

GRADUATE LEVEL STUDENTS' PREFERRED
MODALITIES OF SUPERVISION
IN COUNSELOR
TRAINING

By
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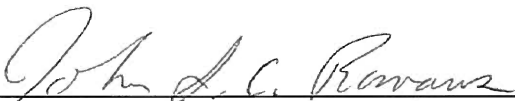
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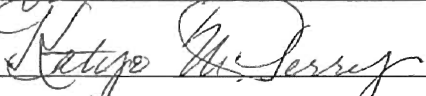
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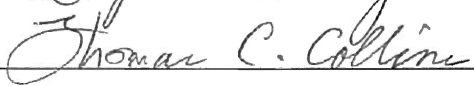
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Thesis Approved:



Thesis Advisor






Dean of the Graduate College

This study is lovingly dedicated to the memory of
my husband, Jackie Wayne Whisenhunt, and daughter,
Nancy Christine Sherron.

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CHAPTER I

INTRODUCTION

Statement of the Problem

The various counselor education training programs that teach graduate student counselors specific counseling skills may use different types of modalities of supervision. Also considered in the graduate students' education process is the effect the hours of training accrued by the student has on the type of supervision modality preferred by students. Literature that examines various modalities of counselor supervision from a graduate student's perspective is not abundant.

An extremely important aspect of the counselor training process is that of acquiring counseling skills. Although many counseling skills have already been acquired by the individual due to personal development and experiences over the individual's lifetime, much skill development occurs during graduate school. Examples of some interpersonal skills used in counseling are listening, reflection of feelings, summarizing, empathy, confrontation, and self-disclosing (Rogers, 1980). Ivey and Authier (1978) agree with the need for these interpersonal skills, but also take the position that counselor training must include the integration of these acquired skills. In a counselor education program this helps determine whether the counselor in training is effective or ineffective in addressing the client's needs. The trainee learns to use these skills effectively through

feedback from supervision (Turock, 1980). Turock also found that by using specific skills criteria, he could guide the trainees to increase, decrease, or maintain counseling behaviors. The use of the skills criteria would then enhance the counselor trainees' effectiveness in interpersonal skills.

Typically, counselor education training programs use a variety of different modalities of skills delivery such as live supervision (Andersen, 1987; Bubenzer, West & Gold, 1991; Coppersmith, 1980; Gershenson & Cohen, 1970; Lewis & Rohrbaugh, 1989; Montalvo, 1973; Nichols, Nichols & Hardy, 1990; Roberts, Matthews, Bodin, Cohen, Lewandowski, Novo, Pumilia & Willis, 1989; West, Bubenzer & Zarski, 1989; Wetchler, Piercy & Sprenkle, 1989); videotape reviewing (Bernstein & Lecomte, 1979; Fine & McIntosh, 1986; Nichols, Nichols & Hardy, 1990; Silverman & Quinn, 1974; Wetchler, Piercy & Sprenkle, 1989; Yenawine & Arbuckle, 1971); audiotape reviewing (Bowman & Roberts, 1979; Cross & Brown, 1983; Hansen, Petro & Pound, 1976; MacGuffie & Henderson, 1977; Suggs, 1976; Yenawine & Arbuckle, 1971), co-therapy (Cross & Brown, 1983), and self-report-only (MacGuffie & Henderson, 1977; Silverman & Quinn, 1974).

Purpose Of The Study

The purpose of this study is to determine the effect the level of training, as assessed by the hours completed in client contact during training, has on the selection of the preferred modality of supervision for beginning, intermediate, and advanced graduate level counselor trainees. An additional purpose is to assess the counselor trainees'

perceptions of various strengths and concerns about using the various modalities of supervision in the counselor education process.

Significance Of The Study

The information from the current study could assist supervisors in assessing and determining which of the different modalities of supervision are most preferred at varying levels of graduate student development. Also, this data could help clarify whether the use of particular modalities of supervision should be addressed by additional empirical investigation.

The performance of the supervisee not only depends on the individual's own ability, but also on the ability of the supervisor and the kind of supervision received (Lanning, 1971; Patterson, 1964). This is in line with the results of Cross and Brown's (1983) study that presented data showing that as the supervisee/supervisor relationship changes, the role of supervisor changes as does the supervisee's needs. They indicate that a range of various supervisory skills is required to address the trainees' different needs at different levels of their training. Cross and Brown (1983) further comment that beginning supervisees who are less experienced need more methods training such as audiotaping, self-reporting, and co-therapy which requires the supervisor to be both a teacher and a counselor. Beginning students also need the supervisor to be more instructional, provide more techniques, and give more structure (Ronnstad & Skovholt, 1993). Advanced trainees have developed to a greater extent than the beginning trainees, becoming more autonomous and competent, but also experiencing moments of professional insecurity.

Cross and Brown (1983) report that as the student progresses in the program they reach a level where they require the supervisor to become more of a consultant than a teacher or counselor. They also note that the more experienced masters level students, those who have a greater amount of direct client contact experience in practicum, prefer less methods training than the beginning students.

Since the needs appear to be different for beginning, intermediate, and advanced counselor trainees, then different modalities of supervision would appear to be necessary to address these needs. These findings could therefore be used to build a developmental model of supervision (Stoltenberg & Delworth, 1987) which incorporates different supervisory modalities at varying levels of training. This developmental model of supervisory modalities is designed to further enhance counselor training.

Research Questions

In view of the current studies on supervisory modalities from the supervisor's point of view, this study looks at the different modalities preferred in counselor education training programs from the supervisees' perspective.

1. Is there an effect of level of training on preference for the following modalities of supervision: 1) live supervision, 2) videotaping, 3) audiotaping, 4) co-therapy, and 5) self-report-only supervision as selected by beginning, intermediate, and advanced counselor trainees?

2. Is there an effect of level of training on frequency of use for the following modalities of supervision: 1) live supervision, 2) videotaping, 3) audiotaping, 4)

co-therapy, and 5) self-report-only supervision as selected by beginning, intermediate, and advanced counselor trainees?

3. When utilizing the different modalities of supervision, what are the counselor trainees' perceptions of the various strengths and problems associated with the use of the different modalities of supervision in their counselor training?

Definition Of Terms

The following definitions are operational terms utilized in this study:

Advanced practicum student: A graduate student devoting 90 or more hours to direct client contact since beginning a counselor training program.

Audio-taping supervision: Use of a tape recording device to monitor supervisee's communication during a therapy session. Tapes are reviewed after the session.

Beginning practicum student: A graduate student devoting 32 hours or less to direct client contact since beginning a counselor training program.

Co-therapy supervision: A collaborative working relationship between a supervisor and a supervisee in a therapy session where the supervisor can monitor the supervisee's behaviors and interactions. Also, the supervisor can model appropriate counseling behaviors.

Graduate student: Counselor trainee in either a masters level or a doctoral level counselor training program.

Intermediate practicum student: A graduate student devoting 33 to 90 hours to direct client contact since beginning a counselor training program.

Levels of training: Beginning, intermediate, or advanced counselor trainees.

Live-supervision: A supervision modality in which the supervisor observes supervisee's behaviors, techniques, and skills during a therapy session. Live supervision requires direct observation and the ability to make immediate interventions in the counseling session.

Practicum or Internship: A point in time in the graduate student's counselor education process when the trainees begin making direct client contact.

Self-report-only supervision: Supervisees' report of their subjective evaluation of a therapy session to their supervisor.

Supervision: Feedback given to counselor trainees as they develop their counseling skills while working with real clients.

Supervision modality: A vehicle used in supervision to monitor the supervisee's skills, techniques, and quality of work.

Supervisor: One who has the responsibility to provide feedback and is in charge of the quality of another's work.

Videotaping supervision: The use of a camera to record and monitor a supervisee's behaviors and interactions during a therapy session. Tapes are reviewed after the session.

Limitations Of The Study

1. Lack of definition and understanding of the terms supervisor, practicum and internship by trainees may have contributed to unequal data.

2. The design of specific programs, particularly practicum and internship direct client contact hours, created problems for grouping the trainees according to hours.
3. No control was available on who returned surveys.
4. No control over who returned surveys may also have contributed to the unequal response rate from the different regions (East, Central, and West).
5. No way to insure random distribution by the directors of training so there may be the possibility of a systematic bias occurring.

Organization Of The Study

Chapter I consisted of an introduction, statement of the problem, purpose of the study, significance of the study, and research questions. Also included are definitions of terms, limitations of the study, and organization of the study. Chapter II contains a review of the literature, including theoretical development of supervision, supervision relationship, and modalities of supervision. Modalities of supervision include live, audiotaping, videotaping, co-therapy, and self-report-only. Then follows the summary and statement of the hypotheses. Chapter III presents the methodologies which contain the subjects, instrument, pilot study, design, and procedures of the study. The results section with the introduction, tests of hypotheses, and results of ANOVA tests are included in Chapter IV. Chapter V contains the conclusions and discussion, as well as recommendations for future study.

CHAPTER II

REVIEW OF RELATED LITERATURE

Theoretical Development of Supervision

Burns (1958) discussed the development of supervision between 1925-1930 when the direct authoritative approach of psychoanalysis became accepted. Leddick and Bernard (1980) reported that the indirect, facilitative era was the force that guided supervisors' behaviors in the training of counselors. Supervision thus began to follow counseling theories. Rogers (1957) espoused the facilitative theory in which empathy and unconditional positive regard were factors of therapy and consequently used these same behaviors in training counselors. By modeling these behaviors, trainees then viewed these behaviors as desirable in working with their clients. Leddick and Bernard (1980), like Rogers (1957), also saw this training model for the supervisor as that of being a therapist. Cross and Brown's (1983) study concurs that trainees want a supervisor who can be both a teacher and a counselor. Although empathy is seen as essential for effective counseling, empathy may be too difficult to learn and may even be impossible to teach (Hackney, 1978). According to Martin's (1990) study, interpersonal empathy and interpersonal coping factors are not considered skills, so therefore, supervisees may not be able to be trained in these factors. Birk (1972) suggested that empathic understanding could be

learned when the supervisor used a didactic approach with a beginning counselor trainee, regardless of preferred training mode. This study may simply indicate that the beginning counselor, with no previous counseling experience, learns certain counseling skills better with a more structured orientation. Birk further commented that just because a trainee prefers a certain mode of supervision does not mean that learning would come more easily. Payne, Weiss and Kapp (1972) used a one-on-one structured approach showing that empathy and other facilitative conditions could be learned. Birk's (1972) approach to teach trainee skills and to prepare trainees to be more effective counselors was through the use of co-therapy and role-playing. Hackney and Nye (1973) employed this skills approach, outlining the necessary skills needed by the trainee to become effective counselors.

In addition to skills training, there is also the need to eliminate the defensiveness of the trainee that comes from the evaluation process delivered by the supervisor of training (Guttman, 1973). The suggestions and training feedback that the trainees receive from their supervisor, regarding their performance, have been found to increase this defensiveness (Kell & Burro, 1970). Not only do supervisors cause this defensiveness but it is also enhanced by the fact that peer trainees are critiquing trainees' sessions (Yenawine & Arbuckle, 1971). However, Smith's (1984) survey study did not support Yenawine and Arbuckle's (1971) results. Smith (1984) found that the masters level students preferred receiving and providing peer feedback second only to receiving supervisor feedback. According to Turock (1980), student defensiveness will only occur if trainer feedback is given as criticisms, labeling, and global judgments. He further indicated these particular

types of feedback typically caused the trainees to react in a defensive manner. But, if feedback given by the trainer targets specific behaviors, including the trainees' strengths, and is followed by suggestions to remedy or improve their performance then the feedback is more readily received and defensiveness is minimized. These three trainer feedback components (specific behaviors, strengths, and suggestions for improvement), which if delivered in a structured and systematic style, are apparently what promotes the trainees' openness.

Patterson (1964) agrees with Turock (1980) that taping, if it is required by the supervisor, creates a threat. This threat causes fear of criticism because of the mistakes a supervisee may perceive they are making in their performance. Patterson further commented that because of this fear of criticism the student does not depend on self-evaluation but instead depends more on the supervisor for evaluation of their performance. This dependence on others for feedback has a strong negative impact on trainees self-esteem (Turock (1980). By watching trainees perform specific skills, and then comparing their behaviors to more expert performance criteria of professionals, he found the trainers could help the trainees acquire the intended outcomes. The trainees can then improve on areas of need and learn what they can do well. He further reported that the trainer must be able to describe the corrective actions to be taken by the trainees. Also, he believes the trainers must be able to model the productive behaviors if they expect the trainees to change or improve specific skills that are consistent with the performance criteria for effective counseling.

To eliminate the trainees' defensiveness the supervisor can act as a therapist to the trainees, thereby putting the supervisor in the position of a consultant to the trainees (Leddick and Bernard, 1980). They also noted that this would allow the trainees to develop their own goals for learning. Another advantage of the supervisor being able to function as a consultant is the enabling of the supervisee and supervisor to develop a cooperative relationship where the trainee is encouraged to express their own beliefs.

Supervision Relationship

Leddick and Bernard (1980) discussed how literature on supervision closely parallels the counseling literature. They also noted that the supervision models used have followed the counseling theories from a historical perspective. Upchurch (1985) agrees there are commonalities between supervision and the counseling theories. Additionally, she noted the complexity and intense nature of the relationships in supervision being comparable to the client/counselor relationship in counseling. Lanning (1971) commented that the trainee expects the counselor/client relationship to parallel that of the supervisor/supervisee relationship. He found the relationships in supervision could be categorized as supervisor/supervisee and also as counselor/client. These relationships are overt in nature, whereas the supervisor/client relationship, in both supervision and counseling, may be either covert or overt, depending on the modality of supervision used. Because these relationships are so intertwined it is necessary that the supervisory process have ethical standards that protects the client, the supervisee, and the supervisor (Upchurch, 1985).

Like Upchurch (1985), Sexton and Whiston (1991) noted that the counselor/client and supervisee/supervisor relationships were comparable. They also agree that the intended outcome of the counseling process is client change. Sexton and Whiston (1991) further say that change is based on the relationship between the counselor and the client in the therapy session that is based, in part, on learned skills, techniques, and interventions derived from the supervisee/supervisor relationship. They further expressed the opinion that supervision and training, which a counselor receives, will impact their effectiveness with clients. This indicates that counselor educators are partially responsible for the quality of care and also are accountable for the care the client receives. Supervisors then directly affect counseling services by the quality of counselors they train.

Just as a positive outcome depends on the client/counselor relationship, it would appear that this also applies to the supervisor/supervisee relationship (Lanning, 1971). Additionally, he found that trainees expected their clients to perceive them in the same way the trainees expected their relationship with their supervisors to be. This is similar to the trainee/client relationship which is a cooperative one. Sexton and Whiston (1991) have suggested that as the client/counselor relationship is a mutually interactive process, so should the supervisor/supervisee relationship be an interactive one. They commented that counselor education should be based on establishing the supervisor/supervisee relationship, structuring a session, and selecting interventions in developing effective counselors.

Modalities Of Supervision

Live Supervision

To develop effective counselor behaviors and various techniques for interaction, different modalities of supervision are used. The typical supervision modalities are live, audiotaping, videotaping, co-therapy, and self-report-only. Unlike other modalities of supervision, live supervision differs in that the supervisor is directly observing the interaction between the client and trainee. This provides the supervisor with the ability to make immediate interventions during the therapy session.

Fred Piercy (West, Bubenzer, & Zarski, 1989) commented in his interview that he generally used a one-way mirror for intervention during a therapy session. He preferred interrupting minimally, breaking in only when a harmful direction taken by the supervisee would adversely affect the client's welfare. He can also interrupt the therapy session if it is going nowhere. Piercy mentioned that clients and students alike, if a trusting relationship had been established, would feel comfortable with live supervision. He further commented that neither the client or trainee perceived live supervision as an intrusion.

Barbara Okun (West, Bubenzer, & Zarski, 1989), in the same interview, said that she also uses live supervision, but as a co-therapist, in a collaborative endeavor. During the therapy session, where immediate processing of the situation takes place, the supervisor can see how the supervisee is conceptualizing the case. With the supervisor presenting the therapy session, the supervisor can serve as a model to the supervisee. Both the appropriate intervention and the opportunity to process what is happening in the

session occur instantaneously in front of the client. The results can then be experienced during the therapy session by all participants. She believes another advantage to live supervision is that it provides an opportunity for the supervisor to model appropriate counseling behaviors for the supervisee to observe.

Andersen (1987) demonstrated how co-therapy could be used with an additional approach, that of a reflecting team. This team includes not only the supervisor, the supervisee, and the client, but other trainees at different levels of counselor training who are stationed behind a one-way mirror, also processing the therapy session. The clients have the opportunity to ask for feedback at any time, not only from the supervisor and the supervisee, but also from the team of trainees observing. The clients can also exchange ideas with the observers.

Co-Therapy

Co-therapy is another modality which provides an opportunity for interpersonal relationships to develop and provides growth in facilitative skills for the supervisee (Silverman & Quinn, 1974). Their position is that co-therapy with supervisors is less threatening and creates a more collaborative relationship with the trainees. The contiguity of immediate feedback is not lost with co-therapy like it is with audiotaping. Unlike co-therapy, there is a time delay in audiotaping because feedback can only occur following the counseling session. In co-therapy the supervisor also serves as a model for effective types of communication in counseling sessions. This creates a team approach relationship instead of the teacher/student relationship created by tape playback. Silverman and Quinn

(1974) comment that the immediate feedback of supervisees tapes show less facilitative skills growth than the collaborative relationship of co-therapy.

Bubbenzer, West, & Gold, (1991) considered co-therapy and live supervision interchangeable in regards to the immediacy and interaction between the counselor and trainee. They reported the supervisor as being a co-therapist behind a one-way mirror enabling the supervisor to phone-in, walk-in, or use a television with a hearing device, to make instantaneous supervisory interventions.

Although the learning of counseling skills is important it is not the only consideration in training counselors. The most important goal in counseling is protecting the welfare of the client (Cormier and Bernard, 1982). They reported that live supervision helps protect the client, minimizes interruptions, and involves the supervisor with the client from the onset of therapy. With supervisor involvement the possibility of ethical and legal violations such as informed consent, confidentiality, and vicarious liability are minimized.

Audiotape And Videotape Supervision

Another technique used to develop appropriate counseling behaviors is the use of audiotapes and videotapes. These modalities of supervision are particularly employed for the beginning graduate level student in counselor training programs (MacGuffie & Henderson, 1977). They found that when students' tapes were evaluated in a way that the feedback produced positive reinforcement, and not punishment, it kept the students' anxiety at an optimal level for effective learning. Commenting further, they feel that if punishment is used when evaluating tapes then a game playing attitude ensues. This

punishment factor is inconsistent with learning the interaction process with others and oneself.

When Yenawine and Arbuckle (1971) compared and contrasted the use of videotaping and audiotaping in student counseling interviews, they found that videotaping was viewed as more threatening than audiotaping. In particular, the first videotaping was perceived as more threatening than audiotaping because of the fear of criticism due to self-exposure. When others are observing one's performance and simultaneously being evaluated by their peers and supervisor, the evaluation feedback tends to raise the trainees' fears (Lowenstein & Reder, 1982). This is one reason students hesitate to critique fellow students tapes. By the second videotaping session Yenawine and Arbuckle (1971) describe the participants as less anxious than those who were being audiotaped. They also found that after the second videotape is presented, the participants become more passive and uninvolved in their viewing. This is much like that of passively watching television. The inactive viewers of the videotapes showed less emotional involvement than audiotaping participants. However, when the videotaped and the audiotaped participants viewed an earlier video of their performance, the video taped participants were seen to have experienced quicker and more professional growth than that of the audio participants. The videotaped participants became more aware of their individual changes. According to Yenawine and Arbuckle (1971) videotaping is therefore a good beginning for improving a student counselor's interpersonal relationships and interactions with clients.

The fear of criticizing and being criticized was believed worse in audiotaping than videotaping, due to the audio participants' persistent defensiveness (Yenawine & Arbuckle, 1971). However, Bowman and Roberts (1979) found that audio taping does not produce an anxiety level above what the counseling session itself normally produces. Therefore, they suggest that audiotaping is still a good method for training supervisees. The supervisor need not be overly concerned about causing the supervisee more anxiety than the counseling experience itself will produce.

Another problem inherent in supervisees' critiquing audiotapes of fellow classmates is the difficulty in being able to recognize the client's affect such as anger, fear, or joy. For the supervisee to learn an appropriate response to client's affect, it is necessary for the supervisee to be aware of the client's words, voice level, and their nonverbal behaviors (Suggs, 1976). It would then seem likely that videotaping would be more appropriate for recognizing the client's feelings than audiotaping because of the nonverbal behaviors.

Like the problem of affect in audiotaping, confrontation in videotaping can also be viewed as a problem, although the contrary has been found to be true. Confrontation in videotaping has been experienced as a positive learning experience in supervisee training (Yenawine and Arbuckle, 1971). They observed the confrontational aspect of videotaping as a development of openness and frankness. This enables counselors to be open and frank about others and their own performance while viewing feedback as something constructive. However, audiotaped participants were found to be less willing than videotape participants to respond to each other's self-evaluation of their audiotaped performance.

They further found that in audiotaping, the discussion focuses more on problems than behaviors because it is more difficult to evaluate the missing individual. As stated by Yenawine and Arbuckle (1971), videotaping discussions focus more on the counselor's role and functioning than on the missing individual. In videotaping, more attention is paid to the subtleties and gradations of the client's behaviors and interactions and less to the problem as stated by Yenawine and Arbuckle (1971). When videotaping was used, several interviewing behaviors that were inappropriate in therapy sessions were extinguished when the trainees' own behaviors were the ones being viewed (Hosford & Johnson, 1983). Positive self-feedback during videotaping was also found to produce better results than when videotaping viewing was showing both appropriate and inappropriate counseling behaviors. This is beneficial for supervision because the videotaping keeps the reviewing and evaluation process counselor-focused (Yenawine & Arbuckle, 1971). They additionally found that videotaping lets the participant see their real self as the glue in the client/therapist relationship rather than concentrating on the use of techniques only.

With the use of videotaping trainees can critique themselves, which helps them become more aware of their clients' behaviors (Bernstein & Lecomte, 1979). Videotaping is a tool that can also be used by the supervisor to evaluate the trainee. They further noted that when the tapes were presented to both their supervisor and their peers, then the feedback could be compared with the supervisee's critique of their self. This enables the trainee to recognize the client's behaviors and what the client is saying. At the same time, the supervisor can also see if the trainee is paying attention to the client's actual behaviors

or paying more attention to the client's inferences. The congruence between all three evaluations can be seen and changes made if necessary. They further found that this enables the trainee to identify both appropriate and inappropriate counseling behaviors. They also commented that one of the problems their study brought out was the trainees becoming dependent on the supervisor for direction and evaluation. This prevents the supervisee from doing their own self-evaluation.

Results from Smith's (1984) study found that the audiotaping modality of supervision is rated by some masters level students as a five in effectiveness for skill development on a scale of one to seven with one representing the most effective and seven being the least effective. Additionally, supervisors' feedback was also ranked as number one in effectiveness for skill development. This study further showed that audiotaping ranked high at number one because it involved too much of the students time. However, when Smith (1984) combined the audiotaping of a therapy session with the supervisor's feedback on a dual recording the trainee perceived optimum effectiveness in skill development. This gives the supervisee an opportunity to receive immediate feedback from the supervisor at the same time that feedback on the therapy session is given either separately or simultaneously, He further noted that the combined audio session and supervisor feedback rated second in effectiveness only to the direct feedback from the supervisor. He added that the effect of direct skill acquisition would need further research.

In a practicum setting, Payne, Weiss and Kapp (1972) used audiotaping to model empathy and other counseling behaviors such as interviewing to improve counseling skills.

They found that using audiotaping plus the one-on-one approach brought about results that were additive, with each being equal in magnitude. This would indicate that audio modeling did indeed increase the students facilitative level of counseling skills, especially empathy.

Hansen, Pound & Petro's (1976) research on practicum supervision developed the conclusion that there were few differences between videotaping and audiotaping results in the training of counseling skills. They further commented that the audiotape modality was not any better than the videotape modality in teaching communication skills required for effective counseling.

Self-Report-Only

Results from the Hart and Falvey (1987) survey provided information showing that when the self-report-only mode of supervision was used there was subjectivity involved. The problem with self-reporting is the possibility of significant distortions. Self-report-only mode was used approximately 64.7% of the time by master's level counselor trainees in a practicum or internship. According to this study, audiotaping of therapy sessions was second in frequency with 15.6%. They further reported that supervisors generally focused on case reviews, case conceptualization, and skill development. Supervisors were found to give minimal feedback on the trainees personal development in therapy and also to give minimal emotional support. Since the supervisor's responsibility is to evaluate graduate students' performance it would seem reasonable that the students should be required to submit examples of their counseling work by

videotaping or audiotaping. According to the study, this would give the supervisor an opportunity to determine firsthand the areas which need improving in order to become an effective counselor and to protect the welfare of the client.

As MacGuffie and Henderson (1977) put it, the supervisees gain experience as they begin to function more independently. Therefore they consult with their internship professor more frequently and utilize them less often as a teacher or counselor. This occurs as the trainees begin self-reporting their experiences to their supervisor and to the agency supervisor where they have chosen to do their practicum. This independence and consultation interaction is the type of working relationship that is desired after graduation (MacGuffie & Henderson, 1977).

In summary, the various modalities of supervision used in counselor training are generally considered to be live supervision, audiotaping, videotaping, co-therapy and self-report-only. These modalities are the more typical modalities used in counselor education training programs. Through the use of these modalities trainees learn basic skills and techniques by means of regular course work, demonstrating, rehearsing, and practicing counseling techniques and skills before working with clients. Using these more typical supervision modalities, supervisees can be monitored by their academic supervisor. This monitoring precedes the trainees being allowed to work in a practicum setting directly with clients on a one-on-one basis (Hitchcock, 1986).

It appears that counselor trainee skills acquisition emerges through a developmental process (Stoltenberg & Delworth, 1987). As students begin their counselor training they are somewhat unsure of themselves and therefore not exactly sure

how to act or what to say when counseling with a client for the first few sessions. As the beginning trainees observe and are instructed in class, they see only successful therapy sessions. Under the circumstances the trainee is less sure of their own ability to counsel effectively with clients. The only model the trainee observes in the beginning is a seasoned counselor who seems to be doing all the right things. Because of this lack of confidence in doing as good a job as what they are seeing modeled, they would rather not be seen on video or seen doing co-therapy. Trainees feel that using these modalities makes their mistakes very apparent to them and to others. As beginning counselor trainees they need a supervisor who can teach them counseling skills in a more structured, less threatening atmosphere.

As the counselors gain more counseling skills and experience they are more willing to take risks and are less anxious about having their work critiqued, and are therefore more willing to be videotaped or to receive live or co-therapy supervision. They also are beginning to do some self-evaluation. As they begin looking at themselves, they begin interacting more with their supervisor as a counselor, requiring less structure and producing more of a cooperative relationship. At this point in their training they are more open to receiving feedback from others and to also give feedback to peers.

As counselor trainees develop their counseling skills, experience more personal growth, and gain autonomy, they feel more comfortable evaluating their own performance. As counselor trainees become more proficient in their counseling skills, they become less dependent on the supervisor. The supervisor is then seen more as a consultant than either a teacher or counselor, as with the beginning and advanced trainee.

Literature is currently lacking in the examination of the various modalities of supervision from the students' perspective. This study should help us see what modes of supervision they are actually receiving and their perception of the various modes of supervision they prefer to receive.

Major Hypotheses

The research evidence related to the effect of level of training on preference of the various modalities of supervision is inconclusive. Typically, studies relating to this subject are from the supervisor's perception and include few studies from the graduate students' perspective. Therefore it is hypothesized that 1) beginning practicum counselor trainees with 32 hours or less direct client contact, when given the choice between receiving live, video taping, audio taping, co-therapy, and self-report-only supervision modality, prefer to use the audiotaping modality of supervision in their training, 2) that intermediate practicum counselor trainees with 33 to 90 hours of direct client contact, when given the choice between receiving live, video taping, audio taping, co-therapy, and self-report-only supervision modality, prefer the videotaping modality of supervision in their training, and 3) that advanced practicum counselor trainees with 90 or more hours of direct client contact, when given the choice of receiving live, video taping, audio taping, co-therapy, and self-report-only supervision modality, prefer the self-report-only modality of supervision in their training.

CHAPTER III

METHOD

Subjects

Participants in this study were 151 volunteer masters and doctoral level counselor trainees enrolled in one of thirty-two masters and doctoral level counselor education programs located throughout the United States. The thirty-two programs were randomly selected from a complete listing of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) directory published by the American Association of Counseling and Development (1991). The seventy-two programs listed in the directory were assigned to one of three regions (East, Central, West) in the United States. An approximately equal number of programs were located in each region to sample a variety of geographical areas.

The Central region included programs located in Minnesota; Wisconsin; Michigan; Iowa; Illinois; Indiana; Missouri; Kentucky; Arkansas; Tennessee; Louisiana; Mississippi; Alabama; and Ohio, excluding area codes 216 and 614, which were assigned to the Eastern region. Eleven Central region colleges responded affirmatively when asked to participate in the study, generating a subtotal of 135 subjects comprised of 115 masters level students and 20 doctoral students. The Eastern region included the states east of the Central region and included ten programs totaling 143 participants, including 123 masters

level and 20 doctoral students. The Western region consisted of 11 programs with 140 participants, including 125 masters level and 15 doctoral students.

The subjects for the sample were selected according to who received a questionnaire which was handed out by the director of training in each program. The subjects were assigned to specific groups depending on their level of training as assessed by the hours they had completed in direct client contact. The subjects were classified into groups of beginning (32 hours or less of direct client contact), intermediate (33 hours to 90 hours of direct client contact), and advanced practicum counselor trainees (greater than 90 hours of direct client contact) to designate their different levels of training. The present study's divisions were chosen to create groups similar in size but with different levels of training in order to compare the groups on the five modalities of supervision.

Of the 418 questionnaires mailed out, 151 were returned. This provided a return rate of 36%. The sample in the study included 132 masters' and 19 doctoral level students enrolled in either a counseling practicum or a counseling internship class in one of thirty-two CACREP counseling programs during the Spring semester of 1993. Of the 151 subjects, 109 were female and 42 were male. The mean age of the subjects was 35.4 years. Ages ranged from 22 years of age to 66 years of age. Participants 29 years of age or fewer accounted for 41% of the sample. Forty-three respondents were between the ages of 24 and 26. The remaining ages had from one to seven participants in each age category with three subjects not responding to the age question. The cultural mix of the participants was as follows: White (90%), Black American (5%), Asian American (2%), Native American (1%), and Chinese (2%).

One hundred and sixteen (77%) of the participants have completed a bachelors degree, thirty (20%) a masters degree, and three (2%) a doctoral degree. In addition, one had completed a degree as a specialist.

Instrument

A legal size one page existing questionnaire, containing 14 questions front and back, was modified for use in the present study. The existing questionnaire was developed by three supervisors of counselor training in a counselor education program located at a midwestern college in the Central region of the United States. The existing questionnaire was used for a study in which program chairs or directors of training of counselor education, counseling psychology, clinical psychology, school psychology, and marriage and family programs were asked to examine the use of various supervisory modalities used in their graduate student counselor training program. Other information ascertained was demographic data and strengths and problems associated with the use of different supervisory modalities during counselor training. The existing 14-item questionnaire then underwent three revisions in the process of its development for the current study. After modifications to make the instrument appropriate for the present study the questionnaire was again reviewed and further modified by a fourth professor in a counselor education program. The modifications to the existing questionnaire included changes made in the wording of the questions to make the survey appropriate for beginning, intermediate, and advanced practicum counselor trainees. The questionnaire asked for responses concerning the use and preference of various modalities of supervision used in the practicum

counselor trainees' program. Also included were demographic information and questions covering the perceptions of the strengths and problems prevailing with using the various supervision modalities.

The final form of the questionnaire consisted of 17 general questions with subcategories which yielded 122 possible answers. The questionnaire was designed to enable the subjects to complete the survey in approximately 10 to 15 minutes. The answer format for questions 1-3, 5-7, and 10-11 was to indicate with a checkmark in the appropriate spaces that related to the student's demographic data and details concerning their program. Question 4 asked for age at last birthday. Questions 8-9 asked about percentages of total practicum time in client sessions spent in off-site and on-site practicum locations. Question 12 asked for years of experience in counseling before entering their respective program. Question 13 asked for total hours devoted to real client contact. For the remaining questions (14-17) the participants were asked to rate their choices on a scale from "0" to "4" ("0" meaning "Never Use", "No Problem", or "Does Not Use" to "4" meaning "Almost Always Use", "Great Problem", or "Greatly Applies"). N/A was for Not Available (see APPENDIX A).

Page one of the questionnaire contained a letter of introduction stating the purpose of the study. Also included in the introductory letter were statements assuring anonymity of individual responses with only group data being reported. The opportunity for respondents to receive results of the study were offered in the comments section of the questionnaire.

Pilot Study

Because the questionnaire covered a wide range of questions totaling 122 answers, a pilot program was performed. This helped to determine if the questionnaire was too difficult to understand for any of the three levels of counselor trainees or if the questionnaire was too time consuming as to be discarded before completing. The questionnaire was completed by four counselor trainees who were currently enrolled in a practicum or internship class at two midwestern colleges located in the Central region of the United States. Comments made by the participants were that it was easily understood and took a relatively short amount of time, between 10 and 15 minutes, to complete.

Design

The study used a causal/comparative method of research that involved three practicum counselor trainee groups (beginning, intermediate, and advanced). The three groups, beginning, intermediate, and advanced practicum counselor trainees, were divided according to the number of hours spent in direct client contact. The choice of preferred supervision modality was either live, audiotaping, videotaping, co-therapy, or self-report-only. The study looked at the effect the level of training had on the selection of the preferred modality of supervision used in the counselor trainees' supervision. Also investigated in the study were the preferences for supervision modalities across the different regions (East, Central, and West) of the United States. Statistics were computed using one-way analyses of variance (ANOVA).

Procedures

Program chairs or directors of training were initially contacted by telephone to seek their participation in this study. They were asked to randomly distribute a copy of the 17 item questionnaire and a self-addressed stamped envelope to a total of 10 graduate level counselor trainees enrolled in either a practicum or internship class. Ideally all participants would be conducting direct client individual counseling sessions and would also be receiving individual supervision. If a program had less than 10 students, only the appropriate number of questionnaires were sent. In addition, if the director requested more than 10 questionnaires, a greater number was sent. Included in the telephone conversation with the program chair or director of counselor training was an explanation of why their program had been selected and a description of the study (see APPENDIX B).

With the consent of the program chair or director of training to participate in the study, the survey packets were mailed to him/her. Each packet contained an instruction sheet, an agreed-upon number of questionnaires, and the same number of self-addressed stamped envelopes to be distributed to volunteer masters and/or doctoral level counselor trainees. The students could complete the surveys in class or complete them elsewhere. Wherever the students chose to complete them and to return them to the investigator was totally the students' responsibility. A letter of instruction (see APPENDIX C) was sent with each survey packet referring back to the earlier telephone conversation with the program chair or director of training. The letter stated the general purpose of the current

study asking that each student independently complete the questionnaire and return at the earliest date.

Of the 32 directors of training who were contacted to participate in the study, all agreed to pass out the survey packets to the volunteer subjects. A total of 418 surveys were sent to the program chairs, or someone who the program chair designated to receive the surveys, to distribute to students. This generated 151 completed questionnaires. The survey return rate totaled 36%. This produced 51 (33%) questionnaires from the Central region, 31 (21%) from the Eastern region, and 69 (46%) from the Western region.

CHAPTER IV

RESULTS

Descriptive statistics are reported on both demographic data and training program details. The study consisted of 151 participants. The participants' theoretical perspectives towards therapy are as follows: 51 preferred to use eclectic/metatheoretical, 21 chose cognitive behavioral and development, and one preferred social learning. Four elected to use behavioral and psychodynamic therapy while 7 chose the "other" category. The existential, humanistic, and family systems were preferred by 10, 13, and 17 participants respectively.

Participants were also asked what percentage of their total required practicum time was completed in their program's on-site clinic, if their program had one. One hundred and five (105) participants reported their program had an on-site clinic and 44 reported their program did not have an on-site clinic. Ninety-eight of the 105 participants reported doing some percentage of their direct client contact hours at the program's on-site clinic. Thirty participants reported completing all of their direct client contact hours at the program's on-site clinic, while 15 indicated 50%, and 11 reported 30%. Also, 19 participants performed less than 40% while 20 completed from 60% to 80% of their required practicum hours at the program's on-site clinic. Thirty-one of the 105 reported on-site required practicum was "not available".

Mean hours for actual direct client contact hours during their practicum since beginning their program was 126.5 hours. Hours of direct client contact during the participants practicum ranged from zero hours to 1000 hours.

Two questions on the survey asked whether their program offered a theory and a practice course in supervision. Eighty-eight (60%) reported that a course devoted to theory of supervision was not offered, while twenty (14%) indicated that theory of supervision was offered, but not required. Thirty-seven (26%) responded that theory of supervision was required by their program. The numbers were approximately the same when asked about a course devoted to the practice of supervision. Forty (28%) indicated the course was not required, twenty-one (14%) reported the course was offered, but not required, and 84 (58%) indicated the course was not offered in their program.

It was also of interest to note that 77 (51%) of the respondents had no previous experience in counseling before entering their program. Twenty-five (17%) had less than 1 year counseling experience, 26 (17%) had 1 to 2 years, 8 (5%) had 3 to 4 years and 14 (10%) had 5 or more years of previous counseling experience.

The purpose of this study is to determine the effect the level of training has on the selection of supervisory modality preferred by the beginning, intermediate, and advanced graduate level counselor. The level of training was determined by the number of hours completed in direct client contact during supervised training.

Analyses of variance were used to compare beginning, intermediate, and advanced practicum counselor trainees concerning their preferred modality of supervision. The trainee preference measure was used for the analyses of variance with group comparisons

(beginning vs. intermediate, intermediate vs. advanced, and beginning vs. advanced) for preferred supervision modality.

The one-way analyses of variance (ANOVAs) were performed to determine whether preferences of the three groups differed for each supervisor modality. Additionally of interest were the results of the trainees' reported current use of the supervision modalities and the similarities of the supervision modalities used within the three geographical regions. ANOVAs were performed to examine the differences between the three geographical regions regarding the trainees' current use and preferences for the five modalities of supervision. Significant tests for comparisons between the three groups for supervisory modality preference were performed using 95% confidence intervals, with alpha set at the .05 level. The dependent variables were preference measures for the five modalities of supervision (live, audiotaping, videotaping, co-therapy, and self-report-only supervision). The Tukey Test (HSD), a post hoc analysis determining the significance between group means and between region means was used to follow-up the ANOVA procedures. However, interpretation of the results should be made with caution due to the number of ANOVAs run (Keppel, 1991). Moreover, caution should be exercised to decide if the results represent a systematic effect or a chance occurrence.

Are there differences in counselor trainees across levels of training? Do counselor trainees at different levels of training differ in their preference for a particular supervisory modality? Table 1 (see Appendix D) presents a summary of the groups' numbers, means, and standard deviations for each group's preferred use and current use of supervisory modality used in the ANOVA's. The analysis of variance indicated differences between

the groups on their preference for self-report-only supervisory modality, $F(2, 136) = 4.06$, $p = .019$. The mean values obtained for preferred self-report-only supervisory modality for the three counselor trainee groups were as follows: beginning, 2.11 (SD = 1.55); intermediate, 2.45 (SD = 1.53); and advanced, 2.96 (SD = 1.24). Results support the conclusion that advanced counselor trainees prefer to use self-report-only supervisory modality over the other four modalities, whereas the beginners showed preference for self-report-only modality less often. The results of the one-way ANOVAs indicated there were no significant differences between the three groups on their preferences for live, $F(2, 127) = .16$, $p = .850$, audiotaping, $F(2, 129) = .04$, $p = .959$, videotaping, $F(2, 133) = .53$, $p = .585$, or co-therapy, $F(2, 124) = .67$, $p = .511$.

These results suggest that beginning, intermediate, and advanced counselor trainees do not show a difference in their preference for live, audiotaping, videotaping, or co-therapy across levels of training. Results show no support for hypothesis one or two, beginners do not prefer audiotaping over the other four modalities of supervision, nor do intermediates prefer videotaping over the other four modalities. Hypothesis three was supported, advanced counselor trainees do prefer self-report-only supervisory modality over the other four modalities.

One-way ANOVAs were performed on the reported current use of supervision modalities in the students' counselor training program. Are there differences between the groups on their reported current use of the supervisory modalities across the levels of training? The mean values obtained for current use of videotaping modality for the three groups were as follows: beginning, 2.66 (SD = 1.34); intermediate, 2.20 (SD = 1.47); and

advanced, 1.89 (SD = 1.39). The one-way ANOVAs revealed significant differences for videotaping, $F(2, 137) = 3.5798, p = .030$. The mean values were as follows: beginning, 0.38 (SD = 0.71); intermediate, 0.93 (SD = 1.13); and advanced, 0.95 (SD = 1.00). The beginning group used videotaping more often than the advanced group. There was also a significant difference for current use of co-therapy, $F(2, 131) = 5.1785, p = .007$. Both advanced and intermediate groups reported using co-therapy more often than the beginning group. A significant difference was also found for self-report-only, $F(2, 140) = 5.44, p = .005$. The beginners, 2.00 (SD = 1.30) reported using self-report-only less often than the advanced group, 2.89 (SD = 1.19). No significant differences were demonstrated for live, $F(2, 135) = .32, p = .724$ or audiotaping $F(2, 134) = .20, p = .815$ between the three groups.

Further, secondary analyses of variance were performed on preferred and reported current use by region (East, Central, and West) for supervisory modalities. Are there any differences between the three regions on preference for a particular supervisory modality? Table 2 (see Appendix D) presents a summary of the groups' numbers, mean scores, and standard deviations for the three regions' (East, Central, and West) preferred use and current use of supervisory modalities. The analysis of variance indicated a significant difference for preference of audiotaping supervision modality, $F(2, 138) = 5.64, p = .004$. The Eastern region, 2.96 (SD = 1.29) preferred to use the audiotaping modality more often than either the Western, 1.85 (SD = 1.51) or Central region, 2.10 (SD = 1.53). There was also a significant difference for preference of self-report-only modality of supervision $F(2, 139) = 3.12, p = .047$ between the regions. The means obtained for

self-report-only modality of supervision for the three regions were as follows: East, 2.79 (SD = 1.35); Central, 1.93 (SD = 1.56); and West, 2.51 (SD = 1.48). The Central region preferred to use self-report-only modality more often than the Western region. No significant differences were found between regions for live, videotaping, and co-therapy for preferences of use.

The results of the one-way ANOVAs also revealed significant differences between regions on recorded current use for both live supervision, $F(2, 139) = 3.33, p = .030$, and for audiotaping, $F(2, 139) = 2.90, p = .058$. The mean values obtained for the three regions for current use of live supervision modality were as follows: East, 1.31 (SD = 1.67); Central, 1.31 (SD = 1.17); and West, 2.15 (SD = 1.44). Also, the mean values obtained for audiotaping were: East, 2.67 (SD = 1.40); Central, 2.06 (SD = 1.64); and West, 1.82 (SD = 1.69). This shows the Western region currently uses the live supervision modality more often than the Central region, and just the opposite occurs for audiotaping for the Western and Central regions. There were no indications that a significant difference occurred between the regions for videotaping, co-therapy, or self-report-only modalities of supervision.

CHAPTER V

CONCLUSIONS AND DISCUSSIONS

The present study provides support for the advanced practicum counselor trainees preference for self-report-only modality of supervision. In summary, the results of the study failed to show that beginning level counselor trainees preferred audiotaping over the other modalities of supervision. Hart & Falvey's (1987) study supports findings in the current study that the majority of counselor trainees prefer self-report-only supervisory modality to other modalities of supervision. The results also failed to show that intermediate level counselor trainees preferred videotaping over the other supervision modalities. However, results did show that the advanced level counselor trainees did prefer the self-report-only modalities of supervision over the other four modalities. This also agrees with Tracey, Ellickson, and Sherry's (1989) results that advanced trainees would rather have less structure than less experienced counselor trainees. Beginning level counselor trainees showed no preference for any of the modalities except live supervision. They definitely indicated they preferred not to use this type of supervision modality. The intermediate trainees showed no significant differences in their preferences for any of the five supervision modalities. It may be that beginning trainees have not been exposed to this modality yet. For the intermediates, it may be that they have not yet had enough exposure to make a decision as to which one they prefer. Another possibility is the

differences in trainees' skills, experiences, and confidence levels between the beginning and intermediate trainees compared to the advanced trainees. The advanced trainees are at a developmental stage where they want to integrate their skills and counseling theories into their own personal rationale. They may also be developing more independence and have more confidence in their own counseling abilities as a result of their increased education, supervision, and client contact experiences. With this independence and confidence, they would more likely prefer the self-report-only supervision modality. This implies the developmental model for counselor trainees where they are becoming more independent as they gain experience.

Beginning and intermediate counselor trainees have not had a great deal of exposure to counseling knowledge, client experiences, nor developed self confidence like the advanced trainees. This could point toward their being unable to pick a supervision modality, unlike the advanced trainee.

Currently, it is a generally accepted practice to use one or more of the various supervisory modalities in training counselors. However, there are strengths and problems associated with using these supervisory modalities. One problem that surfaced in this study was the trainees' concern about clients' reactions when using the different modalities, particularly live, videotaping, and co-therapy. It may be that the trainees felt that the clients' fear of exposure and documentation of their problems on tape or in a face-to-face encounter with more people than their own particular counselor could cause a negative reaction. This could break the bond of trust and confidentiality which is so essential between clients and counselors. Self-report-only gave the greatest protection for client

confidentiality. However, the trainees did not express concern about the client's reaction when using audiotaping or self-report-only. These are two methods that do not expose the client to more than one person at a time and keep the client's confidentiality intact.

Birk (1972) found that counselor trainees with no previous counseling experience preferred a more structured orientation to learn counseling skills. We know from experience that live and co-therapy supervisory modalities provide the necessary feedback on skill acquisition which in turn provides more structure because of the immediacy of the feedback and the close physical proximity between the counselor trainee and the supervisor. This structure of counselor skills training and feedback helps the counselor to develop effective counseling skills.

When future research addresses student preferences for supervision modalities, the availability of the different modalities need to be accounted for in their program. Supervisors' preferences may also have to be investigated before valid conclusions can be reached on trainees' preferences for supervisory modalities. Different supervisors may prefer specific supervisory modalities, never giving trainees a choice of modality. For example, audiotaping is more practical and feasible for many trainees and supervisors, because of the mobility factor. The apparatus for listening to audiotapes is very mobile, especially in our electronic age. Being so mobile makes it possible to use the audiotapes with earphones, automobile cassette players, or portable cassette players.

Future research also needs to investigate if the way programs are designed influences the choices and availability of supervisory modalities. Availability of equipment, personnel, and time may be the deciding factors in the selection of supervisory

modalities and not the trainees' choice. Further research can investigate the reasons for trainees' choices of modalities and strengths and problems associated therewith.

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APPENDIX A
SURVEY QUESTIONNAIRE

SURVEY QUESTIONNAIRE

*Oklahoma State University*APPLIED BEHAVIORAL STUDIES IN EDUCATION
COLLEGE OF EDUCATIONSTILLWATER, OKLAHOMA 74078-0254
NORTH MURRAY HALL 116
405-744-6040

Dear Fellow Graduate Student:

As part of a research project studying the supervision of graduate students in counselor training, we are interested in your perceptions of the use of and strengths and weaknesses of various types of supervision techniques used in your supervision. Authors have claimed superiority of one modality of supervision over others; yet little data are currently available regarding graduate students' opinions on the issue. Our research is designed to help fill this gap.

We desire your help in this project. The enclosed survey is being sent to a representative sample of graduate students in counselor training. Understanding the many demands made upon your time, we have designed this survey so as to minimize the time required to help us with our research. We have provided a self-addressed stamped envelope for your convenience in returning this survey.

We want to assure you that your responses will be kept confidential and that only group data will be reported. The code listed in the upper right hand corner of the instrument will be used only for follow-up purposes. We plan on sharing our findings through publication in an appropriate journal and will additionally send you our findings if you will so indicate by returning a separate request for the results.

We look forward to receiving your completed survey as soon as possible. If you have any questions regarding this study, please do not hesitate to contact us at the above number or the OSU Institutional Review Board Office at (405) 744-9991.

Thank you for sharing your time and input.

Sincerely,

Barbara J. Whisenhunt

John S. C. Romans, Ph.D.

Supervision Questionnaire

1. Which of the following best describes your degree program?

Counseling Psychology Marriage and Family Therapy
 Clinical Psychology Counselor Education/Community Counseling
 School Psychology Other: Name _____

2. What is your highest degree earned to date?

B.A., or B.S. PsyD.
 M.A., M.S., or M. Ed. Ed. D.
 Ph. D. Specialist Degree

3. Towards what degree are you presently working?
-
- Masters
-
- Doctoral

4. Age at last birthday: _____ Sex: Male _____ Female _____

5. Ethnicity: Caucasian _____ African Am. _____ Asian Am. _____ Native Am. _____
-
- Hispanic/Latin Am. _____ Other: Please Specify _____

6. Which
- one
- of the following best describes your theoretical perspective toward therapy?

Behavioral Developmental Eclectic/Metatheoretical
 Social Learning Psychodynamic Cognitive Behavioral
 Humanistic Family Systems Other (specify)
 Existential

7. Does your program have its own on-site training clinic where students see clients?
-
- Yes
-
- No

8. If your program has a on-site clinic, approximately what percentage of your total required practicum time is completed in this clinic? (0 - 100) _____ Not Applicable _____

9. If your practicum is done off site, approximately what percentage of total practicum time is required? (0 - 100) _____ Not Applicable _____

10. Does your program have a course solely devoted to the
- theory
- of supervision?
-
-
- Yes (course required)
-
- Yes (course not required)
-
- No

11. Does your program have a course solely devoted to the
- practice
- of supervision?
-
-
- Yes (course required)
-
- Yes (course not required)
-
- No

12. How many
- years
- of experience in counseling did you have before entering this program?
-
- 0 _____ Less than 1 _____ 1-2 _____ 3-4 _____ 5 or More _____

13. Please indicate the total amount of real client contact hours you have devoted to each of the following since you began your program.

PRACTICUM: Client contact hours _____ WORK RELATED: Client contact hours _____

16. For each modality of supervision, using the following scale, please indicate the modality of supervision you prefer in your training.

<u>SCALE</u>		<u>MODALITIES</u>				
0	Never use					
1	Seldom use					
2	Sometimes use					
3	Often use					
4	Almost always use					
N/A	Not available					
		Live	Audio-tape Review	Video-tape Review	Co-therapy	Process/Self Report Only
		_____	_____	_____	_____	_____

17. For each modality of supervision, using the following scale, please rate the degree to which the following strengths apply to your using that modality of supervision in your training.

<u>SCALE</u>		<u>MODALITIES</u>				
0	Does not apply					
1	Somewhat applies					
2	Moderately applies					
3	Significantly applies					
4	Greatly applies					
		Live	Audio-tape Review	Video-tape Review	Co-therapy	Process/Self Report Only
		_____	_____	_____	_____	_____
	<u>STRENGTHS</u>					
	Immediacy of feedback	_____	_____	_____	_____	_____
	Allows for indepth discussion of issues	_____	_____	_____	_____	_____
	Heightens skill acquisition	_____	_____	_____	_____	_____
	Promotes learning from peers	_____	_____	_____	_____	_____
	Allows for processing of nonverbals	_____	_____	_____	_____	_____
	Alleviates supervisees' anxiety	_____	_____	_____	_____	_____
	Protects client confidentiality	_____	_____	_____	_____	_____
	Allows for immediate modeling of counseling technique	_____	_____	_____	_____	_____
	Allows for development of personal relationship between supervisor and supervisee	_____	_____	_____	_____	_____
	Allows for supervisor/supervisee to work together	_____	_____	_____	_____	_____

Comments

14. For each modality of supervision, using the following scale, please indicate how frequently your supervisor uses each modality of supervision as part of your training.

<u>SCALE</u>		<u>MODALITIES</u>				
0	Never use	Live	Audio-tape Review	Video-tape Review	Co-therapy	Process/Self Report Only
1	Seldom use					
2	Sometimes use					
3	Often use					
4	Almost always use					
N/A	Not available					

15. For each modality of supervision, using the following scale, please rate the degree to which the following concerns would appear to you to be a problem in using that modality of supervision in your training.

<u>SCALE</u>		<u>MODALITIES</u>				
0	No problem	Live	Audio-tape Review	Video-tape Review	Co-therapy	Process/Self Report Only
1	Little problem					
2	Moderate problem					
3	Significant problem					
4	Great problem					
<u>CONCERNS</u>						
Too Time Consuming		_____	_____	_____	_____	_____
Lack of Facilities		_____	_____	_____	_____	_____
Theoretically Opposed		_____	_____	_____	_____	_____
Ethical Concerns:						
Confidentiality		_____	_____	_____	_____	_____
Client Welfare		_____	_____	_____	_____	_____
Other: Specify _____		_____	_____	_____	_____	_____
Concern About Client Reactions		_____	_____	_____	_____	_____
Concern About Supervisor Reactions		_____	_____	_____	_____	_____
Ineffective Mode of Supervision		_____	_____	_____	_____	_____

APPENDIX B

WRITTEN TELEPHONE SYNOPSIS

WRITTEN TELEPHONE SYNOPSIS

My name is Barbara Whisenhunt and I am a student at Oklahoma State University. I am doing research for a thesis to fulfill requirements for a Masters Degree in Counseling and Student Personnel with my specialty in Community Counseling.

I am contacting you to ask for your cooperation in distributing 10 questionnaires and self-addressed stamped envelopes to graduate students who are currently doing their practicum or internship in counselor training.

The packet will be sent to you or whoever you designate to receive the packet. Of course, it would be the students' responsibility to complete and return them.

The purpose of the study is to look at graduate counselor trainees' preference for and their current use of the various modalities of supervision used in their training.

I can send more than 10 if you have more than 10 student counselor trainees. If you have both masters level and doctoral level students, would it be possible for you to randomly distribute 5 to masters' level students and 5 to doctoral students?

I will also include in the packet a letter of instruction referring back to our conversation today. Thank you so much for your time and cooperation.

APPENDIX C

LETTER OF INSTRUCTION TO PROGRAM CHAIR

LETTER OF INSTRUCTION TO PROGRAM CHAIR

February 16, 1993

Barbera J. Whisenhunt
University Testing & Evaluation Services
111 North Murray Hall
Stillwater, OK 74078-0254

<NAME>
<TITLE>
<COLLEGE>
<ADDRESS>
<CITY><STATE><ZIP>

<SALUTATION>

In reference to our telephone conversation of February 16, you will find enclosed research questionnaires and self-addressed stamped envelopes. I appreciate your cooperation in distributing these to the masters level and doctoral level students in the counseling program, as discussed.

Again, I would like to thank you for helping me gather research data to complete my Masters Degree in Community Counseling. If you have any questions or need further clarification concerning the study or questionnaire, please contact me at (405) 765-4977 or at (405) 744-5958, University Testing & Evaluation Services.

Sincerely,

Barbera J. Whisenhunt
Principal Investigator

APPENDIX D
STATISTICAL TABLES

TABLE I
 NUMBER OF SUBJECTS, MEANS, AND STANDARD
 DEVIATIONS BY TRAINEE LEVEL FOR
 PREFERRED AND CURRENT USE
 OF SUPERVISORY MODALITIES

Supervisory Mode	Level of Training								
	Beginner			Intermediate			Advanced		
	N	M	SD	N	M	SD	N	M	SD
<u>Preferred</u>									
Live	42	2.05	1.34	43	2.21	1.52	45	2.20	1.53
Audio	41	2.07	1.50	43	2.14	1.57	48	2.16	1.55
Video	45	2.86	1.1	45	2.71	1.27	46	2.61	1.20
Co-therapy	40	1.32	1.02	41	1.61	1.16	46	1.54	1.26
Self-report	45	2.11*	1.55	46	2.45	1.53	48	2.96*	1.24
<u>Current Use</u>									
Live	46	1.78	1.50	45	1.98	1.50	47	2.02	1.55
Audio	43	1.95	1.67	45	2.18	1.71	49	2.04	1.60
Video	47	2.66*	1.34	45	2.20	1.47	48	1.89*	1.39
Co-therapy	45	0.38*	0.71	44	0.93*	1.12	45	0.95*	1.00
Self-report	48	2.00*	1.30	47	2.40	1.50	48	2.89*	1.19

* $p < .05$

TABLE II
 SUBJECT NUMBER, MEANS, AND STANDARD
 DEVIATIONS BY REGION FOR PREFERRED
 AND CURRENT USE OF
 SUPERVISOR MODALITIES

<u>Supervisory Mode Preferred</u>	<u>Regions</u>								
	<u>Central</u>			<u>Eastern</u>			<u>Western</u>		
	N	M	SD	N	M	SD	N	M	SD
Live	42	2.50	1.62	29	1.72	1.19	64	2.06	1.40
Audio	47	2.1*	1.53	29	2.96*	1.29	61	1.85*	1.61
Video	46	2.74	1.20	30	2.70	1.12	65	2.75	1.20
Co-therapy	42	1.74	1.15	28	1.28	0.97	62	1.45	1.24
Self-report	48	2.79*	1.35	28	1.93*	1.56	66	2.51	1.48
<u>Current Use</u>									
Live	47	1.98	1.67	29	1.34*	1.17	66	2.15*	1.44
Audio	48	2.06	1.64	31	2.68*	1.40	63	1.82*	1.69
Video	48	2.10	1.45	31	2.32	1.27	66	2.32	1.44
Co-therapy	45	0.91	0.99	27	0.63	0.92	65	0.71	1.01
Self-report	49	2.47	1.40	31	2.26	1.46	67	2.52	1.30

* $p < .05$

APPENDIX E

INSTITUTIONAL REVIEW BOARD APPROVAL

INSTITUTIONAL REVIEW BOARD APPROVAL

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
FOR HUMAN SUBJECTS RESEARCH

Date: 02-10-93

IRB#: ED-93-046

Proposal Title: GRADUATE LEVEL STUDENTS PREFERENCES AND
PREFERRED MODALITIES OF SUPERVISION IN COUNSELOR
TRAINING

Principal Investigator(s): John Romans, Barbara Whisenhunt

Reviewed and Processed as: Exempt


Approval Status Recommended by Reviewer(s): Approved

APPROVAL STATUS SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD AT NEXT MEETING.
APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD APPROVAL. ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR APPROVAL.

Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval are as follows:

MODIFICATIONS RECEIVED AND APPROVED

Signature:


Chair of Institutional Review Board

Date: February 10, 1993

VITA 2

Barbara Jean Whisenhunt

Candidate for the Degree of

Master of Science

Thesis: GRADUATE LEVEL STUDENTS' PREFERRED MODALITIES OF
SUPERVISION IN COUNSELOR TRAINING

Major Field: Counseling and Student Personnel

Biographical:

Personal Data: Born in Ponca City, Oklahoma, March 15, 1942, the daughter of Olin Lewis and Georgia Neal Harris.

Education: Graduated from Ponca City High School, Ponca City, Oklahoma in May 1961; attended Northern Oklahoma College, Tonkawa, Oklahoma, 1988; received Bachelor of Science degree majoring in Psychology with a minor in General Business Administration at Oklahoma State University, Stillwater, Oklahoma, May 1991; completed requirements for the Master of Science degree at Oklahoma State University, July, 1993.

Professional Experience: Practicum and Internship, Conoco Inc., Ponca City, Oklahoma, 1992-1993; Graduate Research Assistant, Oklahoma State University, Stillwater, Oklahoma, 1991-1993; Grief Counselor, Grace Memorial Chapel, Ponca City, Oklahoma, 1989-1990; Administrative Assistant to Senior Vice President, Sooner Life Insurance Company, Ponca City, Oklahoma, 1980-1986; Office Manager, Officers Auto Service, Ponca City, Oklahoma, 1976-1979; Co-owner, Humble Concrete Company, Ponca City, Oklahoma, 1972-1975.