-	56.51	52.74	52.14
#5	50.09	52.35	48.01	49.81	61.60	53.15	57.46	55.46
Conflict								
#1	54.97	58.59	44.76	49.22	46.66	49.45	53.51	64.60
#2	48.01	52.02	46.47	49.83	48.18	53.41	46.47	52.15
#3	57.21	53.19	46.47	53.35	44.76	48.46	62.43	61.32
#4	57.11	50.30	59.63	48.28	-	48.93	48.18	54.67
#5	48.17	46.89	44.76	51.75	44.76	46.56	50.09	61.69

Note. T-scores for Engagement did not include Item #11 due to omission error.
Dash indicates unreported data.

Stage 2 (differentiation) is characterized by a drop in engagement and slight increase in avoiding and conflict scores. The drop in engagement was apparent in the second and third sessions as indicated by the supervisees, while the supervisors indicated the third session is where the engagement score drops. Avoiding increases slightly in Group A and D in the third session and in the second session for Group C as reported by the supervisees. Group B did not have an increase; in fact it shows very little variability over the five sessions. All four supervisors reported an increase in avoiding in the third session. Conflict slightly increased in the second and third session as reported by the supervisees and the supervisors. Thus, three of the groups appeared to have subscale patterns that indicate that stage 2 was reached.

Stage 3 (individuation) is characterized by a rise in engagement, decrease in avoiding, and slight increase in conflict scores. Group C's supervisees indicated that a slight increase in engagement occurred in the fourth session, while the other supervisees did not report engagement increasing. Avoiding scores decreased in all four groups, as indicated by the supervisees, and conflict scores increased in Group A, B, and D. Supervisors from Group A, B, and D reported that engagement increased in the fourth and decreased in the fifth; avoiding went down for Group A and B, while Group C and D reported avoiding increasing during the fourth and fifth sessions.

Conflict rose slightly in Group A and D in the fifth, Group B in the fourth, and changed very little in Group C. Thus, the subscale patterns for stage 3 were partially identified in session 4 and 5 in all but Group C.

In order to further verify the presence or absence of the group stages, three counselors with group counseling and research experience were asked to signify the session that marked the session that began the second stage of group development. All three judges agreed that the supervisor and supervisees ratings indicated that session 3 initiated the beginning of Stage 2 (differentiation). In identifying the session for the stage 3 (individuation) of group,

at least two of the judges identified session 4 or 5. Therefore, supervisors and supervisees had similar patterns of subscale scores, indicating that stage 2 (differentiation) was apparent in the five sessions. Patterns for stage 3 were much less apparent.

In summary, stage 1 (engagement) appeared to have been present in all four groups as perceived by the supervisor and the supervisees, while differentiation (stage 2) appeared to emerge in session 3 or 4. Stage 3 (individuation) was less obvious because the engagement rise was not easily seen in the graphs for either of the four groups. No group clearly achieved Stage 3. As indicated in the above discussion, the supervisors and supervisees seemed to have similar patterns with the patterns emerging one session before or after the other.

Therapeutic Factors

Therapeutic factors were measured in two ways. First, raters assigned critical incidents ($n=94$) identified by the supervisors and supervisees after each session to Yalom's (1985) 12 factors. Secondly, a questionnaire, Therapeutic Factor Scale (TFS), was administered at the last session to the supervisors and the supervisees. The TFS results provided means for each of the 12 factors.

Research Question 2a

To what extent do the supervisor and supervisees perceive the occurrences of therapeutic factors, as measured by self-reported critical incidents, in each group supervision session?

A possible 100 critical incidents could have been collected. Due to four absences and two participants electing not to complete the form on a given day, 94 critical incidents were collected and then assigned to one of Yalom's (1985) 12 therapeutic factors by three master's graduate students (see Chapter 3 for details of the procedure). The raters made their assignments independently. Final assignment was determined by majority agreement between two of the three raters or, when necessary, through consensual discussion.

Eight-four percent (84%) of the time at least two raters agreed on how a critical incident would be assigned. On the remaining 15 incidents the raters reached consensus through discussion. Results are summarized in Table 4.

Generally, the supervisees identified more of the 12 therapeutic factors than did the supervisors. However, catharsis and family re-enactment were not selected by either group. Supervisees' incidents related to 10 of the 12 therapeutic factors: guidance ($\underline{n}=27$), self-understanding ($\underline{n}=18$), group cohesion ($\underline{n}=8$), universality ($\underline{n}=6$), altruism ($\underline{n}=5$), interpersonal learning/input ($\underline{n}=4$), instillation of hope ($\underline{n}=3$), interpersonal learning/output ($\underline{n}=2$), identification ($\underline{n}=1$), and existential factors ($\underline{n}=1$) (see Table 4).

When asked to describe the critical event most important to the supervisees' learning for a session supervisors described five of the 12 therapeutic factors: group cohesiveness ($\underline{n}=8$), guidance ($\underline{n}=7$), self-understanding ($\underline{n}=2$), universality ($\underline{n}=1$), and instillation of hope ($\underline{n}=1$) (see Table 4). Altruism, interpersonal learning/input or output, identification, or existential factors were not selected at all by the supervisors. In addition, the same therapeutic factor was named by the supervisor and supervisees only once: Group C, Session 2 (guidance).

In summary, the same factor rarely was identified by the supervisor and supervisees or among the individual supervisees, although occasionally the supervisor and two supervisees would identify the same factor. Group C had more agreement among supervisees, while Group D had a similar patterns of agreement among the supervisees. Group A and Group B had at least three therapeutic factors identified for each session, with occasional agreement between one supervisee and the supervisor. Overall, the supervisors and supervisees agree that guidance and self-understanding were the focus of the group supervision experience.

Research Question 2b

Do these perceptions of therapeutic factors change over time?

Table 4

Frequency and Percentage of Therapeutic Factors Identified Through Critical Incidents Across all Sessions

Therapeutic Factors	Supervisor	Supervisee	Total
Altruism			
Frequency	0	5	5
Percentage	0.00	6.67	
Group Cohesion			
Frequency	8	8	16
Percentage	42.11	10.67	
Universality			
Frequency	1	6	7
Percentage	5.26	8.00	
Interpersonal Learning/input			
Frequency	0	4	4
Percentage	0.00	5.33	
Interpersonal Learning/output			
Frequency	0	2	2
Percentage	0.00	2.67	
Guidance			
Frequency	7	27	34
Percentage	36.84	36.00	
Identification			
Frequency	0	1	1
Percentage	0.00	1.33	
Self-understanding			
Frequency	2	18	20
Percentage	10.53	24.00	
Instillation of hope			
Frequency	1	3	4
Percentage	5.26	4.00	
Existential factors			
Frequency	0	1	1
Percentage	0.00	1.33	
Total	19	75	94

If one examines the four therapeutic factors that occurred most frequently (guidance, self-understanding, cohesiveness, and universality), it is obvious that the therapeutic factors did change overtime (see Table 5), but no distinct or common pattern was noted, even among the same group members' responses. For example, the therapeutic factor group cohesiveness was selected by supervisors and/or supervisees in all sessions ($N=20$ session) but the fifth session.

Research Question 2c

To what extent do the supervisor and supervisees perceive the overall occurrence of therapeutic factors, as measured by Yalom's (1985) Therapeutic Factor Scale, during supervision group sessions across one semester?

On the TFS, participants rated 60 items that represent the 12 therapeutic factors, 0 to 3 with 0 being "not helpful" to 3 being "very helpful." In Table 6, results are summarized for Groups A, B, C, and D for each of the 12 therapeutic factors. In Table 7, results for each of the 12 factors for all 20 participants are summarized. Most of the factor items were rated as "slightly helpful" and not much differentiation is noted among the scores (highest mean = 1.91 in for instillation of hope; lowest mean = .72 for family re-enactment).

Generally, the therapeutic factors were rated lower by supervisees (mean range = .35 to 2.0) than by supervisors (mean range = .00 to 3.00).

Research Question 2d

Do the supervisor and the supervisees agree in their perceptions of the overall occurrences of therapeutic factors as indicated in the TFS?

In Table 6, TFS means for Group A, B, C, and D for the supervisors and supervisees are displayed. Among groups there were two factors (Group A, existential factors, Group B altruism and existential factors) for which the supervisor and supervisees had the same mean. In Group A supervisor and supervisees had 7 of the 12 factors differing by one on the scale of 0 to 3, Group B had seven, Group C and D had 5. In Group D, the supervisor

Table 5

Designation and Frequency of Therapeutic Factors as Indicated by Supervisors and Supervisees

Session	Group A		Group B		Group C		Group D	
	Supervisor n=1	Supervisees n=4	Supervisor n=1	Supervisees n=4	Supervisor n=1	Supervisees n=4	Supervisor n=1	Supervisees n=4
#1	guidance	Group cohesiveness Interpersonal learning/input Self- understanding	Group cohesiveness	Altruism Group cohesiveness (2) Guidance	Instillation of hope	Universality (2) Self- understanding Existential factor	Guidance	Guidance (2) Instillation of hope
#2	Group cohesiveness	Group cohesiveness Guidance Self- understanding (2)	Group cohesiveness	Interpersonal learning/ output Guidance (2) Self- understanding	Guidance	Guidance (3)	Universality	Altruism Universality (3)
#3	Guidance	Altruism Guidance (2) Self- understanding	Guidance	Universality Guidance (2) Self- understanding	Group cohesiveness	Group cohesiveness Guidance (2)	Guidance	Guidance Self-under- standing (3)
#4	Group cohesiveness	Altruism Interpersonal learning/input Self- understanding (2)	Group cohesiveness	Group cohesiveness Interpersonal learning/input Guidance Self- understanding	(Absent)	Guidance (3) Instillation of hope	Guidance	Interpersonal learning/input Guidance (2) Self-under- standing
#5	Group cohesiveness	Group cohesiveness (2) Guidance Self- understanding	Group cohesiveness	Altruism Guidance (2) Instillation of hope	Self- understanding	Guidance Identification Self- understanding (2)	Self- understanding	Interpersonal learning/ output Guidance (2) Self-under- standing

Table 6

TFS Means for All Participants by Group

	Group A		Group B		Group C		Group D	
	Supervisor	Supervisees	Supervisor	Supervisees	Supervisor	Supervisees	Supervisor	Supervisees
Altruism	2.2	1.7	1.2	1.2	1.6	1.9	1.6	1.5
Cohesiveness	2.4	1.4	1.6	1.3	2.4	1.5	3.0	1.1
Universality	2.0	1.5	.6	1.1	1.4	1.7	1.6	1.2
Interpersonal learning/ learning/ Input	1.0	1.2	.8	1.5	1.8	1.0	3.0	1.3
Interpersonal learning/ output	1.6	2.0	.4	1.4	2.4	1.3	2.6	1.5
Guidance	1.6	1.7	.4	1.3	1.6	1.4	1.4	1.7
Catharsis	2.0	1.5	1.4	1.6	2.4	1.5	2.2	1.9
Identification	1.4	.9	.4	1.0	1.0	.8	.6	1.1
Family re-enactment	1.6	.6	.0	.4	1.4	1.1	.0	.8
Self-understanding	1.4	1.2	.4	1.1	1.8	1.6	2.4	1.1
Instillation of hope	2.6	1.8	2.4	1.7	3.0	2.0	2.4	1.6
Existential factors	1.4	1.4	1.2	1.2	2.4	1.9	1.2	1.3

Table 7

Means and Standard Deviations for the 12 Therapeutic Factors Identified in TFS

Factors	Mean	SD
Altruism	1.6	.62
Cohesiveness	1.5	.77
Universality	1.3	.60
Interpersonal learning/input	1.3	.74
Interpersonal learning/output	1.6	.64
Guidance	1.5	.54
Catharsis	1.7	.56
Identification	.9	.53
Family Re-enactment	.7	.56
Self-understanding	1.3	.66
Instillation of hope	1.9	.64
Existential factors	1.5	.61

and supervisees differed twice by two points on the scale (interpersonal learning/input and group cohesiveness). Therapeutic factors that received the highest and lowest means on the TFS from the supervisor and the supervisees are indicated in Table 8. Note that instillation of hope received the highest mean from three supervisors. Family re-enactment was identified by three supervisors and three groups as the lowest rated factor. Therefore, the supervisors and the supervisees overall did not agree on the therapeutic factors that were important for the supervisees' learning.

Research Question 2e

Do the therapeutic factors identified in the critical incidents agree with the (i.e., match) therapeutic factors identified via the Yalom (1985) Therapeutic Factor Scale?

Guidance (37%), group cohesion (42%), self-understanding (11%), instillation of hope (5%), and universality (5%) were the factors selected as a result of categorizing supervisors' events. The supervisees identified guidance (36%), self-understanding (24%), group

cohesiveness (11%), universality (8%), and altruism (7%) most frequently in describing what increased their learning.

Table 8

TFS Highest and Lowest Rated Therapeutic Factors for All Groups

	Highest Factor	Lowest Factor
Group A		
Supervisor	Instillation of hope	Interpersonal Learning/input
Supervisees	Interpersonal learning	Family Re-enactment/output
Group B		
Supervisor	Instillation of hope	Family Re-enactment
Supervisees	Catharsis	Family Re-enactment
Group C		
Supervisor	Instillation of hope	Identification
Supervisees	Instillation of hope	Identification
Group D		
Supervisor	Cohesiveness	Family re-enactment
Supervisees	Catharsis	Family re-enactment

In examining Table 8 one sees that, using the TFS, three supervisors identified instillation of hope and one supervisor identified group cohesiveness as the highest ranked factors. On the TFS the supervisees identified interpersonal learning/input, instillation of hope, and catharsis as the highest rated factors.

The only match between the TFS and the critical incidents is family re-enactment (see Table 9), which received the lowest mean (.72) and was not identified as one of the factors in the 94 critical incidents. Therefore, there is very little agreement between the therapeutic factors identified through critical events and the TFS.

Hill Interactional Matrix-SS

The HiM-SS is an instrument designed by W. H. Hill (1963) to examine, statement by statement, two dimensions of group functions: content and work style of a group. Eight of the categories describe what a group talks about (content) and eight describe the work style of the group. Content styles include topic (I), group (II), personal (III), and relationship (IV). Work dimensions are conventional (B), assertive (C), speculative (D), and confrontive (E). (See Chapter 3 for more detailed descriptions.)

Table 9

Comparison of the Two Measures of Therapeutic Factors

Factors	TFS		Critical Incidents
	X	SD	Frequency
Altruism	1.6	.62	5
Cohesiveness	1.5	.77	16
Universality	1.3	.60	7
Interpersonal learning/input	1.3	.74	4
Interpersonal learning/output	1.6	.64	1
Guidance	1.5	.54	34
Catharsis	1.7	.56	0
Identification	.91	.53	1
Family Re-enactment	.72	.56	0
Self-understanding	1.3	.66	20
Instillation of hope	1.9	.64	4
Existential Factors	1.5	.61	1

Research Question 3a

What content and work styles, as measured by the Hill Interactional Matrix-SS (Hill, W. F., 1965), characterize supervision groups?

Group B was randomly selected as the group for which tapes were transcribed for rating. Data was collected from Group B's five sessions. Tapes were transcribed and

forwarded to an expert rater, Dr. P. Hill, who categorized the verbal responses into the 16 categories of the HIM-SS. All five sessions had a total number of 2,362 speeches rated. In Table 10, the frequency of each of the 16 categories for the supervisor and supervisees for each session are indicated. The total number of rated responses and the total for the supervisor and the supervisees is listed at the bottom of Table 10. The here-and-now statements or member focused, which deal with the immediate experiences of members, are categorized in the personal and relationship categories and these responses occur most often in the transcripts. Work style statements characterized by everyday superficial conversation (conventional) and responses that do not invite exploration (assertive) were more frequent in the first session and the fourth session, as both dealt with procedural information that the supervisor had to communicate. It also is noted that the supervisor and supervisees had similar frequencies in conventional/group and conventional/relationship responses in all sessions. For sessions in which the personal/speculative category was the most frequent category (all but session #1), the supervisees had a much larger number of responses indicating that the discussion was "intellectual or theoretical with a good deal of speculating and hypothesizing about cause and cures" (Hill, W. F., 1961, p. 45).

Percentage of statements that fell into the 16 different HIM categories are summarized in Table 11 (an example of each category has been drawn from the transcripts). Content and work styles which characterized this supervision group (2,362 total ratings) were personal/speculative (43.3%), topic/speculative (18.3%), group/conventional (12.8%), and personal/confrontive (9.6%); the remaining 12 categories were 4% or less. The most frequent statements were categorized into the single categories personal/speculative (IID) (43.3%) and topic/speculative (ID) (18.3%).

To further summarize HIM-SS data the 16 category square is subdivided into four quadrants. Statements categorized in Quadrant 1 include most of the behaviors characteristic of the orientation phase of group development, discussion of non-member-centered

Table 10

Frequencies of Responses in HIM-SS 16 Categories for Group B Across Five Sessions

Category	Session 1		Session 2		Session 3		Session 4		Session 5	
	Supervisor	Supervisees								
Conventional										
Topic	0	0	0	3	0	0	0	2	0	0
Group	47	64	11	8	13	14	68	48	16	13
Personal	0	1	0	0	0	0	10	7	2	4
Relationship	2	11	10	13	8	8	14	9	5	16
Assertive										
Topic	0	0	0	0	0	0	6	3	0	0
Group	0	0	0	0	0	0	0	5	0	0
Personal	0	0	0	0	0	2	0	0	1	2
Relationship	0	1	2	2	0	0	6	9	2	3
Speculative										
Topic	5	26	19	62	24	98	32	60	12	94
Group	20	0	4	1	3	0	1	0	13	0
Personal	1	13	33	310	34	162	48	188	13	149
Relationship	10	1	3	4	1	0	2	3	2	20
Confrontative										
Topic	0	7	2	8	12	25	6	6	4	23
Group	1	0	0	1	0	0	0	0	0	0
Personal	1	13	12	76	13	32	9	27	14	29
Relationship	0	1	1	0	0	0	3	0	0	0
Total responses	87	232	97	488	108	341	205	367	84	353
	319		585		449		572		437	

Table 11

Exemplary Statements and the Percent of Statements Over All in the Sixteen HIM-SS Categories

Work Style Categories	Content Style Categories			
	Non-member		Member Centered	
	Topic I	Group II	Personal III	Relationship IV
Pre-work				
Conventional (B)	Listen,... when is Dr. Franklin's next seminar? (.2%)	The last group. Everybody has got one week left of individual. (12.8%)	One of the more important things I've ever 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, its critical. (.4%)	I know, somebody should re-do 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 cause - what I hear you 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 ... here that she has done some really good things, and every time... (.2%)

superficial concerns with little risk involved. The group is attempting to establish a structure (Hill, W. F. & Gruner, 1973). Note that 13.6% of the total Group B response activity was in this Quadrant. Quadrant 2 responses are indicative of exploration and participants are seeking to resolve frustration and individual differences (Hill, W. F. & Gruner, 1973). Twenty-four percent of Group B's verbal activities centered in this area. Quadrant 3 responses indicate the establishment of member and leader role-taking and paves the way for risk-taking. Group B had only 6% of responses in this Quadrant. Fifty-six percent of Group B's responses were in Quadrant 4, which is the production phase of group where the group deals with problem-solving and here-and-now work. Quadrant 2 and 4, which combine eight categories, indicated that member centered (personal and relationship) work categories (speculative and confrontive) represented 80.1 % of the total statements.

Dimensions of Group B's level of work also can be examined in terms of risk and significance of work occurring in the group sessions. Comparing the work styles of assertive (C) and confrontive (E) gives the overall risk rating for Group B (15.7%). This indicates that generally the members "acted-out" not "acted-on" problems and spent a small percentage of verbal interactions with real involvement or risk-taking (Hill, W. F. & Gruner, 1973, p. 359). Work styles rating indicates the level of significance of the work, combining the most significant categories, speculative (D) and confrontive (E) which totalled 80.1% of the responses. Group B responses categorized in HIM-SS categories indicated that the majority of time was focused on "playing the supervision game" (D, 66.4%) and "involved in real involvement characterized by tension and risk-taking" (E, 13.8%) (Hill, W. F. & Gruner, 1973, p. 359). Note the small percentage of risk-taking noted above (15.7%) and the high percentage of personal/ speculative (43%) would imply that Group B was "playing the supervision game."

What Group B "talked about" is noted in two additional combinations of categories: here-and-now rating (23.1%) which combines the categories of group (II) and relationship

(IV) and member centered rating (62.2%) which combines personal (III) and relationship (IV). This indicated that Group B talked more about members' concerns in a historical manner and less about reactions to other members, and even less about the group itself. Therefore, members centered was the most significant level of work styles characterized this one supervision group.

Research Question 3b

Do the content and work styles change over time?

Table 12 summarizes all 16 categories for each of the five sessions. It is apparent that the work style of speculative was the most frequent category and did increase over time for the supervisees (57% to 74%), but rose only in the second and third sessions for the supervisor. Content style category of personal did change over time with a large increase in sessions two and four. The supervisor's personal category fluctuated over the sessions with a range of 23% to 46% while the supervisees rose in session two (79%) and four (60%) with a range from 42% to 79%.

Activity Level

Activity level was calculated as the ratio of numbers of words spoken by the supervisor to the total number of words spoken by both the supervisor and supervisees, expressed as a proportion. Transcribed tapes of Group B were used to determine activity level.

Research Question 4a

What is the activity level of group sessions, as measured by the ratio of words spoken by supervisor to the total number of words spoken by both the supervisor and the supervisee?

Research Question 4b

Does the activity level change over time?

Data for responding to this question, gathered from Group B, is summarized in Table 13. The percentage of words spoken by the supervisor in the five sessions ranged from 10.13% in the second session to 35.11% in the fourth session. Overall, the supervisees were much more verbally active than was the supervisor.

Table 12

HIM-SS Frequency Profile of the Sixteen Categories for Group B's Five Group Sessions

Category	Session #				
	1	2	3	4	5
Conventional					
Topic (I)	0	3	0	2	0
Group (II)	3	19	27	116	29
Personal (III)	1	0	0	17	6
Relationship (IV)	13	23	16	23	21
Assertive					
Topic	0	0	0	9	0
Group	0	0	0	5	0
Personal	0	0	2	0	3
Relationship	1	4	0	15	5
Speculative					
Topic	31	81	122	92	106
Group	24	5	3	1	13
Personal	85	343	196	236	162
Relationship	30	7	1	5	22
Confrontive					
Topic	7	10	37	12	27
Group	1	1	0	0	0
Personal	14	88	45	36	43
Relationship	1	1	0	3	0

As noted in Table 13, the activity level changed for every session. The supervisor's highest activity level was in session four (35.11%) and the lowest in session two (10.13%). During the first and fourth session the supervisor reviewed all the format and forms that were to be completed for the internship (housekeeping pieces). If one eliminates the 2991

words spoken by the supervisor in relation to the "housekeeping" in session 4, the activity level of this session would be 18% which would give the supervisor a range of 10.13% to 33.29% for verbal participation.

Table 13

Activity Level of the Five Sessions of Group Supervision

Session Number	Total Words Spoken	Percentage for Supervisor
1	12107	33.29
2	15504	10.13
3	12547	22.24
4	14093	35.11
5	10783	18.34

Rate of Learning

At the end of each session the supervisor and the supervisees were asked to rate the amount of learning that occurred in the session for the supervisees. The Likert scale was "none (1) to "a great deal"(7).

Research Question 5a

What rate of learning do the supervisor and supervisees report for each session, as measured by one Likert-scale item?

The means and standard deviations for the supervisor and supervisees for each group by session is summarized in Table 14. Group D supervisees were the only group who rated the learning overall higher than the supervisor and the group that had the most variability in rates of learning among the supervisees. Figures 9 through 12 graphically illustrate the supervisors' and the supervisees' perceived learning rates for each session. Group A session 4 shows the same ratings from the supervisor and the supervisees (6.0); Group B supervisor

Table 14

Means and Standard Deviation of Rate of Learning for Supervisors and Supervisees for All Groups Across Sessions

Session	Group A			Group B			Group C			Group D		
	Supervisor	Supervisees		Supervisor	Supervisees		Supervisor	Supervisees		Supervisor	Supervisees	
	Rating	Mean	SD									
#1	5.0	4.3	.58	6.0	5.6	.50	6.0	5.3	.96	5.0	5.7	.58
#2	5.0	6.0	.82	6.0	5.3	.50	6.0	5.0	1.0	5.0	5.3	2.1
#3	5.0	5.8	.50	5.0	5.0	.82	6.0	5.5	.58	5.0	5.8	.50
#4	6.0	6.0	.00	5.0	5.8	.50	-	5.3	.50	7.0	6.0	.82
#5	5.0	6.3	.50	6.0	5.3	2.2	5.0	5.8	1.3	5.0	5.5	1.3
Overall	5.2	5.0	.48	5.6	5.4	.90	5.8	5.4	.87	5.4	5.7	1.1

Note. Dash indicates absence.

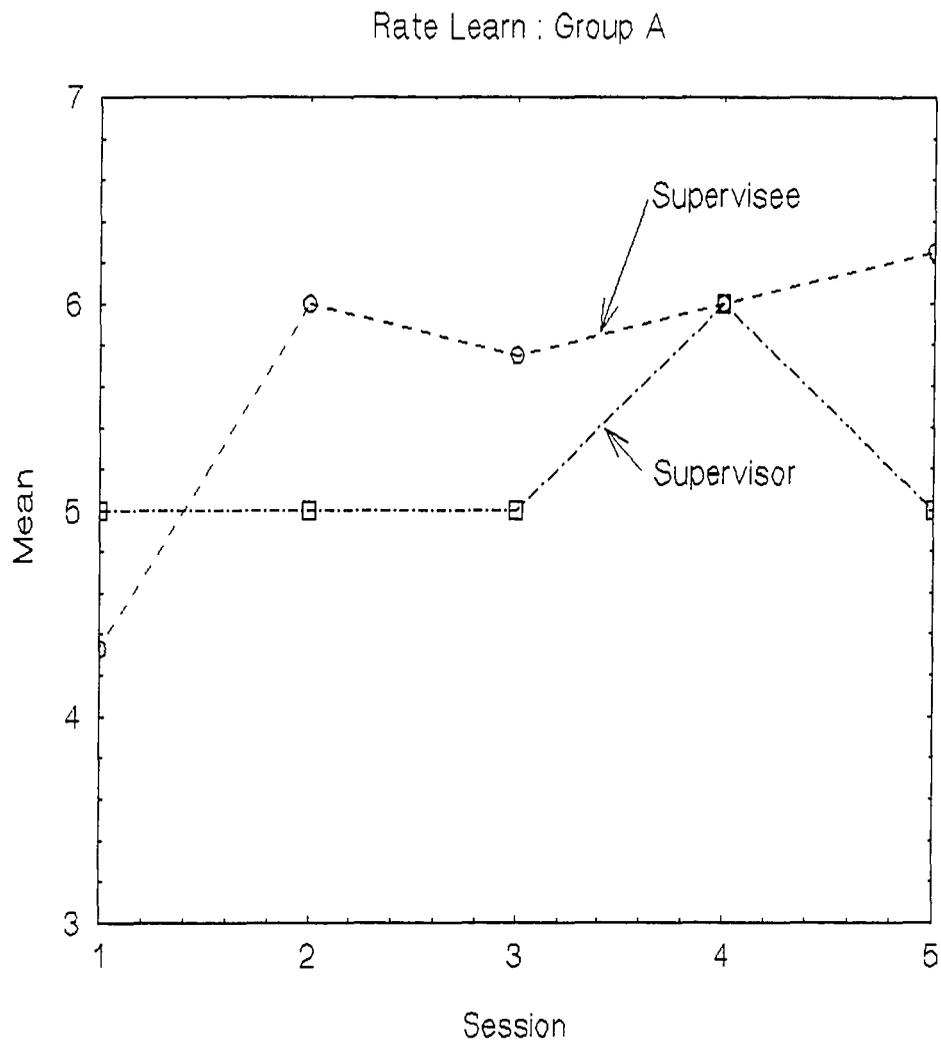


Figure 9. Group A's Rate of Learning for Supervisor and Supervisees.

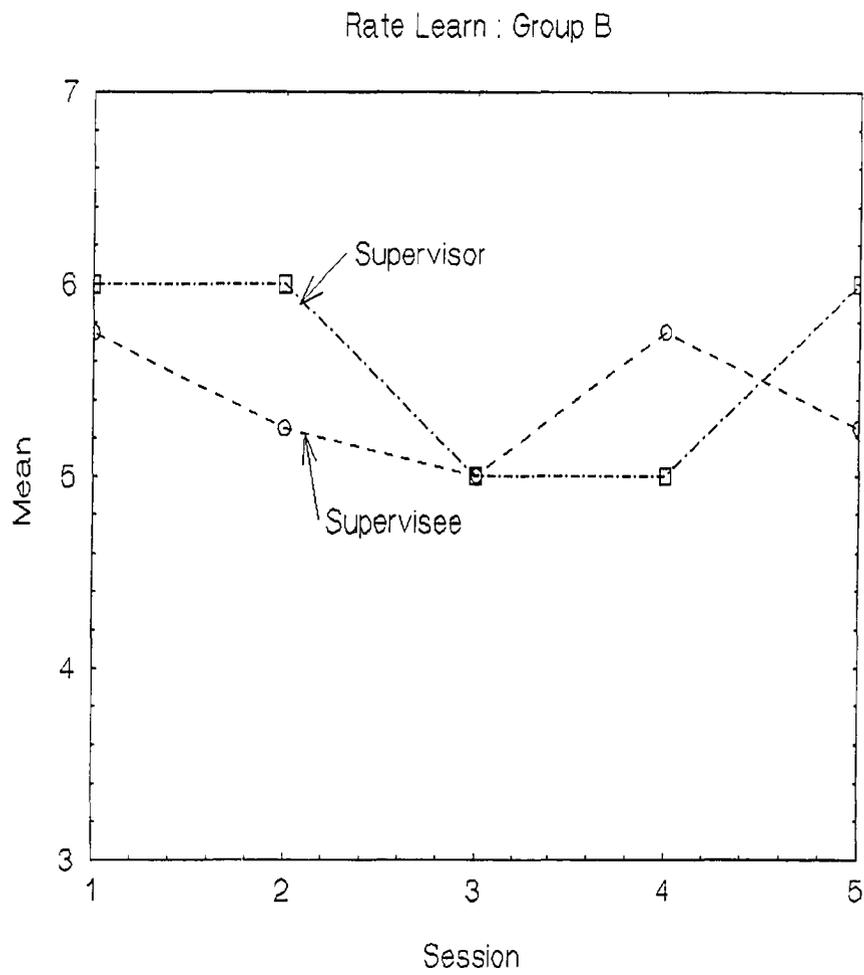


Figure 10. Group B's Rate of Learning for Supervisor and Supervisees.

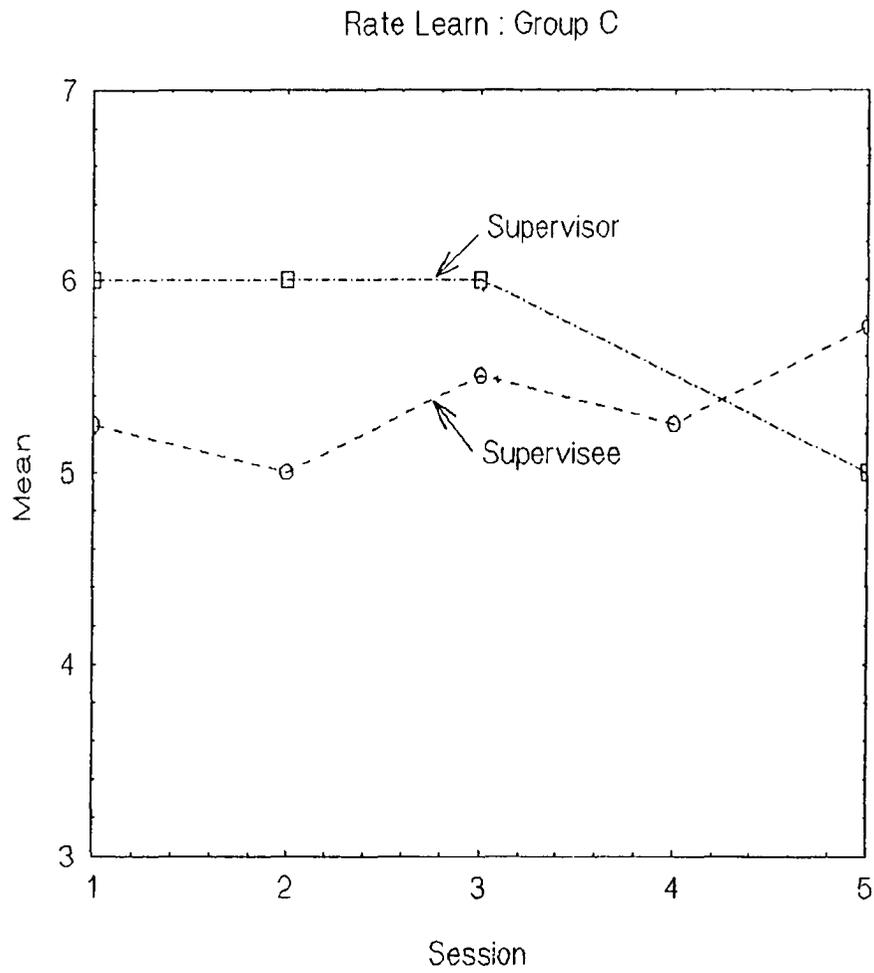


Figure 11. Group C's Rate of Learning for Supervisor and Supervisees.

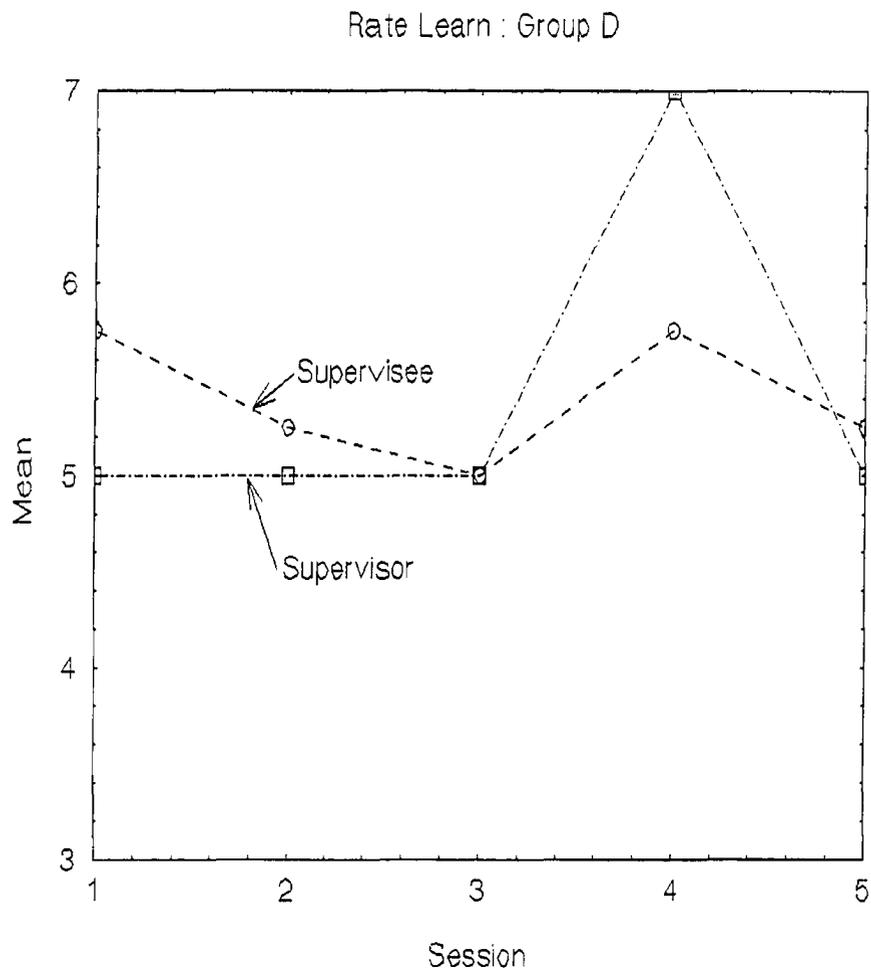


Figure 12. Group D's Rate of Learning for Supervisor and Supervisees.

and supervisees agreed in session 3 (5.0); and Group D supervisor and supervisees agreed in session 3 with the rate of learning (5.0). An increase in learning occurred in session 4 for Group D, but was perceived at a lower rate by the supervisees (5.7) than the supervisor (7.0).

Generally, rate of learning was moderately positive. The supervisor rated the amount of learning higher than did the supervisees. No obvious patterns were noted across groups (i.e., each group idiosyncratic in ratings). Due to the small number of sessions, no rigorous statistical test was used.

Session Evaluation Questionnaire

The SEQ was used to measure participants' immediate reaction to a session. The SEQ consists of four scales; depth and smoothness are evaluative of the perceived power and value in a session; positivity and arousal measure post-session mood or feelings of confidence and clarity.

In order to present the data for research questions 6a-6e, overall SEQ results first need to be presented. See Tables 15, 16, 17, and 18 for summarized scores for Group A-D. Overall means across all sessions for all four groups were 5.6 for depth, 5.1 for smoothness, 5.4 for positivity, and 4.5 for arousal. The SEQ Likert scale was 1 to 7, so the scores fall into the moderate to high positive range.

Generally, standard deviations for the four scales across sessions were less than 1.0 (depth .83, smoothness .94, positivity .93, and arousal .99). Group B supervisees showed the lowest variability in scores for all four scales (SD range 0.19 to 0.99) across sessions. Group A supervisees had a standard deviation range from .20 to 1.15, while Group C ranged from .19 to 1.26. Group D showed the most variability among the supervisees, with the standard deviation ranging from .58 to 1.58.

Figures 13 through 20 depict the SEQ subscales for each supervisor and supervisees over the five sessions. Variability for both the supervisors and the supervisees are

Table 15

Means for SEQ Subscales Scores for Group A

Subscale	Session #				
	1	2	3	4	5
Depth					
Supervisor	4.6	5.0	5.4	6.2	6.0
Supervisees	4.8	6.3	5.4	5.8	6.2
Smoothness					
Supervisor	5.6	5.4	5.0	5.8	5.0
Supervisees	5.4	5.8	5.6	4.9	5.5
Positivity					
Supervisor	5.2	6.0	5.2	5.8	5.6
Supervisees	5.3	5.4	5.6	5.4	4.9
Arousal					
Supervisor	3.6	5.4	4.0	5.4	3.4
Supervisees	5.1	4.6	4.5	4.2	3.7

Table 16

Means for SEQ Subscales Scores for Group B

Subscale	Session #				
	1	2	3	4	5
Depth					
Supervisor	5.8	6.6	4.6	6.0	6.4
Supervisees	5.5	5.5	5.3	5.4	6.0
Smoothness					
Supervisor	5.8	6.0	6.0	5.6	5.2
Supervisees	5.1	4.3	4.1	4.9	5.1
Positivity					
Supervisor	5.6	6.0	6.0	5.8	6.4
Supervisees	5.2	4.8	4.4	5.3	5.8
Arousal					
Supervisor	4.0	4.4	4.0	5.0	3.6
Supervisees	4.6	4.6	4.05	4.9	4.3

Table 17

Means for SEQ Subscales Scores for Group C

Subscale	Session #				
	1	2	3	4	5
Depth					
Supervisor	6.6	6.8	6.8	-	6.4
Supervisees	4.7	5.4	6.0	5.8	6.2
Smoothness					
Supervisor	5.4	5.6	5.8	-	5.8
Supervisees	5.7	5.3	5.9	6.0	5.9
Positivity					
Supervisor	6.6	7.0	7.0	-	5.8
Supervisees	5.9	5.8	5.8	5.3	6.1
Arousal					
Supervisor	6.0	6.2	6.2	-	5.8
Supervisees	4.0	3.7	4.6	3.0	3.8

Note: Dash indicates supervisor was absent in Session 4.

Table 18

Means for SEQ Subscales Scores for Group D

Subscale	Session #				
	1	2	3	4	5
Depth					
Supervisor	4.6	5.2	5.8	6.6	3.8
Supervisees	5.2	5.3	6.1	5.7	5.2
Smoothness					
Supervisor	5.6	5.6	4.4	4.6	6.0
Supervisees	5.3	5.3	3.9	3.9	3.8
Positivity					
Supervisor	6.0	6.0	5.8	6.4	5.8
Supervisees	5.6	5.2	4.5	5.0	4.8
Arousal					
Supervisor	4.0	4.4	6.2	6.4	4.4
Supervisees	4.5	4.3	5.7	5.4	5.4

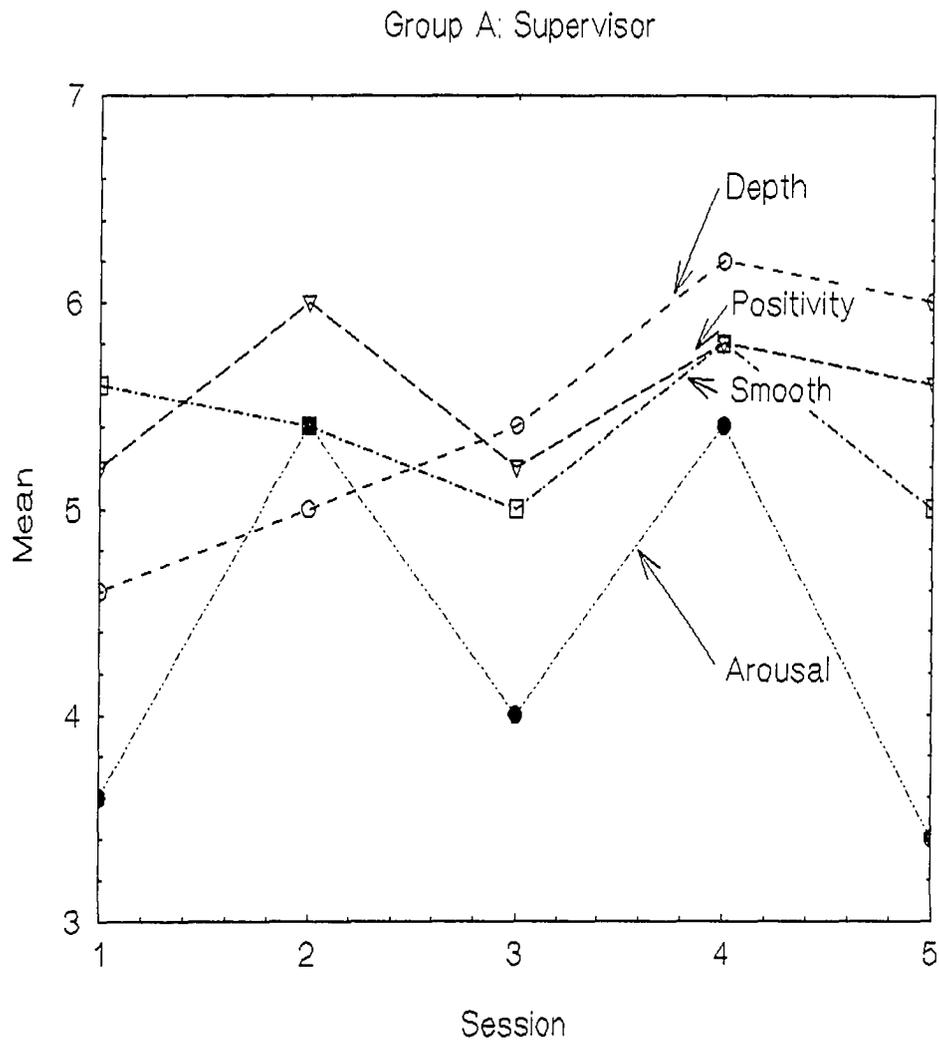


Figure 13. Group A's Supervisor SEQ Subscale Scores.

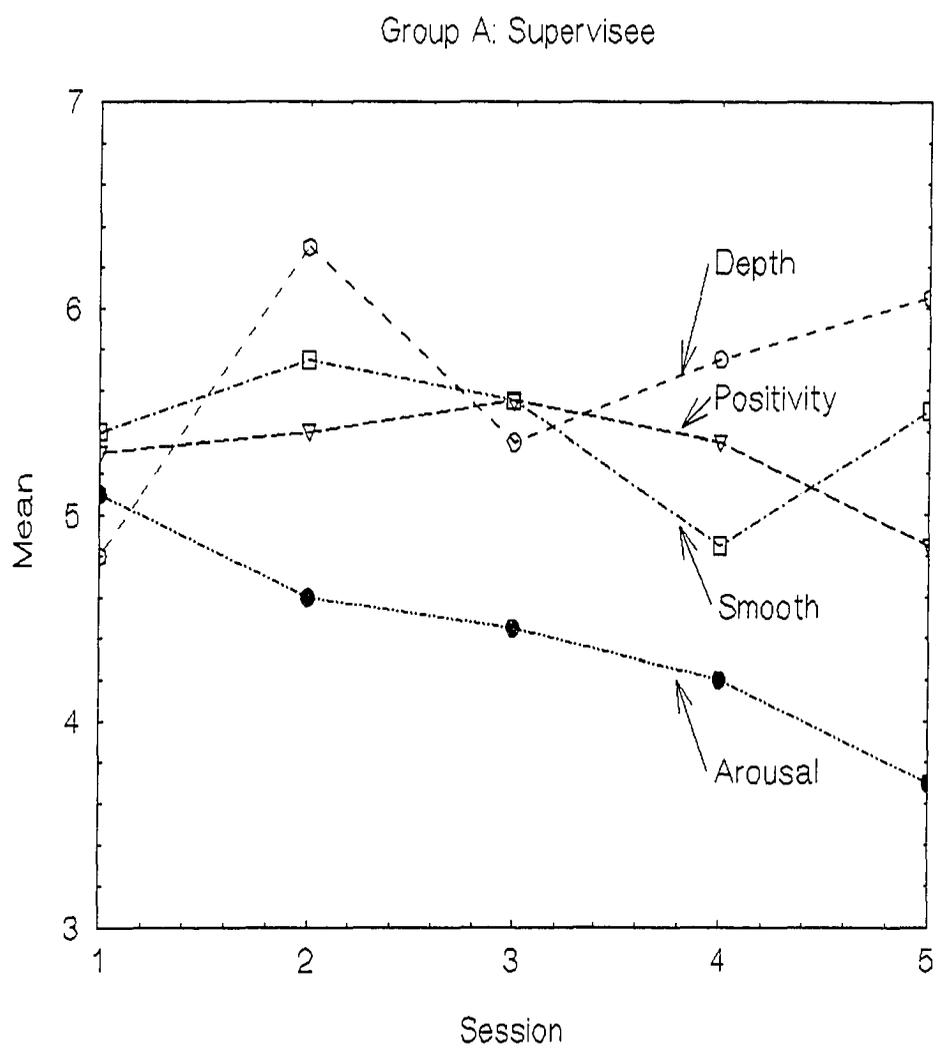


Figure 14. Group A's Supervisees SEQ Subscale Scores.

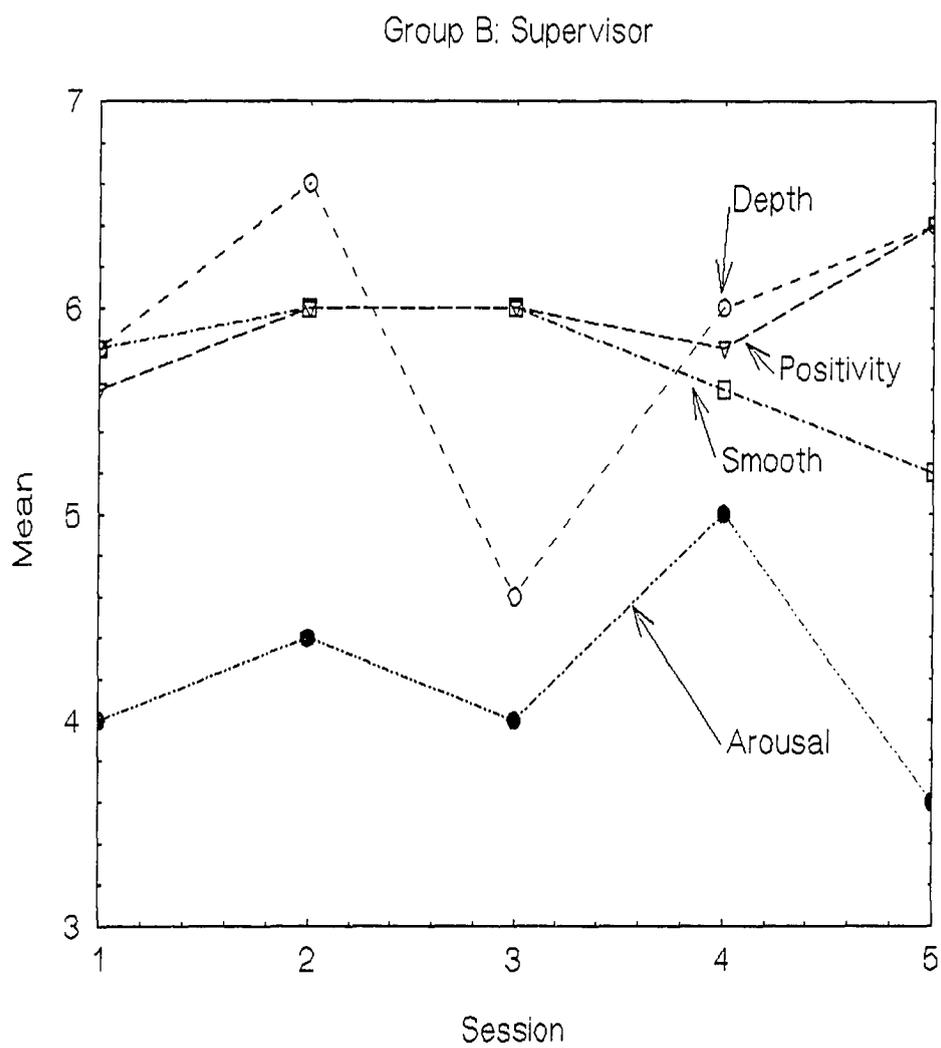
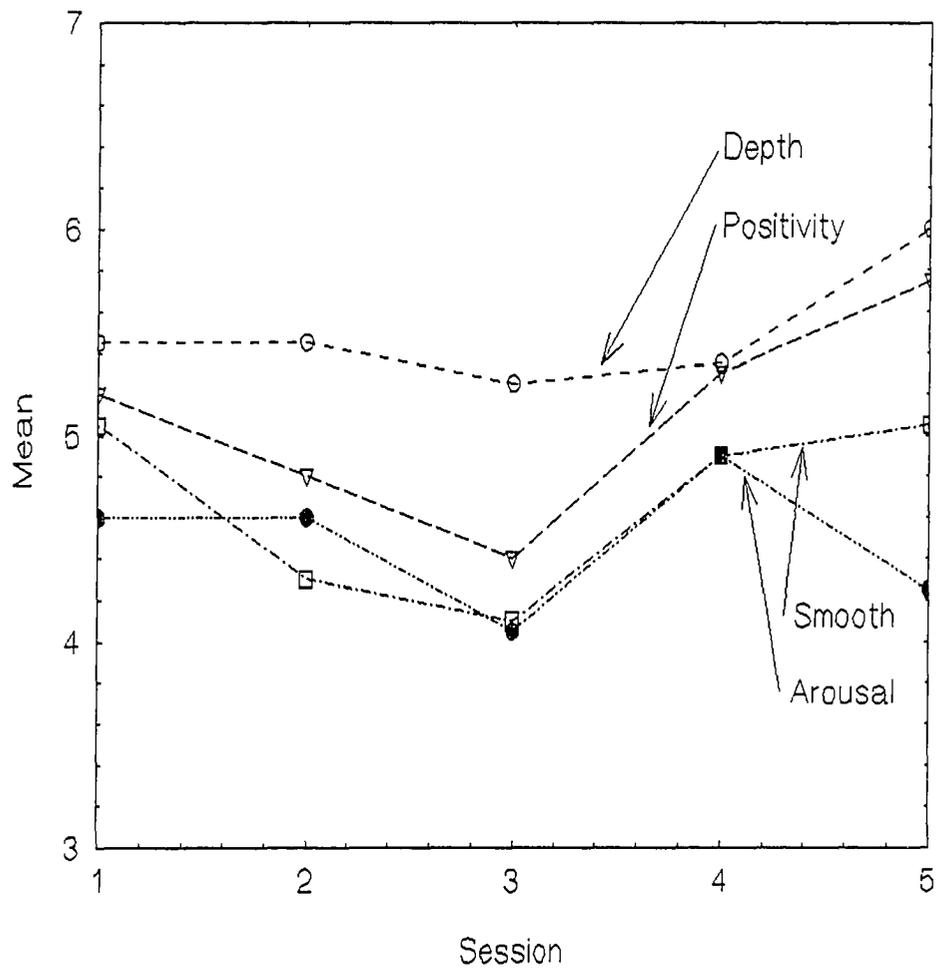


Figure 15. Group B's Supervisor SEQ Subscale Scores.

Group B: Supervisee



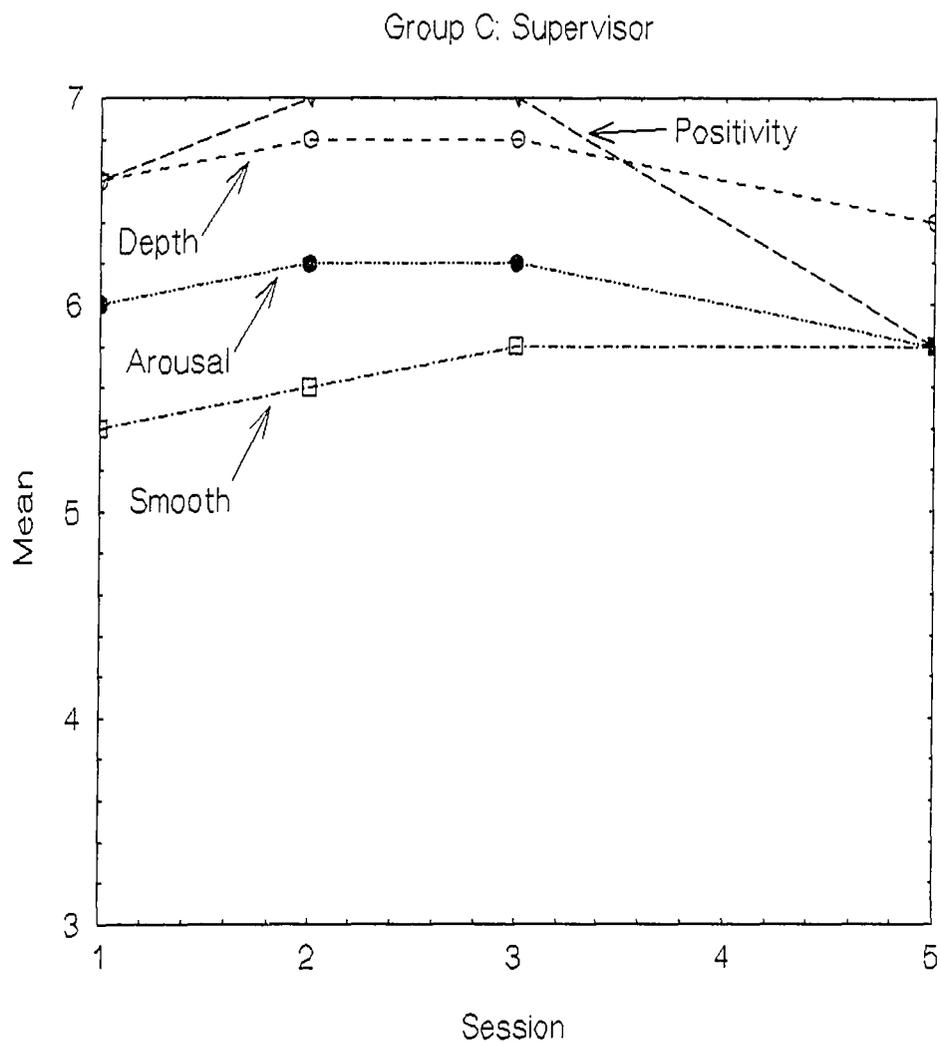


Figure 17. Group C's Supervisor SEQ Subscale Scores.

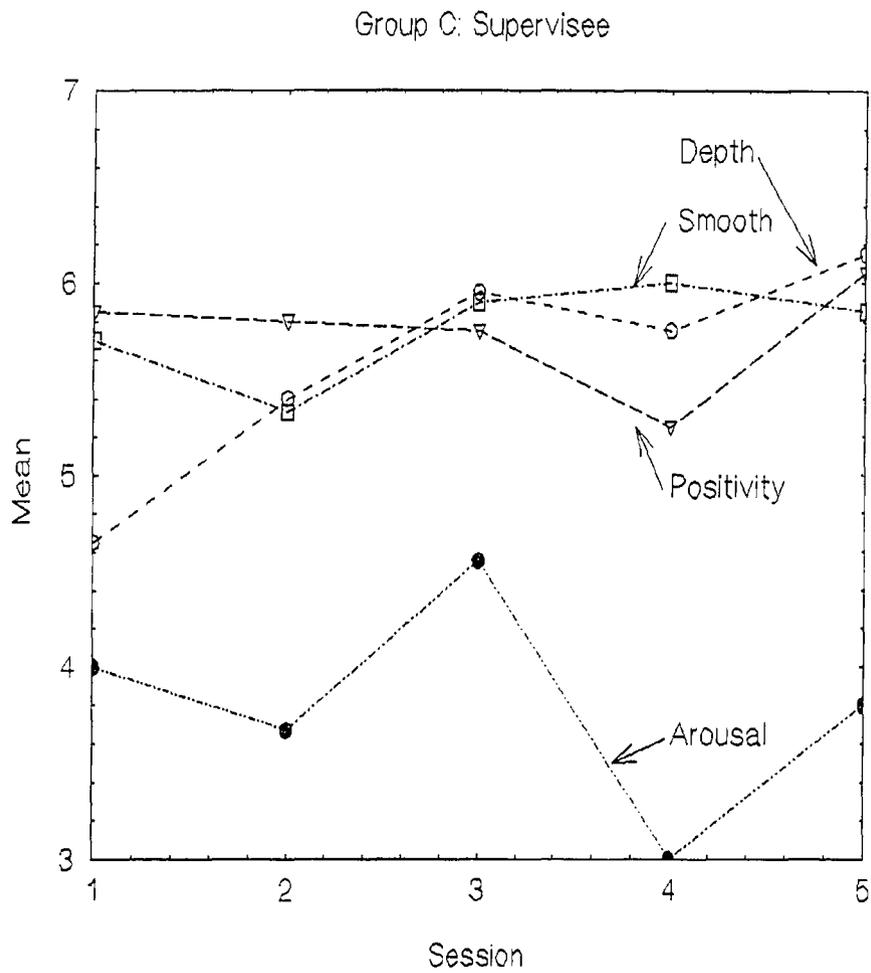


Figure 18. Group C's Supervisees SEQ Subscale Scores.

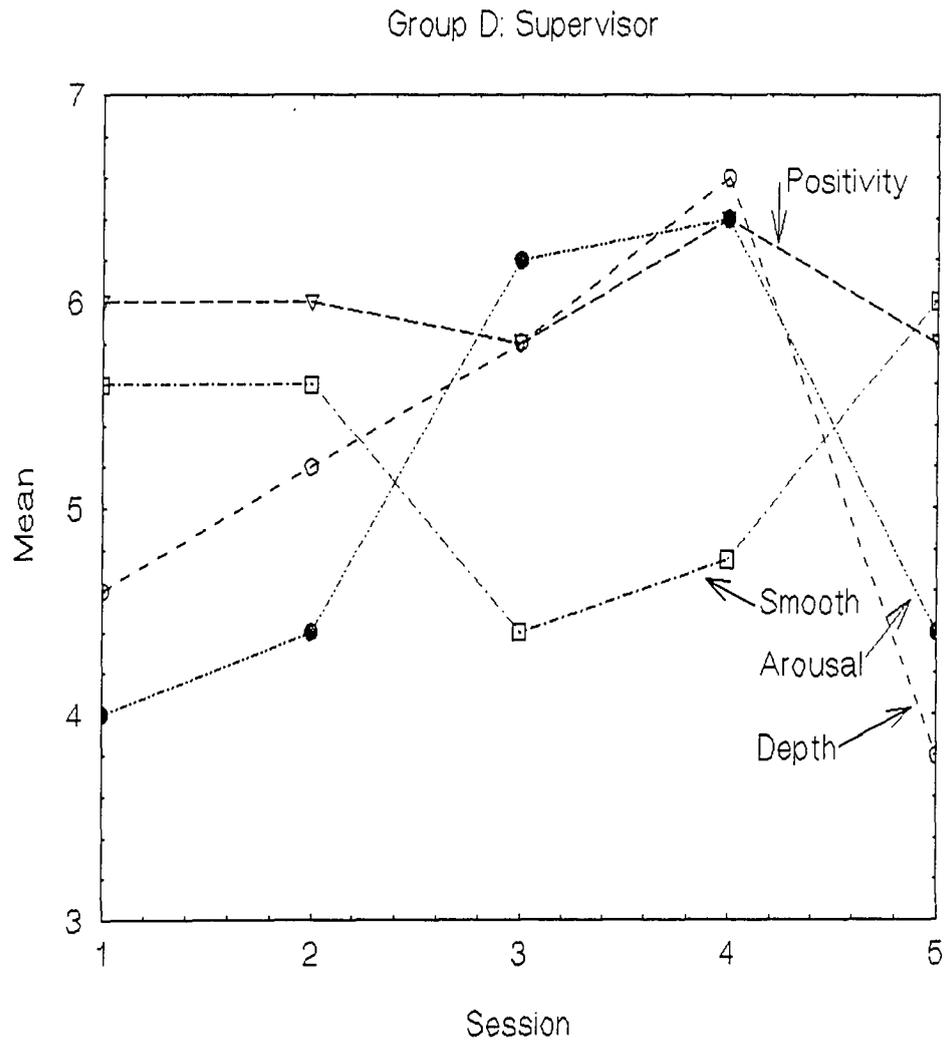


Figure 19. Group D's Supervisor SEQ Subscale Scores.

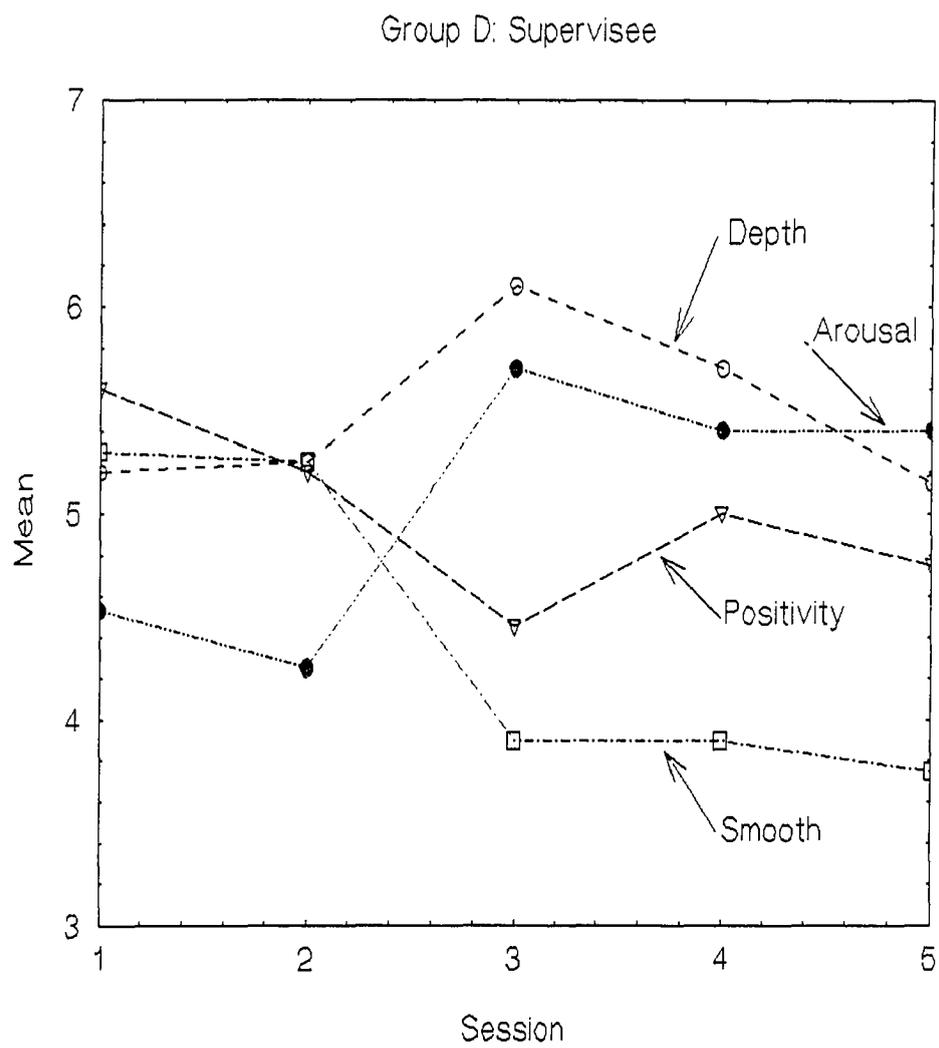


Figure 20. Group D's Supervisees SEQ Subscale Scores.

comparable. One sees that the supervisors generally gave higher SEQ ratings than did the supervisees.

Research Question 6a

How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to group development stages identified by the supervisor and the supervisees over time?

Figures 1 through 8 depict the three GCQ subscales graphs clearly demonstrating session 3 as the initiation of Stage 2 (differentiation). In this session the Group A supervisor's smoothness, positivity, and arousal scores, dropped, as did the supervisees' excluding the slight rise in positivity. Group B's supervisor rated depth and arousal lower and positivity and smoothness about the same. Supervisees noted a decline in all four subscales for session 3. Group C supervisor rated session 3 much the same as the other two sessions; the supervisees rated all four scales higher than the earlier two sessions. The Group D supervisor rated depth, positivity, and arousal higher with a decline in smoothness. Group D's supervisees rated depth and arousal higher and positivity and smoothness lower. Therefore, in session three, SEQ scores demonstrated either an increase or decrease in all four subscales. However, the changes were bi-directional and varied among the four scales. Due to the small numbers in the sample and the small number of sessions, one cannot clearly define that relationships exist between GCQ and the SEQ.

Research Question 6b

How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to therapeutic factors identified by the supervisor and supervisee over time?

Tables 15, 16, 17, and 18 provide the supervisors' and the supervisees' SEQ subscales' score. Therapeutic factors for each session are in Table 5. After examination of this data one sees no patterns developing. It is interesting to note that Group B's supervisor and supervisees

had the lowest mean score for depth in session 3 and the therapeutic factors identified by the participants were more individually oriented (guidance, universality, and self-understanding).

Arousal means in Group C session 4 had high means and therapeutic factors of group cohesiveness and guidance (2). Group D had low SEQ means for positivity in session 3 with therapeutic factors guidance and self-understanding. Therefore, any relationship between SEQ subscales and therapeutic factors is not consistently apparent in this data.

Research Question 6c

How do evaluations of session as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to content and work styles of supervision groups over time?

Group B is the only group for which both HIM-SS categories and SEQ subscales were obtained. See Table 19 for the SEQ scores and the HIM-SS ratings for Group B. Supervisor's positivity score was somewhat higher when personal/speculative category described the highest percentage for the sessions. The selection of this category suggest that the majority of the verbal responses were suggesting alternatives or asking leading questions, but not challenging the person who was speaking. The SEQ scores were moderately high and indicated that the personal/speculative category was associated with enhanced session effectiveness. Overall, inspection of results revealed no relationships.

Research Question 6d

How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to the activity level of group sessions?

Activity level data was calculated for Group B. In examining the supervisor's ratings of depth, smoothness, positivity, and arousal with the percentages of supervisor activity, one notices in sessions one and four that the SEQ subscales positivity and arousal were generally high (See Table 20). The supervisor had the highest activity rate in these two sessions.

Supervisees' ratings of these sessions noted smoothness and arousal (See Table 20). Session two had the least amount of supervisor activity and did not indicate highest in any of the subscale scores. The supervisor had lowest positivity scores for session 2. Session five had agreement between supervisor and supervisees' SEQ depth score which was the highest score of all five sessions. The supervisor's activity level was lower than the supervisees for all five sessions. Therefore, no relationship seemed to exist between SEQ scores and activity level.

Table 19

Group B Supervisor's SEQ Means for Subscales and Highest Category (%) of HIM-SS for Five Sessions

Session #		1	2	3	4	Highest % HIM-SS Category
		X	X	X	X	
1	Supervisor	5.8	5.8	5.6	4.0	Group/Conventional
	Supervisees	5.5	5.1	5.2	4.6	
2	Supervisor	6.6	6.0	6.0	4.4	Personal/Speculative
	Supervisees	5.5	4.3	4.8	4.6	
3	Supervisor	4.6	6.0	6.0	4.0	Personal/Speculative
	Supervisees	5.3	4.1	4.4	4.1	
4	Supervisor	6.0	5.6	5.8	5.0	Personal/Speculative
	Supervisees	5.4	4.9	5.3	4.9	
5	Supervisor	6.4	5.2	6.4	3.6	Personal/Speculative
	Supervisees	6.0	5.1	5.8	4.3	

Research Question 6e

How do evaluations of session effectiveness, as measured by Stiles and Snow's (1984) Session Evaluation Questionnaire subscales (i.e., depth, smoothness, positivity, and arousal), relate to the rate of learning as described by the supervisors and supervisees?

Table 20

Group B Supervisor's Activity Level and SEQ Subscale Means from Lowest to Highest

Session #	Total Words Spoken	% for Supervisor		SEQ Subscales			
				1 Depth	2 Smoothness	3 Positivity	4 Arousal
2	15504	10.13	Supervisor	5.8	5.8	5.6	4.0
			Supervisees	5.5	4.3	4.8	4.6
5	10783	18.34	Supervisor	6.6	6.0	6.0	4.4
			Supervisees	6.0	5.1	5.8	4.3
3	12547	22.24	Supervisor	4.6	6.0	6.0	4.0
			Supervisees	5.3	4.1	4.4	4.1
1	12107	33.29	Supervisor	6.0	5.6	5.8	4.0
			Supervisees	5.5	5.1	5.2	4.6
4	14093	35.11	Supervisor	6.4	5.2	6.4	3.6
			Supervisees	5.4	4.9	5.3	4.9

Group A's supervisor's SEQ highest means for all four dimensions were in session 4 where the highest rate of learning (6.0) was scored. The supervisees did not rate the learning here as high as in session 5 (6.25). Session 1 was rated lowest for learning by the supervisees (4.3) along with the lowest SEQ means for depth, smoothness, and positivity.

Group B's supervisor rated sessions 1, 2, and 5 at 6.0 but had no consistently high SEQ ratings for these sessions. The supervisees rated session 3 as the lowest learning (5.0) and also had the lowest means for all four of the SEQ subscales.

Group C's supervisor rated all three of the four sessions as 6.0 and the SEQ means for all four scales were the highest for session 3. Supervisees selected session 5 as the session in which they learned the most, but did not have the highest SEQ means for this session.

Group D's supervisor and supervisees both selected session 4 as the session where most learning occurred. The supervisor's SEQ mean scores were highest for depth, positivity, and arousal for this session. However, the supervisees had the higher SEQ scores scattered across the other sessions. Therefore, some consistency between higher rates of learning and high means for SEQ subscales were noted. More sessions are needed to confirm this tendency.

"Best" and "Worse" Sessions

At the end of the last group supervision session, participants were asked to identify the "best" and the "worst" session and to state a reason that they had identified this particular session.

Research Question 7

What are the characteristics (i.e., group development stage, therapeutic factors, content and work styles, activity level, evaluations of session effectiveness, and rate of learning) of the "best" and "worst" group sessions as identified by the supervisor and supervisees?

The supervisors selected sessions #1, #2, and #3 as the "best" sessions. In Table 21 data related to each of the supervisors' "best" session within their group is summarized. Note that the SEQ scores for the "best" sessions (See Table 21) were not always as high as the session

Table 21

Summary of Data Identified by Supervisors as "Best" Session

Group	Session	Group Member Type							Rate of Learning	Therapeutic Factors
		Engaged	Conflict	Avoiding	Depth	Smooth	Positivity	Arousal		
A	2	64.18	48.53	48.01	5.0	5.4	6.0	5.4	5	group cohesion
B	1	64.30	44.76	50.53	5.8	5.8	5.6	4.0	6	group cohesion
C	1	69.79	46.66	61.72	6.6	5.4	6.6	6.0	6	Instillation of hope
D	3	65.75	62.43	61.81	5.8	4.4	5.8	6.2	5	guidance

Table 22

Summary of Data Identified by Supervisors as "Worst" Session

Group	Session	Group Member Type							Rate of Learning	Therapeutic Factors
		Engaged	Conflict	Avoiding	Depth	Smooth	Positivity	Arousal		
A	4	67.88	48.18	57.11	6.2	5.8	5.8	5.4	6	group cohesion
B	3	68.10	46.47	56.84	4.6	6.0	6.0	4.0	5	guidance
C	2	70.02	48.18	52.58	6.8	5.6	7.0	6.2	6	guidance
D	2	66.19	46.47	55.26	5.2	5.6	6.0	4.4	5	universality

designated as "worst" (See Table 22). The HIM-SS category was group/conventional. Supervisors rated learning at the upper end of the seven point scale (5 and 6) for the three "best" session selected. Three different therapeutic factors were designated for the "best" sessions. When session 2 was delineated as the "best," the supervisor stated that "rapid development of rapport through openness in the initial presentations" was the reason it was selected. Other reasons for "best" selection were that the session "set the tone for trust, cohesion, and connections which grew as the semester progressed" and "it set the tone for all the other sessions as being collegial and very supportive in nature, not threatening." Given these various responses, no trends were noted among the "best" session questionnaire data for the supervisors. It does seem that the rationale for session selection had a similar theme.

Sessions #2, #3, and #4 were selected as the "worst" sessions by the supervisors. Table 22 summarizes the data for these session. Supervisors' reasons for "worst" session selection were that "one member was absent which created some barriers to sharing"; "there were no presenters for the session, although a supervisee had agreed to present. It did become an opportunity for each supervisee to "vent" about problems at their sites. It was the only alternate plan I had in the event there was no presentation"; and "low energy among members." Generally, the supervisor's GCQ and SEQ subscales scores for the "worst" sessions were higher than for their "best" sessions. HIM-SS categories also were available for Group B; personal/speculative held the majority for the "worst" session. Supervisor's rating of learning occurring for the supervisees were 5 and 6 for "worst" sessions.

A total of 13 "best" sessions and 13 "worst" sessions were selected by the supervisees. Every session, but 2 was selected as "best" and all five of the sessions were selected as "worst" by at least one supervisee. Data for the supervisees' "best" and "worst" sessions are summarized in Tables 23 and 24. In close examination of Group A supervisees, session 1 and 4 were selected as "best" and as "worst" session, with session 4 being selected by the same member for both.

Table 23

Summary of Data Identified by Supervisees as "Best" Session

Group	Session	Group Member Type					Positivity	Arousal	Rate of Learning	Therapeutic Factors
		Engaged	Conflict	Avoiding	Depth	Smooth				
A	5	72.04	56.74	41.20	7.0	6.4	5.8	4.0	7	Guidance
A	1	64.40	44.76	63.83	4.6	6.0	6.0	4.2	4	Group cohesion
A	4	67.77	48.53	50.37	6.0	4.2	3.8	5.0	6	Interpersonal learning/ input
B	5	68.66	46.82	50.66	6.0	5.8	6.0	4.4	7	Altruism
B	5	72.04	52.15	50.37	6.6	4.8	6.0	4.2	6	Instillation of hope
B	4	69.57	46.47	48.01	6.0	4.4	5.2	4.8	5	Group cohesion
B	3	66.08	59.00	52.42	5.2	4.0	4.6	4.6	5	Guidance
C	3	66.08	52.15	54.70	6.0	6.0	6.0	4.8	5	Guidance
C	5	71.93	48.53	54.69	5.6	6.2	6.2	3.6	6	Guidance
C	4	73.62	52.15	48.01	6.4	5.8	4.6	1.6	6	Guidance
D	5	66.53	62.37	55.10	7.0	5.6	7.0	6.2	7	Guidance
D	4	67.77	59.00	48.01	6.2	3.8	3.8	6.0	6	Interpersonal learning/ input
D	3	57.33	68.47	57.15	6.2	3.2	4.0	6.6	6	Self-understanding

Table 24

Summary of Data Identified by Supervisees as "Worst" Session

Group	Session	Group Member Type								Therapeutic Factors
		Engaged	Conflict	Avoiding	Depth	Smooth	Positivity	Arousal	Rate of Learning	
A	1	66.19	46.47	43.56	4.8	5.8	5.8	5.4	4	Self-understanding
A	4	67.77	48.53	50.37	6.0	4.2	3.8	5.0	6	Guidance
B	3	58.32	55.78	55.26	4.0	4.0	4.0	4.0	4	Self-understanding
B	1	66.08	51.40	50.40	6.4	5.2	6.2	4.8	6	Group cohesion
B	2	69.57	48.18	45.80	6.0	3.8	5.4	5.0	5	Guidance
B	2	69.57	54.22	61.31	5.6	3.2	4.2	4.4	5	Guidance
C	4	64.40	50.44	54.79	6.0	5.8	6.0	3.6	5	Guidance
C	1	58.78	46.66	52.48	4.8	6.2	5.8	3.6	5	Universality
C	1	71.71	46.47	61.31	5.2	6.2	5.8	3.6	6	Existential Factors
D	1	66.53	56.29	61.66	6.5	6.6	7.0	4.4	6	Instillation of hope
D	1	60.36	68.86	70.77	5.0	5.0	5.8	5.2	6	Guidance
D	5	61.60	68.12	64.02	5.2	2.6	3.4	5.6	4	Interpersonal learning/ input

This supervisee stated that session 4 was "best" because of "much group investment in helping me deal with a particularly difficult client that pushed all my personal buttons"; was "worst" because "I had to own up to some personal biases I had in dealing with her (client)."

Similarly, Group B's supervisees selected the third session as "best" and "worst." Selecting session 3 as the "best" the supervisee stated, "I presented a case and got really good feedback." In Group B one other supervisee identified session 3 as the "worst" and stated "I remember being depressed and not really able to maximally benefit from the session."

Group B's activity level data paired with the "best" and "worst" data indicated that the Group B supervisor designated session #1 as the "best" (Session #1 had next to the highest activity level). Session 3 was considered the "worst" by the supervisor in which a moderate activity level occurred. Supervisees' selections of "best" were not related to activity level. Two Group B supervisees selected session #2 as the "worst" session when the supervisor had the lowest activity level.

Group C had session 4 selected by one supervisee as "best" and one supervisee as "worst." Session 4 was identified as "best" because there "was much group cohesiveness. The group was invested in helping the presenter to conceptualize problems." Another supervisee from Group C, selecting session 4 as the "worst," stated "in presenting a case, one particular phrase offered by a peer rubbed me the wrong way. It annoyed me that she used a broad, sweeping statement in regard to the case. It didn't apply and I thought it condescending."

Group D had session 5 identified as both "best" and "worst." As the "best" session the supervisee stated that "I presented at this session." The supervisee in Group D identifying session 5 as the "worst" stated, "I was very upset by the manner in which one of the group members handled a client, but I was unwilling to share the extent of my concerns with her or the group. I did confront some, but I stifled some of it."

Typically, all the supervisees' scores for the "best" session were slightly higher than the scores of the identified "worst" session on the GCQ, SEQ, and rate of learning. No particular therapeutic factor was apparent in the "best" or "worst" sessions.

Overall, for both supervisors and supervisees, five of the 20 participants identified the 5th session as the "best" session, while sessions 3 and 4 were identified as "best" by four of the participants. (See Tables 25 and 26).

Table 25

Frequency and Percent of "Best" Session

Group		Session #					All Sessions "Best"
		1	2	3	4	5	
A	Frequency	1	1	0	1	1	1
	Percent	20%	20%		20%	20%	20%
B	Frequency	1	0	1	1	2	0
	Percent	20%		20%	20%	40%	
C	Frequency	1	0	1	1	1	0
	Percent	20%		20%	20%	20%	
D	Frequency	0	0	2	1	1	1
	Percent			40%	20%	20%	20%

Therefore, there was minimal agreement in selection of "best" and "worst" sessions among the 20 participants. Consistently, the SEQ subscale's scores and the rate of learning were higher for the supervisees' "best" session. The rationale for why a session was selected indicated themes that had some similarity. Review of rationales for selecting a session as "best" revealed seven participants (three of the supervisors) commenting on "group cohesiveness/connectedness." Five other supervisees stated that "presenting a case" and

"getting feedback" was the reason the session was "best." Themes of "worst" sessions were more varied. Four participants disliked the procedural/scheduling aspects of the first meeting. For the other identified "worst sessions," a cluster of rationales dealt with low energy, annoyances, and defensive feelings that occurred as a result of an incident in the group session.

Table 26

Frequency and Percent of "Worst" Sessions

Group		Session #					No Sessions "Worst"
		1	2	3	4	5	
A	Frequency	1	0	0	2	0	2
	Percent	20%			40%		40%
B	Frequency	1	2	2	0	0	0
	Percent	20%	40%	40%			
C	Frequency	2	1	0	1	0	0
	Percent	40%	20%		20%		
D	Frequency	2	1	0	0	1	1
	Percent	40%	20%			20%	20%

CHAPTER FIVE

CONCLUSIONS

Summary of Results

It is common practice to use group supervision as part of the initial and continued education of counselors. However, the presence of group process variables has not been established in the group supervision literature. The purpose of this study was to provide descriptive data about group process variables occurring during actual group supervision. Targeted process variables can then serve as a basis for further research to define the critical components of group supervision.

The primary focus of this study was the investigation of the group process components during actual group supervision by (a) collecting self-reported incidents perceived to be critical to supervisees' learning and growth, (b) gathering participants' perceptions of the presence or absence of therapeutic factors in the group, (c) charting group development phases, and (d) categorizing verbal group interaction based on content and work styles. Session effectiveness and perceived amount of learning were studied in relation to the variables identified above.

Four supervision groups with one supervisor and four supervisees were studied over a semester (10 weeks). Each group meet five times and data were collected at each session. The 24 participants are believed to represent typical groups receiving supervision during the internship.

Overall findings suggest that group supervision was an experience valued by the supervisees. In addition, both supervisors and supervisees perceived that group supervision contributed to the learning process. Responses were variable and scores indicate that

participants seriously used the range of the full scale. Evidence indicated that the four supervision groups progressed to Stage 2 (differentiation) of group development, that therapeutic factors were perceived to some degree to be present, and that the majority of responses were related to the supervisees' immediate experiences and were offered as advice, suggestions, etc., indicating that exploration of content and feelings in group discussions occurred minimally. The following discussion highlights the salient findings for the research questions in the study.

Group development appeared to have been present in all four groups, stage 1 (engagement), stage 2 (differentiation) emerging in session 3, and stage 3 (individuation) patterns obvious only partially in the four groups.

Overall, guidance, self-understanding, and group cohesiveness were the therapeutic factors most frequently identified. The supervisors and the supervisees did not agree which of the therapeutic factors were most important to learning. In fact, the supervisees did not agree among themselves within the same session. Agreement between the supervisor and supervisees was noted in relationship to the factors that were not present at any point in the group supervision sessions (i.e., family re-enactment). No distinct patterns emerged across time in the perceived occurrence of the therapeutic factors.

One group's sessions were transcribed and coded. Discussions in the supervision sessions were characterized by member-focused interactions that involved giving advice and providing suggestions among the group participants. Patterns remained stable over time, varying only when procedural information needed to be provided.

Supervisees were more verbal than the supervisor. A pattern of decreasing number of responses was noted for the supervisor across the five sessions. The highest activity level for the supervisor was 33% in the first session, when the supervisor was providing initial structure for the five sessions.

The amount of learning was generally rated high by both the supervisors and the supervisees. Supervisors generally rated the learning even higher than did the supervisees. Agreement among the participants per session remained minimal.

As the above variables were being examined, the participants were asked to evaluate session effectiveness, which was generally rated in a positive manner (moderate to high). Again, the supervisors rated all four scales higher than did the supervisees. Variability was noted between the supervisor and the supervisees on all scales, but no consistent pattern was noted. Session effectiveness's relationship to group development was slight; to therapeutic factors, the HIM-SS response categories, and activity level, not apparent. Rate of learning and SEQ's subscales scores's relationship pattern indicated a tendency to be rated high at the same time.

"Best" sessions were the sessions that generally the supervisees indicated had the higher GCQ, SEQ, and rate of learning scores. Themes designated in the rationale for the selections of "best" sessions by the supervisors were focused on cohesion; for the supervisees, the themes were more centered on what the supervisee had received or offered the other members. No agreement was apparent between the supervisors or supervisees, within or overall among the participants.

Similarly, no agreement was reached on which were the "worst" sessions. In fact, one session was selected as the "best" and the "worst." The supervisees' GCQ and SEQ scores were lower than the on the "best" session, while the supervisors sometimes designated a session as "worst" and then rated the session higher than the "best" session. Themes for the "worst" sessions indicated a self-reported negative feeling of "being depressed" or "low energy." Overall, supervisors' responses were more like each other than the supervisees. Perhaps as a result of their training, all four supervisors seemed to be talking about the same group.

Discussion of Results

Having examined the results of the study, the following discussion will elaborate thoughts stimulated by the profiles of the groups. Critical incidents gathered each session contain a lot of information that needs to be further investigated. In examining the content described in all the supervisees' critical incidents the focus was supervisee-centered. The supervisor was mentioned as the focus in only five of the 94 total incidents. Three of the five critical incidents that were supervisor focused were in Group C, which was the only group that had primarily second internship supervisees. They reported that feedback was most important to their learning. "Sharing" was used frequently in this group's description of events. This group did make reference to interpersonal activities occurring in the group. Overall, perceived benefits from group supervision were peer feedback and increased self-awareness. Information-giving and receiving was repeatedly mentioned.

Little agreement was noted among the therapeutic factors indicated by the 94 critical incidents. For example, the literature implies that the therapeutic factor, group cohesiveness, might appear more frequently in the later sessions than the earlier ones. No such pattern, however, was identified in this study, which might be due to the small number of total sessions which did not allow the group to develop past the stage that primarily focuses on the individual.

Agreement about the therapeutic factor for a given session was noted only in Session 2 for Group D. The content of this session was a discussion of internship sites for the supervisees. The person who was to present a case had been delayed in making client contact. Assessment tools used in each agency and adjustments to be made by the counseling students were shared. Universality and altruism were the therapeutic factors identified for this session.

The relationship of therapeutic factors to any of the other variables in the study was noted only in one area. When the therapeutic factor of instillation of hope was perceived to

be present, the SEQ positivity score was higher than in previous sessions scored by the participant. When the group members felt positive or optimistic it was obvious in the critical event and was noted as a positive response in session effectiveness.

For this study, data from the critical incidents were categorized using Yalom's 12 therapeutic factors categories. The raters were trained with a manual modified by the investigator from a 10 therapeutic category approach (Bloch et al., 1979). Bloch et al. suggested that the factors could then be further "combined into three superordinate classes: cognitive factors (self-understanding, guidance, and universality), behavioral factors (learning from interpersonal action and altruism), and affective (instillation of hope and catharsis)" (p. 274).

By collapsing the therapeutic factors identified in this study into these categories, it is obvious that the primary factors that appear to be operational in these four supervision groups were the cognitive which stresses understanding. The supervisees identified cognitive factors 51 times and the supervisors 10 (respectively 68% of the total supervisees selections and 53% of the supervisors). A total of 5 affective therapeutic factors were indicated and 9 behavioral. Cognitive related incidents were the reoccurring theme. This seems appropriate for they were in group supervision to learn and to better understand their clients. Marks and Hixon (1986) also found that biweekly staff group meetings remain more cognitive and formal.

The therapeutic factors identified from critical incidents and those identified on the Therapeutic Scale appear to tap different perceptions, as there was almost no agreement between the two reports. It may be that a factor is not "critical" to one session, but may be helpful overall, perhaps as an underlying theme. Thus, future researchers need to be clear about this research question (i.e., session or overall) when studying therapeutic factors in groups. It should be noted, however, that the TFS may not be salient for group supervision because of the low mean ratings and lack of differentiation.

Data related to activity level indicated that the supervisor took the lead in providing structure for the group in sessions one and four. In this group it would seem that two of the five sessions were used for giving information. A pregroup preparatory session would increase the time for the group to develop through additional stages.

Personal/speculative responses, clearly the most frequent HIM-SS category, are indicative of group discussion that "tends to be intellectual or theoretical with a good deal of speculating and hypothesizing about causes and cures. Much advice was given" (Hill, W.F., 1961, p. 45). No direct challenging was noted in the personal/speculative category, which coincides with the most frequent type of therapeutic factors (cognitive) that were guidance and self-understanding. The intellectual focus was on the counselor's identification of clients' problems with clients and/or adjustment to agency.

Limitations of the Study

Generalizability of the findings of this study are limited to those persons similar to the participants. A convenience sample was used since it was not possible to randomly assign interns to the groups. Both the supervisors and supervisees were novices. Administering the same instruments to the same participants repeatedly may have influenced their responses. Normal group supervision behavior could have been affected by the presence of the audio recorder and by the fact that participants knew they were being studied. The variations of participants' interest in supervision as a perceived means of professional development may have affected responses to the instruments. Although the perceived rate of learning from all participants was positive. It also is acknowledged that the researcher's perspective clearly affects the type of data that was gathered and specifically qualified the results of this investigation.

All the controls that would allow ruling out alternate factors were impossible to implement due to the restrictions of using a naturalistic setting and the inability to establish

control over prior and concurrent experiences of the participants. Limitations also include the reality that all alternate explanations have not been taken into account in this study.

The use of anecdotal information (i.e., critical incidents) make the study subject to biases and impressions. However, the use of raters who were unaware of the study's purpose and the use of parallel objective measures introduced more traditional approaches of scientific research. In addition, an outside rater was used to categorize the HIM-SS instrument, which decreases bias related to those results.

Self-report measures were used in this study and it is possible that the findings are monomethod biased (Campbell & Fiske, 1958). Multiple measures were used for collecting data related to therapeutic factors in an attempt to validate the findings. In defense of the data, Bartholomew and Horowitz (1991) reported that self reports and other reports "of interpersonal problems were highly correlated" (p. 226). Perhaps this same phenomena occurred in this study.

Implications for Research and Supervision Practice

Overall, replication of these analyses with a larger sample would increase the generalizability of findings and also allow for more statistical analysis. For example, there seemed to be a difference in how the supervisors and the supervisees perceived what was critical to their learning in the group sessions. An increased number of participants would validate if this trend was indeed true.

It may be that the factors which characterize supervision groups are different from those originally derived from therapy groups. Future researchers could follow Yalom's lead by determining what the critical factors are in group supervision. A qualitative descriptive study could collect incidents from a variety of supervision groups and then analyze to determine underlying themes.

In addition, the continued study of therapeutic factors in supervision groups through the use of critical incidents might add clarity to whether cognitive factors would continue to

be perceived as most important to the majority of supervisees and supervisors. A larger sample over time would allow the further validation of the SEQ results being related to group climate of group development. Also, comparing supervisor's and supervisee's perceptions of group climate and session effectiveness to an observer's perception of behavior or to other members' perceptions of the same events would add still another dimension to the study.

As was originally thought, a measure of outcome for supervision, which has not been clearly defined in the literature, would have added a strength to the study. Defining supervision outcome is further complicated by the need to differentiate what was gained from individual vs group supervision sessions.

With a larger sample, supervisees who indicated that they had a positive group supervision experience could be compared to those supervisees who felt that they had had a negative experience with respect to the GCQ, SEQ, activity rate, HIM-SS categories, and therapeutic factors. In this study the rate of learning scores did not differentiate a perceived negative group of learners.

In conducting this study, one can identify several changes to be made in the future. First, using similar and dissimilar groups according to level of supervisee development or according to the experience level of supervisors would give a wider base for comparison. Still another example is comparing time-limited groups to continuous groups. Reality dictates the use of group supervision so one can only speculate on the idea of supervisees volunteering to be in group. Second, a better means for categorizing critical events would provide more confidence in comparing the data. Third, a measure for covert behavior of the supervisor and the supervisees would add a dimension of validity to the assessment of effectiveness of sessions. This might provide a clearer understanding of the individuals' internal responses and how they are manifested.

In terms of supervision practice, results of this study indicate that only the first two group stages were achieved by the four groups. This could support the need for more time being allotted to group supervision. Would the group move to dealing more directly with interpersonal issues if there was more time, and would this be perceived as positive by the supervisees for their learning? Also, supervisors and supervisees perceived the group climate and the critical events differently. Perhaps supervisors need to consider monitoring perceptions among group members. Also, supervisees frequently stated that a response to another member was not dealt with or was dealt with in a superficial manner. Supervisors need to be aware that this phenomena is occurring, determine if it is impacting on the process, and then decide how to respond.

This study and future studies would build a working knowledge of relationships among supervisee variables, group variables, supervisor's behaviors, critical events to learning, and outcomes, permitting supervisors to tailor responses that could enhance supervisees' cognitive and professional growth.

Support, feedback, and structure are defined as essential ingredients for the learning environment that fosters professional development for the counselors (Blocher, 1983). All three were perceived to be present in all the groups. The remaining two characteristics, innovation and integration, were not obvious in the themes of the critical events. Would these elements be present in second internship supervisees or could supervision activities be tailored to increase the possibility of these occurring?

After the data had been collected the researcher interviewed the four supervisors. They were asked to talk about their goals for the groups and their role as supervisor. Their comments included the following: "Let the supervisees carry the ball"; "I will be the facilitator, not the expert." "I will serve as a consultant to the group." "I want the supervisees to challenge each other to promote growth and motivate." The supervisors felt that the groups all developed cohesion and had a sense of being in this together. All the

supervisors were positive about the outcome of the groups and felt that they and the groups had met the goals. Again, it would seem that the supervisees viewed the group supervision as positive and that they were learning. The supervisors perceived this learning as a result of the development of the group, while the supervisees reported that it was a result of their own contributions to the group. An example of the different perceptions was session one. Supervisors felt this session was positive and set the tone, while the supervisees generally perceived this session as necessary but not particularly positive.

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Appendix A

Letter of Invitation

April 23, 1993

Dear Counseling Student and Supervisor:

As counselors, we are all involved in group supervision as a central component for our initial and ongoing training. However, almost no research has been conducted on group supervision. In an effort to document what occurs in this endeavor, I am asking you to participate in a study of the processes that occur in group supervision. The more we know about what occurs in group supervision, the more we can tailor group activities toward increasing the effectiveness of counselors, and thereby provide better services to clients.

Participation in the study includes completing a participant information sheet at the first session, responding to three short questionnaires at each group supervision session, granting permission to audiotape each session, and completing one additional questionnaire after the last session. This activity should take less than 10 minutes at the end of each group supervision session. The data will be stored in my office. No one within the Counselor Education Program nor the University will have access to your responses; neither your responses nor your participation is related to your internship evaluation in any way. All data will be combined and reported only as group data. I will attend each group session to collect questionnaires and record the sessions. You may withdraw from the study any time without penalty.

I am available to answer any additional questions you may have. Please call me at 334-5010.

Gathering systematic data about group supervision is vital for creating effective supervision groups that provide avenues for ongoing growth as a counselor. If you would agree to participate in the study, please sign the statement below and return the letter to my box in Curry Building. I appreciate your help! Be sure to indicate whether you would like a summary of the results, which should be available during the fall semester.

Sincerely,

Pamela O. Werstlein
Doctoral Student

I agree to participate in group supervision study as outlined in the attached letter.

_____ Volunteer's Signature

_____ Address

_____ Telephone Number

_____ Date

I would like to request a summary of the results. yes no

Appendix B

ID # _____

PARTICIPANT INFORMATION SHEET

Supervisor

- I. What is your gender?
1. Female
 2. Male
- II. What is your age? _____ (nearest year)
- III. What is the highest degree you have completed? (Please circle one response.)
1. No degree
 2. Bachelor's Degree
 3. Master's Degree
 4. Doctorate
- IV. How many years have you worked as a therapist/counselor? (Please round off to the closest number). _____
- V. Which of the following best describes the majority of all your counseling sessions/experiences?
1. Individual
 2. Group
 3. Family
 4. Couples
- VI. What is your major theoretical framework/model for your practice? If you consider yourself eclectic, please indicate the most predominant theory. (Circle one response).
1. Behavioral
 2. Client/Person Centered
 3. Cognitive
 4. Cognitive/Behavioral
 5. Existentialist
 6. Family Systems
 7. Gestalt
 8. Psychoanalytic
 9. Psychodynamic
 10. Other (Please specify) _____
 11. None
- VII. In what type of supervision have you been involved? (Please circle all that apply).
1. Individual
 2. Group
 3. Peer
- VIII. What type of supervision are you currently involved in yourself as the supervisor? (Please circle all that apply).
1. Individual Supervision
 2. Group Supervision
 3. AAMFT Supervision
 4. Other (Please specify) _____
 5. None
- IX. How many years have you worked as a supervisor? (Please round off to closest number).
- _____

- X. What type of clinical supervision training (models and skills) have you completed? (Circle all that apply).
1. Academic course (s)
 2. Inservice training
 3. Supervising others
 4. Supervised supervision
 5. Reading supervision books and journal articles on your own
- XI. How much time have you been involved in supervision skills training identified in the above question? (Please estimate and round off).
- _____
- XII. How many people do you currently supervise?
- _____
- XIII. Approximately how many supervision groups have you led?
- _____
- XIV. In which of the following areas have you received supervision?
1. Workshops
 2. Academic courses
 3. Group Therapy
 4. Inservice Training
 5. Others (Please specify) _____
- XV. How much time have you been involved in training for working with groups? (Please estimate the numbers of hours and round off).
- _____ Hours

PARTICIPANT INFORMATION SHEET

ID # _____

Supervisee

- I. What is your gender (Please circle).
1. Female
 2. Male
- II. What is your age? _____ (nearest year)
- III. What is the highest degree you have completed? (Please circle one response.)
1. No degree
 2. Bachelor's Degree
 3. Master's Degree
 4. Doctorate
- IV. How many years have you worked as a therapist/counselor? (Please round off to the closest number). _____
- V. Which of the following best describes the majority of all your counseling sessions/experiences?
1. Individual
 2. Group
 3. Family
 4. Couples
- VI. What is your major theoretical framework/model for your practice? If you consider yourself eclectic, please indicate the most predominant theory. (Circle one response).
1. Behavioral
 2. Client/Person Centered
 3. Cognitive
 4. Cognitive/Behavioral
 5. Existentialist
 6. Family Systems
 7. Gestalt
 8. Psychoanalytic
 9. Psychodynamic
 10. Other (Please specify) _____
 11. None
- VII. In what type of supervision have you been involved? (Please circle all that apply).
1. Individual
 2. Group
 3. Peer
- VIII. How much time have you received group training?

- IX. How many group training hours have you had? (Please estimate the number of hours and round off).
_____ Hours
- X. In what types of group training or experiences have you participated?
1. Workshops
 2. Academic courses
 3. Group Therapy
 4. Inservice Training
 5. Others (Please specify) _____
- XI. What is your internship site?

Appendix C

ID# _____

Supervises

The following items describe responses to group experiences. Indicate your degree of agreement or disagreement with each item as you think about your group supervision experience today. Please use the following scale and circle one number for each item.

- 1 = Strongly disagree
 2 = Disagree
 3 = Slightly disagree
 4 = Neither agree nor disagree
 5 = Slightly agree
 6 = Agree
 7 = Strongly agree

Circle one number for each item.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
The members liked and cared about each other.	1	2	3	4	5	6	7
The members tried to understand why they do the things they do; they tried to reason it out.	1	2	3	4	5	6	7
The members avoided looking at important issues going on between themselves	1	2	3	4	5	6	7
The members felt what was happening was important and there was a sense of participation	1	2	3	4	5	6	7
The members depended on one group member for leadership	1	2	3	4	5	6	7
There was friction and anger among members	1	2	3	4	5	6	7
The members were distant and withdrawn from each other	1	2	3	4	5	6	7
The members challenged and confronted each other in their efforts to sort things out	1	2	3	4	5	6	7
The members appeared to do things the way they thought would be acceptable to the group	1	2	3	4	5	6	7
The members distrusted and rejected each other	1	2	3	4	5	6	7
The members revealed sensitive personal information or feeling	1	2	3	4	5	6	7
The members appeared tense and anxious	1	2	3	4	5	6	7

Supervisor _____

ID# _____

The following items describe responses to group experiences. Indicate your degree of agreement or disagreement with each item as you think about the group supervision experience today. Please use the following scale and circle one number for each item.

- 1 = Strongly disagree
 2 = Disagree
 3 = Slightly disagree
 4 = Neither agree nor disagree
 5 = Slightly agree
 6 = Agree
 7 = Strongly agree

Circle one number for each item.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
The members liked and cared about each other.	1	2	3	4	5	6	7
The members tried to understand why they do the things they do; they tried to reason it out.	1	2	3	4	5	6	7
The members avoided looking at important issues going on between themselves	1	2	3	4	5	6	7
The members felt what was happening was important and there was a sense of participation	1	2	3	4	5	6	7
The members depended on one group member for leadership	1	2	3	4	5	6	7
There was friction and anger among members	1	2	3	4	5	6	7
The members were distant and withdrawn from each other	1	2	3	4	5	6	7
The members challenged and confronted each other in their efforts to sort things out	1	2	3	4	5	6	7
The members appeared to do things the way they thought would be acceptable to the group	1	2	3	4	5	6	7
The members distrusted and rejected each other	1	2	3	4	5	6	7
The members revealed sensitive personal information or feeling	1	2	3	4	5	6	7
The members appeared tense and anxious	1	2	3	4	5	6	7

Appendix D

ID# _____

SUPERVISOR

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 this group supervision experience. Indicate for each of the following items whether it was an important aspect of this group and helpful to the 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
Learning that they must take ultimate responsibility for the way they live life no matter how much guidance and support they get from others.	0	1	2	3
Expressing negative and/or positive feelings toward another member.	0	1	2	3
Group members pointing out some habits or mannerisms that annoy other people.	0	1	2	3
Learning they are not the only one with a type of problem; "They're all in the same boat."	0	1	2	3
Getting things off their chest.	0	1	2	3
Group members advising each other to behave differently with an important person in their life.	0	1	2	3
Feeling more trustful of groups and of others.	0	1	2	3
Being in the group was, in a sense like reliving and understanding life in the family in which they grew up.	0	1	2	3
Learning that they have likes or dislikes for a person for reasons which may have little to do with the person and more to do with their hang-ups or experiences with other people in their past.	0	1	2	3
Knowing others had solved problems similar to theirs.	0	1	2	3
Recognizing that ultimately there is no escape from some of life's pain and from death.	0	1	2	3
Learning that they sometimes confuse people by not saying what they really think.	0	1	2	3
Learning that they are not very different from other people gave them a "welcome to the human race" feeling.	0	1	2	3
Adopting mannerisms or the style of another group member.	0	1	2	3
Working out difficulties with one particular member in the group.	0	1	2	3
Trying to be like someone in the group who is a better counselor than they.	0	1	2	3
Giving part of self to others.	0	1	2	3
Learning that others had parents and backgrounds as unhappy or mixed up as theirs.	0	1	2	3
Helping others and being important in their lives.	0	1	2	3
Admiring and behaving like their supervisor.	0	1	2	3
Continued close contact with other people.	0	1	2	3
Finding someone in the group they could pattern self after.	0	1	2	3
Learning how to express feelings.	0	1	2	3
Learning that they react to some people or situations unrealistically (with feelings that somehow belong to earlier periods in life).	0	1	2	3
Improving skills in getting along with people.	0	1	2	3
Being able to say what is bothering them instead of holding it in.	0	1	2	3
Revealing embarrassing things about self and still being accepted by the group.	0	1	2	3

Group members suggesting or advising something for another supervisee to do.	0	1	2	3
The group's teaching them about the type of impression they make on others.	0	1	2	3
Seeing others getting better was inspiring to them.	0	1	2	3
Learning why they think and feel the way they do (that is, learning some of the causes and sources of problems).	0	1	2	3
Recognizing that no matter how close they get to others, they must still face life alone.	0	1	2	3
Other members honestly telling them what they think of another supervisee.	0	1	2	3
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
Facing the basic issues of life and death, and thus living life more honestly and being less caught up in trivialities.	0	1	2	3
Feeling alone no longer.	0	1	2	3
Someone in the group giving definite suggestions about a counseling problem.	0	1	2	3
Being in the group somehow helped them to understand how they grew up in a family.	0	1	2	3
Learning about the way they related to the other group members.	0	1	2	3
Belonging to a group of people who understood and accepted them.	0	1	2	3
Seeing that others had solved problems similar to theirs.	0	1	2	3
Seeing that other group members improved encouraged them.	0	1	2	3
Discovering and accepting previously unknown or unacceptable parts of self.	0	1	2	3
Learning that how they feel and behave is related to childhood and development (there are reasons in early life why they are as they are).	0	1	2	3
The group's giving them an opportunity to learn to approach others.	0	1	2	3
The group was something like family--some members or the supervisor being like parents and others being like relatives. Through the group experience they understand past relationships with parents and relatives (brothers, sisters, etc.).	0	1	2	3
Recognizing that life is at times unfair and unjust.	0	1	2	3
Being in the group somehow helped them to understand old hang-ups that they had in the past with parents, brothers, sisters, or other important people.	0	1	2	3
Putting other's needs ahead of theirs.	0	1	2	3
Seeing that others could reveal embarrassing things and take other risks and benefit from it helped them to do the same.	0	1	2	3
Belonging to and being accepted by a group.	0	1	2	3
Learning that others have some of the same "bad" thoughts and feelings they do.	0	1	2	3
Helping others has given them more self-respect.	0	1	2	3
Group members telling them what to do.	0	1	2	3
Seeing that they were just as well off as others.	0	1	2	3
Expressing negative and/or positive feelings toward the supervisor.	0	1	2	3
The supervisor's suggesting or advising something for them to do.	0	1	2	3
Learning how they come across to others.	0	1	2	3
Knowing that the group had helped others with problems like theirs encouraged them.	0	1	2	3
Forgetting self and thinking of helping others.	0	1	2	3

Group members suggesting or advising something for me to do.	0	1	2	3
The group's teaching me about the type of impression I make on others.	0	1	2	3
Seeing others getting better was inspiring to me.	0	1	2	3
Learning why I think and feel the way I do (that is, learning some of the causes and sources of my problems).	0	1	2	3
Recognizing that no matter how close I get to others, I must still face life alone.	0	1	2	3
Other members honestly telling me what they think of me.	0	1	2	3
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
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
Feeling alone no longer.	0	1	2	3
Someone in the group giving definite suggestions about a counseling problem.	0	1	2	3
Being in the group somehow helped me to understand how I grew up in my family.	0	1	2	3
Learning about the way I related to the other group members.	0	1	2	3
Belonging to a group of people who understood and accepted me.	0	1	2	3
Seeing that others had solved problems similar to mine.	0	1	2	3
Seeing that other group members improved encouraged me.	0	1	2	3
Discovering and accepting previously unknown or unacceptable parts of myself.	0	1	2	3
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
The group's giving me an opportunity to learn to approach others.	0	1	2	3
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 past relationships with my parents and relatives (brothers, sisters, etc.).	0	1	2	3
Recognizing that life is at times unfair and unjust.	0	1	2	3
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
Putting other's needs ahead of mine.	0	1	2	3
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
Belonging to and being accepted by a group.	0	1	2	3
Learning that others have some of the same "bad" thoughts and feelings I do.	0	1	2	3
Helping others has given me more self-respect.	0	1	2	3
Group members telling me what to do.	0	1	2	3
Seeing that I was just as well off as others.	0	1	2	3
Expressing negative and/or positive feelings toward the supervisor.	0	1	2	3
The supervisor's suggesting or advising something for me to do.	0	1	2	3
Learning how I come across to others.	0	1	2	3
Knowing that the group had helped others with problems like mine encouraged me.	0	1	2	3
Forgetting myself and thinking of helping others.	0	1	2	3

Appendix E

Critical Incident Form - Rate of Learning

SUPERVISEE

ID# _____

Please describe briefly the event that was most personally important to you during today's group supervision session. This might be something that involved you directly, or something that happened between other members but which made you think about yourself. Explain what it was about the event that made it important to you personally.

SESSION # _____

Please rate the amount of learning that occurred for you as a result of this group supervision session.

NONE

A GREAT DEAL

1 2 3 4 5 6 7

ID# _____

SUPERVISOR

Please describe briefly the event that was most important for the supervisees' learning during today's group supervision session.

Explain what it was about the event that made it important.

SESSION # _____

Please rate the amount of learning that occurred for the supervisees as a result of this group supervision session.

NONE

A GREAT DEAL

1 2 3 4 5 6 7

Appendix F

Classification of Therapeutic Factors: Manual*

Your task is to code each "important event" provided by supervisee and supervisor into one of the therapeutic factors, using the definitions and examples presented in this Manual.

Guidelines for Coding

1. Although you have familiarized yourself with the Manual's contents in training, you will need to refer to the definitions and examples frequently while coding. Often you will have to make fine distinctions between factors--consulting the Manual will help you to make these distinctions.
2. When deciding upon the factor to which you will assign an event, you should **consider the entire report as a unit**. This is true even in cases where the bulk of the report provides background information (such as placing the event in context). Do not focus exclusively on the respondent's reason for selecting a particular event or on some key word or phrase in the report.
3. In coding, the guiding question is: "How is this event important **for this particular person?**" (as opposed to for the group or for the supervisor, for instance).
4. Although some reported events could be assigned to more than one therapeutic factor, **select only one factor**. In the reported event, the supervisee or supervisor will emphasize some particular therapeutic significance of that event. Choose one factor which best represents this **emphasis**. The respondent's reason for selecting the particular event may help you in selecting only one factor.
5. Some reports include accounts of the respondent's behavior that follow the 'most important event' discussed. (This behavior may be within the same meeting or in later meetings). You should not consider these accounts to be new "important events;" instead, they should be treated as evidence substantiating the impact of the reported "important event."

*Modified from: Block, S., Reibstein, J., Crouch, E., Themen, J., & Holroyd, P. (1978). A method for the study of therapeutic factors in group psychotherapy. British Journal of Psychiatry, 134, 257-263.

Altruism

The basis of altruism is that the person can feel better about himself/herself, and/or learn something positive about self, through helping other group members. Altruism differs from learning from interpersonal actions in that, in an effort to help other group members, individuals improve their own self-image as they learn that they can be of value to others. Although learning from interpersonal actions may involve altruistic behavior, the therapeutic value lies in the person's actions rather than in their effect on self-image.

This factor operates when the supervisee/supervisor:

- _____ offers support, reassurance, suggestions or comments to help other group members.
- _____ shares similar problems for the purpose of helping other group members.
- _____ feels needed and helpful.
- _____ can forget about himself/herself in favor of another group member.
- _____ recognizes that he/she wants to do something for another group member.

Group Cohesiveness

This factor operates when the supervisee/supervisor:

- _____ belongs to and is being accepted by a group.
- _____ continues close contact with other people.
- _____ reveals embarrassing things about him/herself and is still being accepted by the group.
- _____ feels alone no longer.
- _____ belongs to a group of people that understands and accepts him/her.

Universality

This factor operates when the supervisee/supervisor:

- _____ recognizes that his/her problems are not unique to him/her.
- _____ perceives that other group members have similar problems and feelings and this reduces his/her sense of uniqueness.
- _____ experiences the sense that he/she is not alone with feelings and problems.

Interpersonal Learning/Input

This factor operates when the supervisee/supervisor:

- _____ teaches him/her about the type of impression he/she makes on others.
- _____ learns how he/she comes across to others.

- _____ tells him/her honestly what they think of him/her.
- _____ points out some habits or mannerisms that annoy other people.
- _____ learns that he/she sometimes confuses people by not saying what he/she really thinks.

Interpersonal Learning/Output

This factor operates when supervisee/supervisor:

- _____ improves his/her skills in getting along with people.
- _____ feels more trustful of groups and of other people.
- _____ learns about the way he/she related to the other group members.
- _____ gives him/her an opportunity to learn to approach others.
- _____ works out difficulties with one particular member in the group.

Guidance

This factor operates when supervisee/supervisor:

- _____ receives useful information and instruction from the supervisor about mental health, mental illness or general (not personal) psycho dynamics.
- _____ receives explicit advice, suggestions, guidance about problems from either the supervisor or the supervisee.

Catharsis

The basis of catharsis is emotional **release** (i.e., the ventilation of feelings, either positive or negative) and about either life events or other group members, which brings some measure of **relief**.

This factor operates when supervisee/supervisor:

- _____ releases feelings (leading to relief) within the group--either of past or here-and-now material.
- _____ expresses feelings, such as anger, affection, sorrow, and grief (leading to relief), which have been previously difficult or impossible to release.

Identification

This factor operates when supervisee/supervisor:

- _____ tries to be like someone in the group who is better adjusted than him/her.
- _____ sees that others could reveal embarrassing things and take other risks and benefit from them, and then he/she is helped to do the same.

- _____ adopts mannerisms or the style of another group member.
- _____ admires and behaves like his/her supervisor.
- _____ finds someone in the group he/she could pattern behavior after.

Family Re-enactment

This factor operates when supervisee/supervisor expresses that:

- _____ being in the group was like reliving and understanding his/her life in the family in which he/she grew up.
- _____ being in the group somehow helped him/her to understand old hang-ups that he/she had in the past with his/her parents, brother, sisters, or other important people.
- _____ being in the group was like being in a family, only this time a more accepting and understanding family.
- _____ being in the group somehow helped him/her to understand how he/she grew up in his/her family.
- _____ the group was something like his/her family--some members or the supervisors were like his/her parents and others were like his/her relatives. Through the group experience he/she understands his/her past relationships with his/her parents and relatives (brothers, sisters, etc.).

Self-Understanding

The basis of self-understanding is that the person learns something important about self. This can come about as a result of feedback (direct or indirect) and interpretation from other group members.

This factor operates when supervisee/supervisor:

- _____ learns something important about behavior or assumptions or motivations or fantasies or unconscious thought.
- _____ learns how he/she comes across to the other members of the group.
- _____ learns why he/she behaves the way they do and how they got to be the way they are.
- _____ learns more clearly the nature of problems.

Instillation of Hope

The basis of instillation of hope is that the person gains a sense of optimism about growth potential for growth through group supervision. In **instillation of hope** the person sees that other group members improve.

This factor operates when supervisee/supervisor:

- _____ sees that other group members have grown or are growing.
- _____ sees that the group can be of help to its members in working towards their goals.
- _____ feels optimistic about the group's potential for help (e.g. "I am hopeful that, or feel that, the group will help me; I can see that the group is taking me somewhere".)

Existential Factors**This factor operates when supervisee/supervisor:**

- _____ recognizes that life is at times unfair and unjust.
- _____ recognizes that ultimately there is no escape from some of life's pain and from death.
- _____ recognizes that no matter how close he/she gets to other people, he/she must still face life alone.
- _____ faces the basic issues of his/her life and death, and thus lives his/her life more honestly and is less caught up in trivialities.
- _____ learns that he/she must take ultimate responsibility for the way he/she lives life no matter how much guidance and support he/she gets from others.

Appendix G

Hill Interactional Matrix-SS

HIM-SS (5 Groups Combined) PW
 552 (.5+ Members) Frequency

	Topic I	Group II	Personal III	Relationship IV	Frequency
<i>Confrontive</i> A B C D E	10 10 3 2 0 0 0 0 9 0	11 27 19 116 29	1 0 17 6	13 16 23 23 21	427
<i>Assertive</i> C	9	5	5	25	44
<i>Speculative</i> D	43.2	46	1022	65	1565
<i>Passive</i> E	93	2	226	5	326
	539	355	1277	191	T=2,362*

Q1 321	Q3 150
Q2 573	Q4 1318

Risk C+E=370
 Work D+E=1891
 Here Now II+IV=546
 Member III+IV=1468

*2,362 is the total number of HIM ratings made in the 4 groups.

Appendix H

Session Evaluation Questionnaire

ID# _____

Please circle the appropriate number to show how you feel about this group supervision session.

This session was:

Bad	1	2	3	4	5	6	7	Good
Safe	1	2	3	4	5	6	7	Dangerous
Difficult	1	2	3	4	5	6	7	Easy
Valuable	1	2	3	4	5	6	7	Worthless
Shallow	1	2	3	4	5	6	7	Deep
Relaxed	1	2	3	4	5	6	7	Tense
Unpleasant	1	2	3	4	5	6	7	Pleasant
Full	1	2	3	4	5	6	7	Empty
Weak	1	2	3	4	5	6	7	Powerful
Special	1	2	3	4	5	6	7	Ordinary
Rough	1	2	3	4	5	6	7	Smooth
Comfortable	1	2	3	4	5	6	7	Uncomfortable

Right now I feel:

Happy	1	2	3	4	5	6	7	Sad
Angry	1	2	3	4	5	6	7	Pleased
Moving	1	2	3	4	5	6	7	Still
Uncertain	1	2	3	4	5	6	7	Definite
Calm	1	2	3	4	5	6	7	Excited
Confident	1	2	3	4	5	6	7	Afraid
Wakeful	1	2	3	4	5	6	7	Sleepy
Friendly	1	2	3	4	5	6	7	Unfriendly
Slow	1	2	3	4	5	6	7	Fast
Energetic	1	2	3	4	5	6	7	Peaceful
Involved	1	2	3	4	5	6	7	Detached
Quiet	1	2	3	4	5	6	7	Aroused

Today as supervisor, I feel I was:

Skillful	1	2	3	4	5	6	7	Unskillful
Cold	1	2	3	4	5	6	7	Warm
Trustworthy	1	2	3	4	5	6	7	Untrustworthy

ID# _____

Please circle the appropriate number to show how you feel about this group supervision session.

This session was:

Bad	1	2	3	4	5	6	7	Good
Safe	1	2	3	4	5	6	7	Dangerous
Difficult	1	2	3	4	5	6	7	Easy
Valuable	1	2	3	4	5	6	7	Worthless
Shallow	1	2	3	4	5	6	7	Deep
Relaxed	1	2	3	4	5	6	7	Tense
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Weak	1	2	3	4	5	6	7	Powerful
Special	1	2	3	4	5	6	7	Ordinary
Rough	1	2	3	4	5	6	7	Smooth
Comfortable	1	2	3	4	5	6	7	Uncomfortable

Right now I feel:

Happy	1	2	3	4	5	6	7	Sad
Angry	1	2	3	4	5	6	7	Pleased
Moving	1	2	3	4	5	6	7	Still
Uncertain	1	2	3	4	5	6	7	Definite
Calm	1	2	3	4	5	6	7	Excited
Confident	1	2	3	4	5	6	7	Afraid
Wakeful	1	2	3	4	5	6	7	Sleepy
Friendly	1	2	3	4	5	6	7	Unfriendly
Slow	1	2	3	4	5	6	7	Fast
Energetic	1	2	3	4	5	6	7	Peaceful
Involved	1	2	3	4	5	6	7	Detached
Quiet	1	2	3	4	5	6	7	Aroused

Today I feel my supervisor was:

Skillful	1	2	3	4	5	6	7	Unskillful
Cold	1	2	3	4	5	6	7	Warm
Trustworthy	1	2	3	4	5	6	7	Untrustworthy

Appendix I
"Best" - "Worst" Session

Please identify what you regard as the single best session and single worst session of all the group supervision sessions.

Please identify number of the session.

BEST SESSION _____
List your reason(s) for identifying this particular session.

WORST SESSION _____
List your reason(s) for identifying this particular session.

Appendix J
Participant Instruction

May 4, 1993

Dear Participant:

Thank you for volunteering to participate in this research project. The purpose, as you remember, is to document what occurs in group supervision for the benefit you as a counselor and, ultimately, for the benefit of your clients.

In answering these questionnaires, please focus on your **group** supervision experiences **separate** from your individual supervision sessions.

In order to ensure the confidentiality of your responses, each envelope has a code number. Do not place your name anywhere in or on the envelope.

If you have additional questions, please ask now or at any time, as I will be around at each group supervision session. Again, your participation is greatly appreciated.

Sincerely,

Pamela O. Werstlein
Doctoral Student