

**AN EVALUATION OF THE GETZ - ROANOKE COUNTY SCHOOL  
DIVISION'S SCHOOL COUNSELOR PEER GROUP CLINICAL  
SUPERVISION PROGRAM**

by

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**(ABSTRACT)**

Getz - Roanoke County Peer Group Clinical Supervision Program (G-PGCS) was designed and implemented for K-6 school counselors by Getz, Assistant Professor, Virginia Tech, and Kelly, Counseling and Guidance Director for Roanoke County, Virginia, School Division. G-PGCS began in the fall of 1994 and has continued to the present; however, there have been no studies on the clinical supervision effects of the program. Therefore, the purpose of this study was to conduct a qualitative evaluation of G-PGCS.

The evaluation participants in this evaluation included Kelly, Roanoke County (1997-98) K-5 school counselors, Roanoke County School System's Career Counseling and Guidance Coordinator, and selected elementary school principals. The sources of data for the evaluation included interviews with selected evaluation participants, Semantic Differential Scales (SDS) designed for this evaluation, the Job Satisfaction Blank (JSB; Hoppock, 1935), a counselor burnout SDS (Cummings and Nall, 1983), an informal observation of a G-PGCS session, responses to an anonymous memorandum, program documents, and videotape reviews of four G-PGCS sessions. Interview guides were formulated for the interviews. The SDS was designed to measure meanings of supervision concepts and to provide conformation data on the G-PGCS counselor interviews.

G-PGCS session tape reviews and informal observation found the G-PGCS counselors' clinical supervision skills to be adequate. As a result of participation in G-PGCS, the K-5 counselors interviewed reported gains in counseling skills, positive professional changes, and personal growth. JSB and burnout SDS means of the G-PGCS counselors indicated that they have a high job satisfaction and low counselor burnout levels. G-PGCS counselors' JSB mean was significantly higher than the post-test counselor JSB means reported in Crutchfield and Borders (1997). In addition, G-PGCS counselor burnout SDS means indicated a low burnout level, and when compared with low burnout counselor means reported in Cummings and Nall (1983). Although, the evaluator did not attribute G-PGCS means on the JSB or burnout SDS to membership in G-PGCS, these means indicated G-PGCS could have contributed to the scores; further study is needed in this area.

The counselors identified the strengths of G-PGCS to be increased peer support and self-awareness, learning new counseling techniques and skills, G-PGCS supervision feedback, and a greater sense of professionalism. In addition, the counselors cited G-PGCS administrative support, training, and structure as strengths. Interviews with Kelly and the principals and program documents confirmed G-PGCS gains and strengths. The SDS developed for this study also confirmed the skill and professional gains and strengths of G-PGCS.

In the counselor interviews and anonymous responses, three general weaknesses or barriers of G-PGCS were reported. Group membership and/or dynamics were cited as a weakness because some of the counselors wanted to change group membership periodically, and at least one of the groups were not able to handle a group dynamics issue. The other two weaknesses or barriers were the lack of adequate time for clinical supervision and occasional time pressure to tape a counseling session for supervision. Although responses in the

Kelly and principal interviews confirmed these weaknesses, only 29% of the principals interviewed cited G-PGCS weaknesses. No weaknesses of G-PGCS were found in the statistical analysis of the SDS.

Recommendations were made to address the weaknesses, for program replication, and further research. With administrative support and modifications, G-PGCS can be replicated to meet the clinical supervision needs of school counselors. Further research including an experimental pre- and post observation study is needed to find specific G-PGCS program gains. Finally, G-PGCS counselors need clinical supervision training reinforcement and at least a three-year comprehensive evaluation.

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## **DEDICATION**

This study is dedicated to all the students and parents  
I have had the privilege to counsel.

I also dedicate this dissertation to my wife, Pat,  
and our two daughters, Elizabeth and Jennifer.  
Without their help and support over the years,  
I would not have completed my studies.

## TABLE OF CONTENTS

	<u>Page</u>
ABSTRACT .....	ii
ACKNOWLEDGEMENTS .....	v
DEDICATION .....	vii
TABLE OF CONTENTS.....	viii
LIST OF TABLES IN TEXT .....	xi
LIST OF TABLES IN APPENDIX.....	xiii
CHAPTER	
I        INTRODUCTION .....	1
Statement of the Problem .....	5
Purpose of the Study.....	6
Rationale.....	6
Research Questions .....	10
Definitions .....	11
Limitations.....	13
Overview.....	13
II      REVIEW OF THE LITERATURE .....	14
Clinical Supervision Research Background.....	14
Peer Group Clinical Supervision Descriptions .....	16
Group Clinical Supervision.....	17
Peer Clinical Consultation.....	19
Peer Group Clinical Supervision.....	19
Clinical Supervision Effects On Experienced Professionals....	21
Effects of Overlapping Supervision.....	22
Job Satisfaction .....	25
Professional Development.....	25
Burnout .....	27
Counseling Skill Development .....	29

Group Clinical Supervision Effects.....	30
School Counseling Effects .....	33
Current Practice of School Counselor Supervision .....	35
Summary .....	41
<b>III METHODOLOGY .....</b>	<b>43</b>
Research Questions .....	43
Description of the Population .....	44
Sources of Data.....	45
Data Collection Plan.....	51
Analysis.....	53
Analysis Summary.....	56
<b>IV FINDINGS .....</b>	<b>60</b>
Introduction.....	60
Section One: Data and the Evaluation Questions .....	63
Question 1 .....	63
Question 2 .....	69
Question 3 .....	75
Question 4 .....	85
Question 5 .....	105
Question 6 .....	110
Question 7 .....	115
Section One Summary.....	118
Section Two: Other Evaluation Feedback .....	132
Section Two Summary .....	146
<b>V INTERPRETATIONS AND RECOMMENDATIONS.....</b>	<b>147</b>
Evaluation Interpretations of the Findings and Judgments....	147
Question 1 .....	148
Question 2 .....	150
Question 3 .....	152
Question 4 .....	155
Question 5 .....	158
Question 6 .....	162
Question 7 .....	164
Recommendations .....	166

Getz-Roanoke County Peer Group Clinical Supervision Program.....	166
Replication Recommendations.....	170
Recommendations for Further Research.....	172
Summary Remarks .....	173
 REFERENCES.....	175
 APPENDICES.....	190
 A Job Satisfaction Blank (Hoppock, 1935) and Data Information Form.....	190
 B Interview Guides .....	193
 C G-PGCS Semantic Differential and Counselor Burnout Semantic Differential .....	196
 D Memorandums To Participants .....	202
Anonymous Response Request Memorandum ....	203
Video Tape Request and Directions .....	204
Interview Transcript Review Request Memorandum.....	205
 E Tables of Factor Analysis of G-PGCS Semantic Differential.....	206
 F Permission Request and Approvals.....	215
 G Informed Consent .....	221
 VITA .....	225

## List of Tables In the Text

Table	Page
1. Means and Standard Deviations of Skill Gain Concept Semantic Differential Adjectives Interpreted by Dimension .....	68
2. Means and Standard Deviations of Professional Gain Concept Semantic Differential Adjectives Interpreted by Dimension .....	74
3. G-PGCS Counselors' and Crutchfield and Borders (1997) Counselor Sample's JSB Means, Standard Deviations, and t-test.....	81
4. G-PGCS Counselors' and Cummings and Nall (1983) Counselor Sample's Burnout Semantic Differential Means, Standard Deviations, and t-test .....	84
5. Means and Standard Deviations of Peer Clinical Supervision Concept Semantic Differential Adjectives Interpreted by Dimension.....	91
6. Means and Standard Deviations of Supervision Session Concept Semantic Differential Adjectives Interpreted by Dimension .....	93
7. Means and Standard Deviations of Counseling Relationship Concept Semantic Differential Adjectives Interpreted by Dimension .....	95
8. Means and Standard Deviations of Supervision Feedback Concept Semantic Differential Adjectives Interpreted by Dimension .....	97
9. Means and Standard Deviations of Administrative Support Concept Semantic Differential Adjectives Interpreted by Dimension .....	99

10.	December 15, 1997, G-PGCS Session Observation Analysis, May, 1997, Evaluation .....	117
11.	Most Helpful Outcome of G-PGCS Program, May, 1997, Evaluation .....	119
12.	Most Helpful Outcomes From Peer Group Supervision, May, 1997, Evaluation .....	121
13.	Summary of Skill Gain Interview Responses.....	123
14.	Summary of Professional Change Interview Responses .....	124
15.	Summary of Personal Gain Interview Responses.....	125
16.	Summary of Strengths Found In the Interview Responses .....	126
17.	Summary of Weaknesses Found In the Interview Response.....	127
18.	Summary of Barriers Found In the Interview Responses .....	128
19.	"What Would You Like To Learn" In Supervision Training, August, 1994, Survey.....	134
20.	"What Has Helped In Counseling Work" January, 1995, Survey .....	136
21.	Summary of Recommendations Found In Interview Responses .....	144

List of Tables In the Appendix E  
Factor Analyses of SDS

Table	Page
E-1 Structure Matrix, Peer Clinical Supervision Concept .....	208
E-2 Structure Matrix, Professional Change Concept .....	209
E-3 Structure Matrix, Peer Group Clinical Supervision Concept .....	210
E-4 Structure Matrix, Skill Gains Concept.....	211
E-5 Structure Matrix, Counseling Relationship Concept.....	212
E-6 Structure Matrix, Supervision Feedback Concept.....	213
E-7 Structure Matrix, Administrative Support Concept .....	214

## **CHAPTER I**

### **INTRODUCTION**

The role and function of school counselors have evolved and changed since the beginning of this century. Initially, providing vocational guidance was the central function of school counselors. This approach meant counselors helped students choose a vocational identity. As society and the needs of children changed in the United States, a counseling model which evolved out of the vocational model became prevalent (Gysbers, 1990; Schmidt, 1993). Now, in addition to transitional issues children face, demographic descriptions of many children's and adolescents' lives include poverty, violence, and divorce (Glosoff & Koprowicz, 1990). As a result of these changes, school counselors are now required to offer specialized assistance to students (Schmidt, 1993). For example, school counselors provide counseling services for many of the more than one million children annually experiencing the divorce of their parents (U. S. Bureau of the Census, 1995). In recognizing the needs of children, the most recent role statement of the American School Counselor Association (1990) listed counseling as one of the primary missions of school counselors. Consequently, clinical counseling has become a fundamental part of a school counselors' practice (Paisley & Borders, 1995).

Although there are differences between elementary and secondary school counseling and guidance services, "counseling" has been found to be the most prevalent activity of school counselors (Hardesty & Dillard, 1994; Partin, 1993; Tennyson, Miller, Skovholt, & Williams, 1989; Wilgus & Shelley, 1988).

Furthermore, in a survey of National Certified Counselors, Roberts and Borders (1994) reported school counselors spent a “majority of their time in individual or group counseling” (p. 152). Some states (e.g., Mississippi, North Carolina, Texas) have counseling and guidance standards with an emphasis on counseling (Henderson, 1994).

Since counseling has become a more prevalent function, there has been a call for clinical supervision of school counselors (Borders, 1991b; Boyd & Walter, 1975; Crutchfield & Borders, 1997). However, most school counselors do not receive clinical supervision; hence, this shortcoming has been identified as a problem (Borders & Usher, 1992; Roberts & Borders, 1994; Sutton & Page, 1994). Boyd and Walter (1975) contrasted the professional life of the school counselor to a cactus plant: “both survive on a minimum of nutrients from the environment” (p. 103). This metaphor illustrates the lack of clinical supervision and the need for school counselors to maintain and improve counseling skills. The School Counseling Task Force of the American Association of Counseling and Development (1989), (now American Counseling Association), echoed the need for clinical supervision of school counselors and asserted “proper supervision of school counselors is lacking at best, non-existent at worst” (p. 20). Presently, few counselors receive clinical supervision; for example, 20% of Maine’s (Sutton & Page, 1994) to 37% of North Carolina’s (Roberts & Borders, 1994) school counselors reported receiving clinical supervision.

What is clinical supervision? Clinical supervision is an ongoing intervention provided by member(s) of the profession to help another member of

the profession gain skills in the profession and monitor the “quality of professional services” given to clients (Bernard & Goodyear, 1992, p. 4; Hart, 1982). With this definition in mind, another problem regarding clinical supervision of school counselors has surfaced. That is, how can school counselors be given clinical supervision (Barret & Schmidt, 1986)?

Most school counselors receive an administrative type of supervision (Borders & Usher, 1992; Roberts & Borders, 1994; Sutton & Page, 1994). However, administrative supervision is not the same as clinical supervision (Bernard & Goodyear, 1992). To clarify the differences, Barret and Schmidt (1986) identified three categories of school counseling supervision: administrative, clinical, and developmental. Principals deliver administrative supervision which may include monitoring attendance, budgets, and student records. Program development administration is provided by program directors or principals. Guidance or counseling programs, for example career development plans, fall into developmental supervision. The supervision of counseling, defined here as clinical supervision, is different from developmental supervision and should be carried out by trained and certified counselors (Barret & Schmidt, 1986; Paisley & Benshoff 1996). However, most school counselor supervisors (principals) do not have training in guidance and counseling (Lampe, 1985; Matthes, 1992; Wilson & Remley, 1987).

To summarize, the role and functions of school counselors have changed dramatically since the beginning of this century (Baker, 1992; Schmidt, 1993). As a result, the focus of school counseling has shifted to individual and group

counseling; consequently, a need for clinical supervision has been recognized. However, a majority of school counselors do not receive clinical supervision, and most school systems do not have supervisors trained in counseling. Furthermore, there has been very little research or description of clinical supervision of school counselors in the literature (Borders & Usher, 1992; Borders & Leddick, 1988; Roberts & Borders, 1994; Sutton & Page, 1994). As a result, Borders and Usher (1992) have called for school systems to design methods to meet the clinical supervision needs of school counselors. Two programs, peer clinical supervision and peer consultation of school counselors, have been described and researched (Benshoff & Paisley, 1996; Borders, 1991a; Crutchfield & Borders, 1997). However, these programs are not ongoing, and there is no evidence of a systematic implementation.

To meet the need for clinical supervision for school counselors, Getz (1997) designed, trained, and helped implement a peer group clinical supervision program (G-PGCS) for K-6 counselors in Roanoke County, Virginia. G-PGCS has been ongoing for over three years and has become a systematic clinical supervision program for K-6 school counselors in Roanoke County. During the first year, using a variety of methods, Getz (1997) provided clinical supervision training sessions for all K-6 Roanoke County counselors monthly for nine months. Some of the training methods included role play, family sculpting, and Interpersonal Process Recall (Kagan, 1976). At the beginning of the second year, the K-6 counselors were assigned into peer groups of four. During the second and third year, the G-PGCS school counselor groups met routinely and

continued to clinically supervise each other. Although Getz was the program's consultant until the end of the third year, she gradually reduced her consultation as the clinical supervision skills of the peer groups increased. At present, the K-6 Roanoke County counselors are continuing to have two-hour bimonthly peer supervision sessions without Getz's services. Thus, G-PGCS may be a feasible program of clinical supervision, but the effect of the program on the K-6 Roanoke County school counselors has not been studied.

### **STATEMENT OF THE PROBLEM**

As a result of school counselors' participation in an ongoing clinical supervision program, the counseling benefits for students have not been studied. G-PGCS is an ongoing clinical supervision program, but is G-PGCS an effective clinical supervision program for school counselors? G-PGCS may be a viable clinical supervision program, but it has not been evaluated. The School Counseling Task Force of the AACD (1989) noted the problem of the lack of research relevant to school counseling supervision. According to Paisley and Borders (1995), studies of innovative clinical supervision programs for school counselors are a "critical" need. In response, Getz (1997) has written an unpublished historical description of the program. In addition, G-PGCS counselors have completed several surveys and one brief evaluation, but the surveys and evaluation have not analyzed. Thus, the overall effects of G-PGCS have not been evaluated.

## **PURPOSE OF THE STUDY**

The purpose of this study is to conduct a qualitative evaluation of the G-PGCS program (Patton, 1982). Based on participants' reported professional and skill development and behaviors, this study generated an evaluative report on the effects of G-PGCS, provides baseline data for further study, and describes replication potentials.

## **RATIONALE**

Crutchfield and Borders (1997) claimed that practicing counselors' skill performance is affected adversely by the lack of clinical supervision. According to Bernard and Goodyear (1992),

The helping professional who has gained experience without the benefit of [clinical] supervision is likely to have acquired skills and work habits that are at variance with usual standards of practice (p. 1).

It is difficult to gauge the accuracy of their statement for veteran counselors. The samples used in most of the studies to substantiate counselor skill development were trainees in post-graduate degree programs and not practicing counselors (Bradley & Olson, 1980; Hill, Charles, & Reed, 1983; Reising & Daniels, 1983; Spooner & Stone, 1977; Wiley & Ray 1986). Studies have shown a positive relationship between supervision and student counselor trainee skill development (Kivlighan, 1989; McNeill, Stoltenberg, & Romans, 1992; Stoltenberg, Pierce, & McNeill, 1987; Wiley & Ray, 1986). Although Wiley and Ray's (1986) student trainee sample had an average of 1.2 years of previous non-supervised counseling experience, no significant differences between non-supervised

experience and developmental level were found. Perhaps study findings using student trainee samples can be generalized to experienced counselors, but the professional demands and roles of experienced counselors are vastly different from student trainees (Skovholt & Ronnestad, 1992). At present, there is not definitive work establishing the effect of clinical supervision on practicing counselors' skills.

The findings of one qualitative study suggested that the lack of clinical supervision may stagnate the professional development of experienced counselors and therapists, but Skovholt's and Ronnestad's (1992) sample were experienced Ph.D. and Ed.D. professionals. None were school counselors. Although the profession development of school counselors may parallel Skovholt and Ronnestad's (1992) professional life span model, school counseling is a "specialty" within the counseling profession (Baker, 1992; Paisley & Borders, 1995). More study is needed on the impact of supervision or the lack of it on the professional development of school counselors.

Getz's (1997) G-PGCS is an ongoing clinical supervision program for experienced school counselors. With the exception of Henderson and Lampe (1992), there is no other description and/or study of an ongoing clinical supervision program of practicing school counselors. Although Henderson and Lampe (1992) cited two counselor statements regarding the success of the program, no evaluation of the program was presented. The G-PGCS program is different from Henderson and Lampe's (1992). While the modality of Henderson and Lampe's program (1992) is one-on-one, G-PGCS is peer group.

G-PGCS is also different from what may be the most widely used method of clinical supervision of school counselors, self-report. When given, the prevailing school counselor clinical supervision method appears to be self-report (Roberts & Borders, 1994). Counselors using the self-report method establish a supervision goal, monitor their behavior, and make changes to meet the goal. However, the self-report modality or form has not been tested or studied (Bernard & Goodyear, 1992). Self-report clinical supervision may be acceptable when there are no other opportunities for clinical supervision (Bernstein & Hofman, 1987). Nonetheless, the future of self-report as a viable method of clinical supervision has been questioned (Bernard & Goodyear, 1992). Holloway (1988) and Williams (1988) questioned the logic of self-report, and Williams (1988) compared self-report to playing chess "without seeing the pieces" (p. 22). Holloway (1988) stressed that without direct observation, video, or audio tapes, clinical supervision loses

- (a) independent judgment regarding a client's problem, and (b) illustrating directly with the case in question how to draw inferences from client information (p. 256).

G-PGCS may be a feasible alternative, and its methods may satisfy clinical supervision conditions Holloway (1988) claims are missing in self-report. However, G-PGCS needs to be evaluated.

G-PGCS is a structured peer group clinical supervision method of clinical supervision (Getz, 1997). A variation of this method, Systematic Peer Group Supervision (SPGS), has been tested; however, compared to no supervision, the results were not significant (Crutchfield & Borders, 1997). There are some

distinct implementation differences between G-PGCS and the SPGS study. The sample used in testing SPGS was not given supervision training; furthermore, the sample was 29 volunteer counselors from several school districts in North Carolina (Crutchfield & Borders, 1997). All the counselors in the G-PGCS program came from the same school system and were given nine one-hour training sessions in clinical supervision (Getz, 1997). G-PGCS has been ongoing for over three years, while SPGS is not ongoing; the length of time of the SPGS program was two and one half months (Crutchfield & Borders, 1997; Getz, 1997).

Effects of job satisfaction and burnout on experienced counselors, including school counselors, have been researched. Evans and Hohenshil (1997) found the focus of supervision dimensions significantly impacted substance abuse counselors' job satisfaction. Job satisfaction was higher if the focus of supervision was clinical and lower if the focus was administrative and clinical. Moreover, Murray (1995) found elementary school counselors' job satisfaction as related to supervision had dropped significantly in ten years. Murray (1995) surmised the absence of clinical supervision may have impacted the drop in job satisfaction. Dissatisfaction with supervision was found to be a significant factor in burnout with a sample of counselors from Oregon (Davis, Savicki, Cooley, & Firth, 1989). Moreover, school counselors' statements reported in Davis and others (1989) indicated the lack of clinical supervision was a major factor in burnout. Consequently, a measure of job satisfaction and/or burnout helps describe G-PGCS counselors and provides some baseline data for future study.

In summary, the rationale for conducting this study is based on the following.

1. There is a need to study clinical supervision programs for school counselors.
2. G-PGCS program contains a combination of elements previously unevaluated on counselor development and effects of clinical supervision:
  - an ongoing clinical peer group clinical supervision program,
  - a clinical supervision program for experienced school counselors,
  - a clinical supervision program within a school system and not a university setting,
  - a viable alternative to self-report, and
  - an alternative to a more costly one-on-one clinical supervision (Hamlin & Timberlake, 1982).
3. G-PGCS needs to be evaluated.

## **RESEARCH QUESTIONS**

1. As a result of membership in G-PGCS, what counseling skills do the participants in the evaluation believe the G-PGCS counselors have gained and/or improved?
2. As a result of membership, what are the changes evaluation participants report in G-PGCS counselors' professional behavior?
3. As a result of membership, what, in the opinion of G-PGCS evaluation participants, are personal gains or outcomes of the G-PGCS counselors?

4. What, in the opinion of G-PGCS evaluation participants, are the strengths of G-PGCS?
5. What, in the opinion of G-PGCS evaluation participants, are the weaknesses of G-PGCS?
6. What are the barriers to the implementation of G-PGCS?
7. Do the G-PGCS counselors have an adequate level of clinical supervision skills?

## **DEFINITIONS**

The following definitions are used for the purposes of this study.

Clinical Supervision - Clinical supervision is an ongoing intervention provided by members of the profession (supervisors) to help “another member of the profession (supervisee) acquire appropriate professional behavior” and monitor the “quality of professional services” given to clients (Bernard & Goodyear, 1992, p. 4; Hart, 1982, p. 12).

Group Clinical Supervision - Clinical supervision given in a group. Group clinical supervision usually has the same group leader in all supervision sessions. The locus of control of the group is with a leader trained in supervision. The group leader sets the supervision agenda, controls what is discussed, and is “always in charge” (Kadusdin, 1985). Peer group supervision and consultation are variations of group supervisions.

Peer Group Clinical Supervision - Peer group clinical supervision is systematic and ongoing. All members of the peer group supervise each other. Supervision

leadership may be shared in all supervision sessions (e.g., Fraleigh & Buchheimer, 1969), or rotated each session.

Peer Group Clinical Consultation - Peer Group Clinical Supervision may have the same structure as peer supervision but is not ongoing (Bernard & Goodyear, 1992). Sessions may not be systematic and usually begin and terminate on a case by case basis (Richard & Rodway, 1992).

Counseling Skills - Counseling skills are identified by Hutchins and Vaught (1997) as the basic skills in a helping relationship. Examples of these skills include listening for understanding, clarifying and the use of silence, confrontation.... Getz (1997) identified the counselor's proficiency in case conceptualization as an important counseling skill.

Professional Behavior - Professional behavior includes the counselors' ethical behaviors and their willingness to improve skills (e.g., referral skills, avoiding dual relationships, and participation in services, etc.).

Personal Behavior - This behavior relates to the counselors' self-concept, peer, and professional relationships (e.g., the confidence the counselor exhibits in a parent conference).

Professional Development - Profession development is an individual's progress and process of "improving his/her competence" within a profession (Skovholt & Ronnestad, 1992). Lerner (1986) identified characteristics of development; that is, development implies systematic change over a period of time.

## **LIMITATIONS**

The population (school counselors) of this study is from a single school system. Furthermore, the evaluation participants are K-5 counselors and elementary administrators. As a result, the findings of the evaluation of G-PGCS may not be generalized to other K-5 school counselors and to other levels of school counselors.

In addition, the scope of this evaluation is limited to the opinions and beliefs of the evaluative participants. Therefore, gains due to G-PGCS and usual counselor maturation may not be describable. Although one of the purposes of this evaluation is to describe replication potentials, G-PGCS was designed and implemented specifically for the Roanoke County, Virginia, School System. Replication of G-PGCS may require modification.

## **OVERVIEW**

This study proposes to evaluate the Getz-Peer Group Clinical Supervision (G-PGCS) program. Providing needed research on an ongoing innovative school counselor clinical supervision method is a primary rationale for this study. The distinctive features and viability of G-PGCS are unique, and this evaluation could provide a feasible clinical supervision approach for other school systems.

## **CHAPTER II**

### **REVIEW OF THE LITERATURE**

The purpose of this study is to evaluate Getz's (1997) Peer Group Clinical Supervision (G-PGCS) school counselor program. Therefore, this chapter focuses on studies and descriptions pertaining to peer group clinical supervision. Literature regarding clinical supervision effects and current practices of supervision of school counselors is reviewed. The organization of this chapter is as follows:

- I. Clinical Supervision Research Background
- II. Peer Group Clinical Supervision Description
- III. Clinical Supervision Effects On Experienced Professionals
- IV. Current Practice of School Counselor Supervision
- V. Summary.

#### **CLINICAL SUPERVISION RESEARCH BACKGROUND**

Historically, clinical supervision has been a facet of the helping professions since its conception (Bernard & Goodyear, 1992), but until the 1980s, clinical "supervision was not recognized as a unique practice" (Holloway, 1995, p. xi). As a result, little research on the topic before that time can be found (Bernard & Goodyear, 1992). Furthermore, because of this newness, the focus of the counseling clinical supervision research has been on graduate training programs (Holloway & Neufeldt, 1995; Lambert & Arnold, 1987; Stoltenberg, McNeill, & Crethar, 1994). Hence, not much of the research has been in the field

(Skovholt & Ronnestad, 1992). A crucial research question, the impact of supervision on experienced counselor skill and professional development, has not been addressed (Crutchfield & Borders, 1997). Consequently, sampling and design factors have affected the research findings on clinical supervision.

Although the aim of much of the research on clinical supervision has been on developing and validating developmental models, most of these models do not describe counselor development beyond graduate school (Bernard & Goodyear, 1992; Borders, 1989; Hogan, 1964; Holloway & Neufeldt, 1994; Stoltenberg, et al., 1994; Stoltenberg & Delworth, 1987; Peace, 1995; Worthington, 1987). As a result, the populations of a majority of the samples used in studies of the effects of clinical supervision on counselor skill development were graduate students. To illustrate, out of fifty-eight studies reviewed by Stoltenberg and others (1994), three samples included a combination of students and veterans and only one sample was practicing counselors. In addition, the studies reviewed by Stoltenberg and others (1994) were conducted within university settings and none of the samples were randomly selected. Two developmental models have described professional growth of Ph.D. and Ed.D. counseling therapists (Hess, 1987; Skovholt & Ronnestad, 1992). Although, Skovholt and Ronnestad (1992) studied their model, the sample, as with other models, was not randomly selected. There have been no studies on the effects of supervision on the professional development of mid-level professionals.

Studies of models which are not developmental also used student samples and were conducted in university settings. For example, Bernard's (1979) Discrimination Model is a supervision focus model, and the samples used in testing this model were graduate students (Ellis & Dell, 1986; Ellis, Dell, Good, 1988). Consequently, the methodology and designs of the research on clinical supervision have been questioned (Ellis, Ladany, Krengel, & Schult, 1996).

Ellis and others (1996) examined the scientific rigor of one hundred forty-four studies on clinical supervision published between 1981-1993. The findings indicated that Type I and II errors in most of the studies were unchecked. Since threats to validity were not addressed in many of the studies, Ellis and others (1996) surmised error due to sampling and design had diminished the generalization of the findings in much of the supervision research.

### **PEER GROUP CLINICAL SUPERVISION DESCRIPTION**

To help understand the G-PGCS program, a basic understanding of the terms *methods* and *modalities* is necessary. Modalities are the "hows" and methods are the procedures of clinical supervision. For example, a one-on-one supervision modality may use a live observation method and a peer group supervision modality may use a video-tape method during the supervision session. Other supervision methods may include role play and Interpersonal Process Recall (Kagan, 1980). G-PGCS is a supervision method that uses a peer group modality. Hart (1982) identified three general modalities -- individual, group, and peer. The individual, one-on-one supervision modality is self

explanatory. Differences between group and peer group clinical supervision modalities are more difficult to discern (Bernard & Goodyear, 1992). Peer supervision is a form of group supervision, and depending on the researcher, group can be peer and peer can be group supervision (Bernard & Goodyear, 1992; Richard & Rodway, 1992). As can be seen, definitions of peer group supervision are confusing.

Confusion about the terms “peer group clinical supervision” and “peer group clinical consultation” also exist (Bernard & Goodyear, 1992). Bernard and Goodyear (1992) and Richard and Rodway (1992) classified peer supervision and consultation as forms of group supervision. Specific distinctions between the terms are in the definitions given in Chapter One. Consequently, the research and descriptions of peer group clinical supervision modalities reviewed are organized in the following manner:

- group clinical supervision,
- peer clinical consultation,
- peer group clinical supervision.

### Group Clinical Supervision

Getz (1997) incorporated Bernard and Goodyear’s (1992) five-step process or “schemata” of structured group supervision in training G-PGCS counselors. In addition, this group supervision process closely resembles Glickman’s (1990) model for clinical supervision of teachers. Bernard and Goodyear (1992) described the model as follows:

1. plea for help (supervisee summarizes case, presents case by video-tape or process notes, and requests assistance by asking specific questions),
2. question period (members of the group one at a time ask questions regarding the case),
3. feedback/confrontation (group members respond to steps one and two while the supervisee takes notes with no comment),
4. response statement (after a short break, the supervisee responds to the feedback),
5. discussion (summary of case and process by the group).

This structured group method has not been studied for effects (Bernard & Goodyear, 1992). Notwithstanding, literature review conclusions on group supervision are mixed.

Holloway and Johnston (1985) conclude in a review of the literature that group supervision is widely practiced but lacks the research to support its universal use. The claim that clinical group supervision is widely practiced may be correct. For example, Riva and Cornish (1995) found it was the primary modality of supervision in 67% or 157 of 243 psychology internship programs. Another review of the literature on group supervision was more favorable toward its use. Hillerbrand's (1989) review of the literature presented study findings which indicate that novice counselors may learn more effectively and conceptually from each other than from the "expert."

### Peer Clinical Consultation

Similar to medical models (Curry & Makoul, 1996; Kassirer & Kopelman, 1991), an illustration of a peer consultation team process was described in the literature by three strategic-systematic therapists (Rabi, Lehr, and Hayner, 1984). The peer consultation team met on case-specific issues, but in contrast to group supervision, the team did not designate a supervisor. Cases referred to the team usually had a long history of treatment failure. After case presentation, the other two team members asked questions and tried to gain a more complete picture of the case. Subsequently, after “brain storming” possible interventions, consensual treatment decisions were made. Rabi, Lehr, and Hayner (1984) reported the method has been successful for them in working with difficult family problems.

The Structured Peer Consultation Model (SPCM) developed by Benshoff (1994) utilized a dyadic peer consultation method. In contrast to the medical consultation model, the primary purpose of Benshoff’s (1994) method was to enable counselors in groups of two to receive support and create “supervision-like experiences.” Although SPCM has a step-by-step structure, Benshoff (1994) claimed the structure permitted modifications to meet participants’ needs.

### Peer Group Clinical Supervision

Although Benshoff (1994) formulated a SPCM peer consultation method, he has also developed and studied the effects of the Structured Peer Supervision Model (SPSM) on graduate students. Benshoff’s (1993) first study was a qualitative evaluation of the program by counselor education students. Of 81

students' responses to seven open-ended questions, 70 reported SPSM was very helpful and 2 indicated the program was not meaningful. Benshoff's (1993) second study's sample of 87 students was randomly assigned to either an SPSM treatment group or a control group for three supervision sessions. The analysis of the pre- and post-Counselor Evaluation Rating Scale (Myrick & Kelly, 1971) scores found no significant difference between the groups. Benshoff (1993) attributed the lack of significant difference to the instrument's lack of validity for the study.

A similar structured peer group supervision model (method) was formulated by Borders (SPGM; 1991a).<sup>1</sup> Borders (1991a) recommended the SPGM a group composition of three to six counselors and one trained supervisor, and all supervision sessions were to adhere to the following prescribed format (Borders, 1991a).

1. The counselor asks questions regarding her/his case and requests feedback about his/her performance.
2. Peers either choose or are assigned roles, perspectives, or tasks prior to viewing the video-tape. Tasks include observing specific counselor or client behaviors. Roles include counselor, client, friend, family member.... Perspectives could be a theoretical observation or creating a metaphor for the counseling process, client, or counselor.
3. The video-tape is presented.

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<sup>1</sup> Crutchfield and Borders (1997) tested SPGM, but identified the SPGM method as Systematic Peer Group Supervision (SPGS).

4. Peers give feedback based on roles or perspectives.
5. The “supervisor facilitates” the discussion and functions as an observer and moderator.
6. The supervisor summarizes the supervision session and assesses whether or not supervision goals were met. (Borders, 1991a).

The goals of SPGM are to facilitate cognitive counseling skills and to train counselors to self-monitor (self-supervision). By balancing support with challenge, the supervisor is a key element in meeting these goals (Borders, 1991a). Borders (1991a) claimed the SPGM format could be adapted to a variety of settings, and the structure may address the clinical supervision needs of the individual member. Borders (1991a) did not offer a study of SPGM.

## **CLINICAL SUPERVISION EFFECTS ON EXPERIENCED PROFESSIONALS**

The effects of supervision on veteran professionals have been researched on some variables, for example, job satisfaction, while other variables, such as client outcomes, have had little study. Until Crutchfield and Borders's (1997) study, the relationship between specific clinical supervision methods and client outcomes had no study (Holloway & Neufeldt, (1995). Interestingly, there has been some study on the effects of overlapping types of supervision (clinical and administrative) and client outcome (Evans & Hohenshil, 1997; Harkness & Hensley, 1991).

Most of the research on effects of group and peer group supervision on experienced professionals has been case studies. However, there have been two experimentally designed studies on the effects of peer clinical supervision on school counseling (Crutchfield & Borders, 1997; Benshoff & Paisley, 1996). To clarify the various studies on supervision effects, this section of the review is organized into the following subsections:

22. Effects of Overlapping Supervision
23. Job Satisfaction
24. Professional Growth and Development
25. Burnout
26. Counseling Skill Development
27. Group Clinical Supervision Effects
28. School Counseling Effects.

#### Effects of Overlapping Supervision

Harkness and Hensley (1991) studied the effects of the two types of supervision, client focus (clinical) and mixed focus (overlapping administrative and clinical). With a sample of 161 clients, Harkness and Hensley (1991) randomly assigned 4 social work agency staff members to two types of supervision. The analysis of pre- and post-scores on the Generalized Contentment Scale (Hudson, 1982) and the Client Satisfaction Scale (Poertner, 1986) found when compared to clients of mix focus (clinical and administrative) group supervised social workers, clients with social workers in

client focus (clinical) supervision showed significant gains in all dimensions of help (Harkness & Hensley, 1991).

In a study of supervisee job satisfaction, Evans and Hohenshil (1997) found that supervisor supervision focus (i.e., clinical or a mix of administrative and clinical) was one of the significant factors in substance abuse counselors' job satisfaction. Satisfaction was higher when the supervision was clinical and not mixed (Evans & Hohenshil, 1997). The details of this study will in the next section.

### Job Satisfaction

The study of supervision effects on job satisfaction has a long history in career development literature. Some of the literature reviewed in Hoppock's (1935) *Job Satisfaction* was on the relationship of supervision to job satisfaction. For example, in a quest to discover the impact of supervision on workers, Hoppock cited the 1930 interviews of employees in Western Electric's Hawthorne Plant. Although Hoppock questioned some of the methodology, the Hawthorne study indicated the supervision relationship was the single most important factor in worker efficiency and morale.

More recent studies seem to confirm a relationship between job satisfaction and morale and productivity. In a nationwide survey of 281 public school speech and language pathologists, Pezzei's (1991) factor analysis of responses found the three most significant dimensions in job satisfaction and effectiveness were supervision, workload, and peer relationships. In another survey study of 516 Australian nurses, Hart and Rotem (1995) reported

significant positive relationships to professional development and six variables including supervision and job satisfaction.

Supervision practices have also been shown to be a factor in job satisfaction. In a survey of 262 North Carolina school psychologists, South (1990) found a significant relationship between supervision and job satisfaction. A majority (83.7%) of the respondents reported supervision as below standards of "best practice." "Best practice" supervision of a school psychologist, according to South (1990), requires clinical supervision by a Ph.D. school psychologist. South (1990) concluded "best practice" would improve job satisfaction.

Research in the counseling field has also demonstrated a link between clinical supervision and job satisfaction. The results of a national survey of 231 substance abuse counselors, using an information form designed for the study and a modified form of the Minnesota Satisfaction Questionnaire (MSQ; Weiss, Davis, England, & Lofquist, 1967), indicated job satisfaction could significantly be predicted by four supervision variables (Evans & Hohenshil 1997). The variables of the number of supervision sessions in a week, the length of experience the supervisor had in clinical supervision, the clinical supervisor degree level, "and whether or not the clinical supervisor was also the administrative supervisor" accounted for 26% of the variance in scores on job satisfaction (Evans & Hohenshil, 1997, p. 8). Substance abuse counselors' job satisfaction was higher if the supervision focus was clinical (Evans & Hohenshil, 1997). In another study, an analysis of responses to a job satisfaction and leadership behavior inventory

of 115 rehabilitation counselors indicated productivity and job satisfaction were positively related to supervision support and focus (Wilkinson & Wagner, 1993).

Murray (1995) examined the relationship of supervision to job satisfaction in survey of 487 Virginia elementary school counselors' responses to a modified version of the Minnesota Satisfaction Questionnaire (MSQ; Weiss, et al. 1967). One of the purposes of this study was to determine if changes in job satisfaction had occurred with elementary school counselors since Kirk's (1988) study on job satisfaction. Murray (1995) discovered, compared to Kirk's (1988) findings, the Virginia elementary counselors surveyed were significantly more dissatisfied with supervision. Murray (1995) attributed this change to the lack of elementary school clinical supervision. Of 487 responses to an item asking if the counselor received clinical supervision, 433, or 88.9%, replied in the negative. Murray (1995) noted the changes in satisfaction with supervision, but overall, the elementary counselors were satisfied with their jobs.

### Professional Development

The literature on human growth and development is rich (Lerner, 1986; Piaget, 1972), but the research on the professional development of experienced counselors is sparse (Skovholt & Ronnestad, 1992). In Skovholt and Ronnestad's (1992) study of professional development, three-fifths or 60 out of a sample of 100 were experienced counselors and therapists practicing in Minnesota. The purpose of this five-year qualitative study was to examine the counselors' professional life span development. A major finding of the study was that experienced counselors faced challenges in each of the four stages of

professional development (Skovholt & Ronnestad, 1992). In all stages of counselor development, there is a need for peer professional feedback (clinical supervision). These stages as researched by Skovholt and Ronnestad (1992) were found to follow a temporal path; for example:

1. the exploration stage, up to the first five years after graduate school, is marked by professional self-awareness and feelings of isolation;
2. the integration stage, two to ten years of experience, is characterized by the development of a working style and "professional authenticity" (p. 62);
3. the individuation stage, ten to twenty years of experience, involves a search for a higher level of personalization and job satisfaction;
4. the integrity stage, twenty-five years or more experience, is a period of isolation which finds counselors becoming more dependent on their own experiences to guide them in their professional practice.

How the counselors handled these challenges determined their continued professional growth and development.

Without what Skovholt and Ronnestad (1992) called "Continuous Professional Reflection", the counselor's professional development eventually stagnates. "Continuous Professional Reflection" occurs when three "essential aspects" are present: continued professional experiences, professional support from peers, "and active reflection (thinking) about one's experiences" (p.141).

Ultimately, constructive and informative feedback from supervisors or peers is crucial for continued professional development:

When the individual is beyond the structure of external control and supervision in graduate school, it is critical to seek out stimulations and feedback on a continual basis." (Skovholt & Ronnestad 1992, p. 107)

Moreover, within a stage, Skovholt and Ronnestad (1992) identified three tracks: developmental which leads to professional growth; pseudodevelopmental which without interventions can lead to the third track; stagnation. Job satisfaction is a measure and an important dimension of a counselor's developmental track, and the inverse of job satisfaction, pseudodevelopment and stagnation, leads to professional burnout and exit from the field (Skovholt & Ronnestad, 1992).

### Burnout

Skovholt and Ronnestad (1992) hypothesized that stagnation may lead to professional burnout, but there needs to be more study on the specific relationship between supervision and burnout. Davis, Savicki, Cooley, and Firth's (1989) analysis of 120 members of the Oregon Personnel and Guidance Association responses to the Maslach Burnout Inventory (Maslach & Jackson, 1981) and the Counselor Supervision Inventory (Davis, 1984) found high intercorrelations between dissatisfaction with supervision and burnout. Davis and others (1989) concluded supervision is one of several burnout factors. Forty-one percent of the sample of respondents were school counselors. The school counselor comments given in Davis and others' study (1989) indicated a lack of clinical supervision in school settings may contribute to burnout:

I became extremely burned out at my previous job... There, my supervision was totally inadequate, just about nonexistent" (p. 239).

A high school counselor commented:

In a high school, my supervisor is an administrator without counseling background who doesn't provide the support that would be helpful (p. 240).

In a similar study, relationships between leadership style and school counselor burnout were researched. Using a random sample of 32 Iowa school counselors, Cummings and Nall (1983) correlated the mean scores on a twelve adjective pair Semantic Differential Scale (SDS) with stated counselor burnout levels. Except on one correlation ( $r=.481$ ) in the potency dimension of self concept , all correlations ( $r=.657$  to  $.437$ ) were significant. In a t-test between the means of the SDS and leadership styles, Cummings and Nall (1983) found counselors who identified their supervisors as authoritarian reported higher burnout characteristics, while counselors who perceived their supervision as participative reported low burnout levels. Cummings and Nall (1983) concluded that supervisors needed to be aware of counselor burnout issues as related to supervision style and support.

Supervision was not one of the variables Trivette (1993) used in an analysis of responses to four occupation stress inventories by 420 Virginia elementary school counselors. Nevertheless, the Occupational Roles Questionnaire (ORQ), a subsection of the Occupation Stress Inventory (OSI) (Osipow & Spokane 1987), measured possible supervision connections: role overload, insufficiency, ambiguity, boundary conflicts, levels of responsibility, and

physical stresses. For example, some of the ORQ counselor role dimensions may relate to the type and amount of supervision; however, all of the means reported by Trivette (1993) in the ORQ were in the average range.

### Counseling Skill Development

Research findings on the effects of clinical supervision on counseling skill development of experienced counselors are mixed. Few studies have investigated supervision effects on experienced counselors' skill development. Although a portion of the samples in the studies reviewed were from the experienced counselor population, all the studies were conducted in university settings. Stoltenberg, Pierce, and McNeill's (1987) studied the effects of experience on the level of counseling skill development. The ANOVA of 91 Ph.D. students' responses in a questionnaire developed for the study found the amount of counseling experience was a significant factor in supervision needs and developmental skill level. The more counseling experience, the higher the skill level (Stoltenberg, et al., 1987). However, the number of years of experience and the amount of clinical supervision students received in prior counseling experiences was not controlled.

Another study supported Stoltenberg and others' (1987) findings. Using a MANOVA on the responses to a Cognitive Mapping Test (Hiebert, 1987), Martin, Slemon, Hiebert, Hallberg, and Cummings (1989) found the 11 experienced counselors were significantly more skilled in case conceptualization than masters level 12 student counselors. Nevertheless, in addition to previous supervision,

the number of years of counseling experience was not controlled (Martin, et al., 1989).

The amount of counseling and clinical supervision experience was controlled in Wiley and Ray's (1986) study. Although the sample (N=107) was drawn from the graduate student population, the mean non-supervised counseling experience of the sample was 1.2 years. An ANOVA and chi-square analysis of responses to an instrument developed for this study found no significant differences between counseling developmental skill level and the number of years of non-supervised experience and counseling experience (Wiley & Ray, 1986). To underscore, Wiley's and Ray's (1986) analysis of data suggests the amount of clinical supervision of experienced counselors did not impact developmental skill level.

#### Group Clinical Supervision Effects

Case studies have found advantages and disadvantages to group clinical supervision. Newman and Lovell (1993) describe several positive impacts of group supervision. The counselor participants reported gains in confidence and creativity; in addition, the supervisor's flexibility and listening skills helped them grow professionally and personally (Newman & Lovell, 1993). But Werslein's (1994) case study found mixed effects. The supervisor and supervisees in Werslein's (1994) study listed self-understanding and "guidance" as the most important aspect of the group supervision process, but increased learning and skill development was not an important factor in the process.

Richard and Rodway (1992) described the benefits and the limitations of a peer consultation method in a marriage and family practice. As with other peer consultation descriptions, no supervisor was designated and the primary function of the team was to make case decisions (Richard & Rodway, 1992). Included in their description was a four-phase process of peer consultation: member of the peer consultation team requests help; member presents case information; the group comments and reacts; and the group helps the member and/or makes case decisions (Richard & Rodway, 1992). The participants in the study were two consultation teams involving eight social workers and two social worker supervisors. Richard and Rodway's (1992) findings indicated too much detail and summary in case presentation reduced the effectiveness of group consultation. However, the other phases in the consultation, including case decision, were productive (Richard & Rodway, 1992).

Hamlin and Timberlake's (1982) case description of a developmental method for cross field supervisors in social work focused on benefits and limitations of peer group supervision. The advantages of peer group supervision discovered by Hamlin and Timberlake (1982) included:

- a reduction in feelings of isolation by the participants,
- a facilitation of “quicker resolution” to problems (p. 87),
- an acceleration and identification of “patterns and trends in the supervisory process” (p. 85),
- a faster awareness of the problems of the client,

- a support for members dealing with transition issues (e.g. termination with clients),
- an affirmation of “professional autonomy” (p.87), and
- a confirmation of the cost effectiveness of peer group supervision.

Hamlin and Timberlake (1982) also specified several limitations. The group process may not address the supervision needs of the individual, and if a member chooses not to participate regularly, the process can be disrupted. Most importantly, the relationship within the group can hinder the supervision process, for example, personality clashes, “one-upmanship games, and authority clashes” (Hamlin & Timberlake, 1982, p. 87).

In a similar study, Marks and Hixon (1986) also examined the advantages and limitations of a social worker peer group clinical supervision. As reported by the participants, this supervision program increased staff morale and provided more depth in case conceptualization and analysis. Since the peer modality of supervision freed up more time for the supervisors, Marks and Hixon (1986) concluded the supervision was more cost effective. The primary limitations were relationship issues including “compartmentalization”, countertransference, and communication problems (Marks & Hixon, 1986).

Case study findings on peer group supervision in teaching have indicated that the group relationship was a major factor in the success or failure of clinical supervision of teachers (Clarke & Richardson, 1986; Hart, A. W., 1987; McFaul & Cooper, 1983).

In a study of a peer supervision training program in an urban elementary school, McFaul and Cooper (1983) found peer supervision may not be “workable” in urban elementary schools. They surmised in a setting where “survival” negated collegial relationships, “trust, and openness,... peer clinical supervision becomes impotent” (McFaul & Cooper, 1983, p. 36). Clarke and Richardson’s (1986) analysis of 11 teachers’ responses to questionnaires, interviews, audio-tapes, and field notes also indicated peer supervision functioned best in schools having positive collegial relations and interactions between teachers.

#### School Counseling Effects

Benshoff and Paisley (1996) developed and evaluated a Structured Peer Consultation Model for School Counselors (SPCM-SC). After a one-hour training, the school counselors met in dyads every other week for nine structured sessions. The focus of each session varied, and the counselors evaluated SPCM-SC in the ninth and last session. A sixteen-item evaluation instrument using a six-point Likert-type scale was developed by Benshoff and Paisley (1996) to assess program participants’ satisfaction with the SPCM-SC. They found that all participants who completed the evaluation ( $N=20$ ) would do SPCM-SC again (five did not complete the evaluation). Furthermore, the participants recommended the use of SPCM-SC with other school counselors. The weakest area found in the evaluation was the amount of challenge given by the dyad partner (Benshoff & Paisley, 1996).

The findings in an experimentally designed study of SPCM-SC were not significant. Using a sample of 29 school counselors from rural North Carolina,

Crutchfield and Borders (1997) tested both Borders's (1991a) Systematic Peer Group Supervision (SPGS)<sup>2</sup> method and Benshoff and Paisley's (1996) SPCM-SC method. The 29 volunteer school counselors were assigned to three groups: 8 to SPCM-SC treatment, 10 to SPGS treatment, and 11 to an unstructured control group. Pre-and post-instrumentation responses and data on three of the four dependent variables were collected for all participants. The instruments used to measure the variables were as follows.

1. Job Satisfaction -- an adapted version of the Job Satisfaction Blank (Hoppock, 1935)
2. Self-efficacy -- Counseling Self-Estimate Inventory (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992)
3. Counseling Effectiveness -- Index of Responding Empathy Scale (Gazda, Ashbury, Balzar, Childers, Hayne, & Walters, 1984), Counselor Behavior Analysis Scale (Howard, Nance, & Myers, 1987), and the Teacher Report Form (Achenbach, 1991)
4. Supervision Session Helpfulness -- an adaptation of the Client Post-Session Questionnaire (Hill, 1989).

The length of both treatments was nine weeks. Furthermore, in the study's methodology description, no supervision training was offered to the participants (Crutchfield & Borders, 1997).

Although there was some upward movement in the three variables, analysis of all pre- and post-scores showed no significant gains. On the other hand, qualitative data did find two gains: professional support within the SPCM-

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<sup>2</sup> Borders (1991a) SPCM was identified SPGS in this study.

SC treatment group and instructive feedback in the SPGS treatment group (Crutchfield & Borders, 1997). Crutchfield and Borders (1997) concluded the measures were inappropriate for school counselors and the length of time (2 1/2 months) was not sufficient to indicate significant variable gains.

## **CURRENT PRACTICE OF SCHOOL COUNSELOR SUPERVISION**

Most school counselors do not receive clinical supervision (AACD, 1989; Borders & Usher, 1992) and this lack of clinical supervision of school counselors was a factor which led to the implementation of the G-PGCS program (Getz, 1997). Therefore, it is important to review the literature on the types of supervision given to school counselors and describe ongoing clinical supervision programs.

Administrative supervision by principals is the most frequent supervision type given to school counselors. Within a sample of 63 novice school counselors' responses to a questionnaire in Iowa, Matthes (1992) found 87% of the supervision given by the principal was administrative in nature. Matthes (1992) concluded the counselor respondents in the sample had minimal clinical support, but adequate administrative supervision from principals.

In addition to administrative supervision, Barrett and Schmidt (1986) identified two other types of school counselor supervision: counseling (clinical) and developmental. Principals, according to Barret and Schmidt (1986), should provide the administrative supervision; program or guidance directors should

provide developmental supervision; and “trained and certified” counselors should carry out the clinical or counseling supervision. Most often, school counselors receive administrative supervision but little clinical supervision (AACD, 1989; Borders & Drury, 1992; Roberts & Borders, 1994; Barret & Schmidt, 1986).

Due to a lack of school counseling training, most principals do not provide clinical supervision (Lampe, 1985). Using a questionnaire in a national survey of 379 education administration programs, Lampe (1985) found 10% of the programs required courses in school counseling. Furthermore, while 276 education administration programs offered school counseling and guidance as an elective, just 19% of principal trainees completed the elective (Lampe, 1985). Hence, Lampe concluded many principals are neither prepared nor inclined to provide clinical supervision for school counselors.

A similar survey design of school systems in Virginia found most guidance directors had some counseling experience but were unable to provide clinical supervision (Wilson & Remley, 1987). Wilson and Remley’s (1987) survey found out of 141 school systems, only 31 had school counseling and guidance supervisors. Of the 21 guidance supervisors responding to the survey, 19 had equal responsibilities in other student services roles (Wilson & Remley, 1987). Furthermore, six school counseling and guidance directors had no experience in counseling and ten did not have a counseling degree. Wilson and Remley (1987) concluded most guidance supervisor respondents could not offer clinical supervision to school counselors.

To recap, most principals have little or no training in school counseling and most guidance directors, due to other duties, cannot provide clinical supervision. The likelihood of counselors receiving clinical supervision from principals or guidance directors appears dim. Hence, the amount of clinical supervision provided to school counselors is low. The next three reviews support this conclusion.

Roberts and Borders (1994), in analysis of responses to a survey of 168 North Carolina school counselors, found most (N=120) respondents indicated a need for counseling (clinical) supervision. However, 51 school counselors received some method of counseling (clinical) supervision. Self-report was the most frequently (N=35) used method of supervision and live observation (N=15) the least. Since school counselors spend the largest amount of their work time (44%) counseling students, Roberts and Borders (1994) concluded school counselors need more clinical supervision.

Sutton and Page (1994) confirmed some of the findings of Roberts and Borders (1994). With a 92% questionnaire response rate, 493 of Maine's school counselor population, just twenty percent of the respondents reported receiving some form of clinical supervision. Interestingly, twenty-five percent of the counselors receiving clinical supervision did so at their own expense. While fifteen percent cited cost as the most prohibitive factor, seventeen percent of the respondents expressed no interest in receiving clinical supervision. Sutton and Page (1994) suggested school counselors may be lagging behind in professional development because of a lack of clinical supervision.

A national survey of 139 school counselors also supported the lack of clinical supervision. Borders and Usher (1992) found the school counselors in the sample reported significantly less clinical supervision than other respondents. School counselors expressed a need for clinical supervision and preferred other school counselors as supervisors. In addition, respondents in ranking clinical supervision goals "overwhelmingly" favored professional support, followed by counseling skill enhancement (Borders & Usher, 1992). However, the results of the survey indicated school counselors receive little clinical supervision after graduation. Borders and Usher (1992) urged the school counseling community to develop and study clinical supervision programs for school counselors.

However, no research study of an ongoing school counselor clinical supervision program can be found in the literature. Other clinical supervision programs such as Getz's (1997) G-PGCS may be in place, but descriptions are scarce. Only one ongoing school counselor clinical supervision program description was found in the literature (Henderson & Lampe 1992). Two descriptions found in the literature might be construed to be clinical supervision but were not ongoing programs (Splete & Grisdale, 1992; ZanZandt & Perry, 1992).

Head counselors in a large Texas school district were directed to provide clinical supervision to the rest of the school counselors in the district (Henderson & Lampe 1992). The modality of this clinical supervision program was one-on-one, but head counselors were not initially given supervision training. Henderson and Lampe (1992) identified three problems in the implementation of the

program: resistance from counselors, reluctance from the head counselors to supervise, and head counselors' lack of clinical supervision skills. The problems were addressed by conducting a clinical supervision training session for all counselors and a four-session supervision training for head counselors.

Henderson and Lampe (1992) reported some of the school counselors in the district found clinical supervision to be beneficial. More specifically, counselors identified professional and personal growth, counselor skill development, and role identification as the primary benefits.

There may be some debate as to whether or not the next two programs are clinical supervision, but regular inservice and mentoring could be vehicles for the delivery of clinical supervision. A state-wide monitoring project for novice counselors was implemented for school counselors in Maine in 1989 (VanZandt & Perry, 1992). The purpose of this monitoring program was to give novice counselors support, resources, and "professional nurturance" and to give experienced counselors some clinical supervision skills (VanZandt & Perry, 1992, p. 159). Supposedly, the project would meet professional validation needs of experienced school counselors. Six months after implementation, the program was evaluated. Interestingly, results of a mail survey and telephone interviews indicated mentors gained the most, both in support and professionally. On a five-point Likert-style rating of the project's quality and worth, novice counselors gave the project a 4.5 and mentors a 4.7. This has become a continuing program, but clinical supervision has been given only to a small segment of the school counselor population, the first-year counselor.

Splete and Grisdale (1992) described a year-long inservice approach to school counselor development used in Oakland County, Michigan. The focus of the monthly inservice was not of clinical supervision but to teach some counseling skills. Nevertheless, the counselors concluded their meetings with one hour of “sharing time”. Sharing time came close to a shared leadership peer supervision group. Counselors, during a sharing time, shared concerns and experiences and offered support and case specific suggestions. Although not structured, all 27 counselor responses to the helpfulness of the sharing time found it useful. The sharing time gave counselors support in their endeavors to improve skills based on case experience (Splete & Grisdale, 1992).

Although not formally reported as yet, the G-PGCS method of peer group clinical supervision has been ongoing for over three years. As a consultant for Roanoke County School System, Roanoke, Virginia, Getz developed a three phase G-PGCS implementation process. Phase one -- the first year -- all the school counselor participants were given nine, two-hour training sessions (Getz, 1997). Getz trained the school counselors and demonstrated a variety of supervision methods including:

1. An adaptation of a structured case presentation method found in Remley, Benshoff, and Mowbay, (1987)
2. Structured Peer Group Supervision (Borders, 1991a)
3. Interpersonal Process Recall (Kagan, 1980)
4. A structured group supervision process outlined in Bernard and Goodyear (1992)

5. Family sculpting - participants create metaphorical still life of their families or work settings...(Getz presentation to new K-6 counselors, October 7, 1997, Roanoke County, Virginia)

6. Role Play.

Phase two -- the second year -- the participants were assigned to six small groups of four members. The G-PGCS groups held four, two-hour, supervision sessions during the year. Every member of the group was supervised at least one time. The last supervision activity in phase two was live supervision by all the participants of small group supervision sessions (Getz, 1997).

Phase three -- the third year -- small G-PGCS groups continued to meet two hours every other month for supervision. During phase three, Getz was available for one consultation with every G-PGCS group supervision meeting. At the beginning of the fourth year, Getz conducted one G-PGCS training session for new K-6 counselors, but is no longer a consultant for the program.

Of the four clinical supervision programs described, Henderson and Lampe's (1992) program and Getz's (1997) G-PGCS are ongoing clinical supervision programs for counselors within a school system. The descriptions of the inservice and mentoring programs included elements of clinical supervision, but neither was ongoing for the school counselors.

## SUMMARY

Most of the samples used to test clinical supervision models and methods were drawn from graduate students and/or professionals in university settings

(Ellis, et. al., 1996; Holloway & Neufeldt, 1995; Lambert & Arnold, 1987; Peace, 1995; Prieto, 1996; Stoltenberg, et. al., 1994; Worthington, 1987). Furthermore, a majority of the developmental models do not describe the professional development of counselors past graduate school (Hogan, 1964; Hill, Charles, & Reed, 1983; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, 1981; Stoltenberg & Delworth, 1987). Thus, very little is known about the impact of clinical supervision on veteran masters level counselors.

The research studies on the effects of supervision on counseling skill development of experienced professionals have not been conclusive (Benshoff & Paisley, 1996; Crutchfield & Borders, 1997; Martin, et al., 1989; Stoltenberg, et al., 1987; Wiley & Ray, 1986). In contrast, clinical supervision affects job satisfaction and may be a measure of veteran counselor professional development and performance (Evans & Hohenshil, 1997; Murray, 1995; Skovholt & Ronnestad, 1992). In addition, there is some support for a relationship between clinical supervision and burnout (Davis, et. al., 1989; Skovholt & Ronnestad, 1992).

Most school counselors are not given clinical supervision. Only one description of an ongoing comprehensive school counselor clinical supervision is in the literature (Henderson & Lampe, 1992). Peer clinical supervision of school counselors may be a viable alternative to one-on-one clinical supervision (Hamlin & Timberlake, 1982), but there is insufficient study to support its use. Therefore, there is a need to study and examine possible viable peer clinical supervision programs for school counselors (Crutchfield & Borders, 1997; Getz, 1997).

## **CHAPTER III**

### **METHODOLOGY**

This chapter describes the design and the procedures for a qualitative evaluation of Getz's (1997) Peer Group Clinical Supervision (G-PGCS). The intent of the design and procedures is to answer the research questions. Included in this chapter are a description of the population, sources of data, the data collection plan, and the analysis plan. A qualitative design was chosen for this study because it offers flexibility in evaluating and describing the processes and changes affected by G-PGCS (Patton, 1980). In addition, the research questions require qualitative data. Thus, this research design was based on a combination of Stake's (1975) responsive and Scriven's (1972) goal free approaches to program evaluation.

### **RESEARCH QUESTIONS**

The design of this evaluation was formulated to answer the research questions.

1. As a result of membership in G-PGCS, what counseling skills do the participants in the evaluation believe the G-PGCS counselors have gained and/or improved?
2. As a result of membership, what are the changes evaluation participants report in G-PGCS counselors' professional behavior?

3. As a result of membership, what, in the opinion of G-PGCS evaluation participants, are personal gains or outcomes of the G-PGCS counselors?
4. What, in the opinion of G-PGCS evaluation participants, are the strengths of G-PGCS?
5. What, in the opinion of G-PGCS evaluation participants, are the weaknesses of G-PGCS?
6. What are the barriers to the implementation of G-PGCS?
7. Do the G-PGCS counselors have an adequate level of clinical supervision skills?

### **DESCRIPTION OF THE POPULATION**

The population of this evaluative study are the Roanoke County, Virginia, School Division's, elementary (k-5) school counselors. The division's schools include seventeen elementary schools, four middle schools, and four high schools. The 1997-98 preschool through grade 12 student population is 13,967. Approximate elementary school student populations range between 80 and 600 students. This school division is located in an affluent suburban setting. In 1995-96, the average teacher salary was ranked 12th (\$36,226) in Commonwealth of Virginia. The 1997-98 per pupil cost average is \$6,016.00. The administration is stable and the current superintendent, after a number of years as assistant superintendent, is in her fourth year as superintendent.

Sixteen elementary school counselors, all female, are currently employed in the seventeen schools. One counselor's time is split between two schools. Although three elementary school counselors are new to the system this year, the average school counseling experience of the elementary counselors is 11.7 years.

## **SOURCES OF DATA**

The data analyzed in this study came from different sources. Patton (1980) suggested the use of different sources of information contributes to the validation of the qualitative analysis (i.e., triangulation). In addition to program documents, participant sources for this evaluation included:

- the Director of Guidance and Counseling, Roanoke County Schools, Roanoke, Virginia,
- Roanoke County School System's coordinator of Career Guidance and Counseling,
- Roanoke County School System's elementary school counselors, and
- selected Roanoke County School System's elementary principals (see collection of data section for selection plan).

The data analyzed included a

- demographic information form (Appendix A),
- administrator interviews (see interview guides in Appendix B),
- elementary school counselor interviews (see interview guides in Appendix B),

- program documentation,
  - Job Satisfaction Blank (Hoppock, 1935; Appendix A),
  - two semantic differential rating scales (SDS; Appendix C),
  - anonymous suggestions and comments by the elementary school counselors (see Appendix D for memorandum request),
  - a review of G-PGCS supervision video-tapes by the author and two graduate students trained in clinical supervision, and
  - participant changes or comments on transcripts of the interviews (see Appendix D for request and directions memorandum).
1. Demographic information on an Individual Data Form (IDF) was collected from all G-PGCS counselors (Appendix A). The IDF was attached to the Job Satisfaction Blank (Hoppock, 1935). The following information was requested: age, gender, length of experience as a school counselor, number of years in current school, previous occupations and length of experience in those occupations, undergraduate and graduate degrees, and school size.
  2. Interviews of the selected participants provided information related to all research questions. The interview method was qualitative, a mode of inquiry which has support from the counseling profession (Brown, 1989; Howard, 1986; Neimeyer & Resnikoff, 1982; Patton, 1991). The interview guides (Appendix B) were formulated based on the research questions and the question: "How would you redesign the program?" The interview guides were field tested with the coordinator of Roanoke County School System's career counseling and guidance program and an elementary school counselor. Subsequently, the order of the

question -- "How many years have you and your counselor worked together?" -- in the interview used with administrators was changed. Audio-tape transcripts and field notes of the interviews were analyzed for content related to the research questions, G-PGCS program recommendations, and descriptions.

3. Program documentation included all relevant forms, memorandums, reports, presentation handouts, surveys, and previous evaluations. Program documentation provided comparative information for professional skill gains and program strength and weaknesses questions and evidence of participant opinions of G-PGCS and provided data related to supervision process.

4. Anonymous suggestions and comments about G-PGCS were solicited from all Roanoke County elementary school counselors (Appendix D). In the February meeting of the Roanoke County elementary counselors, a memo requesting G-PGCS redesign and suggestions with a self-addressed stamped envelope was distributed to all elementary school counselors. The returned suggestions and comments were analyzed for content relevant to all research questions and G-PGCS recommendations.

5. A nine-adjective pair, seven-point G-PGCS Semantic Differential Scale of seven concepts was constructed (Appendix C). A semantic differential scale is described in Issac and Michael (1995) as a "a method for measuring the meaning of concepts." Adjective pairs were selected from Osgood, Suci, and Tannenbaum (1957) to measure three dimensions: evaluative, potency, and activity. The semantic differential was administered to selected counselor participants. Based on their perceptions, the selected counselor participants

rated a concept by placing an X on a seven-point line between two polar adjectives; for example,

Clinical supervision is

good \_\_\_\_ : \_\_\_\_ : \_\_\_\_ : \_\_\_\_ : \_\_\_\_ : \_\_\_\_ bad (evaluative)

To confirm Osgood and others' (1957) dimensionality findings in this semantic differential, a factor analysis using promax rotation (a correlated rotation) was completed. In addition, the means and standard deviation for each adjective pair for the seven concepts were calculated for interpretation. The semantic differential provided information for:

- a) questions one, two, four, and five,
- b) a measure of attitudes toward the program,
- c) the semantic properties of concepts (i.e., the semantic differential provided data on how the G-PGCS is defined by the selected G-PGCS counselors); and
- d) a reliability check of the meaning of themes found in the G-PGCS counselor interviews.

6. To provide a descriptive measure of G-PGCS counselor burnout, a variation of Cummings and Nall's (1983) burnout semantic differential was administered to selected G-PGCS counselors (Appendix C). Cummings and Nall (1983) correlated the responses of a random sample of 32 Iowa school counselors on the semantic differential formulated for this study with the subjects' stated burnout levels. Except on one correlation ( $r=.481$ ) in the potency dimension of self concept, all correlations ( $r=.657$  to  $.437$ ) were significant.

Furthermore, a t-test of between means for counselors reporting low burnout (N=20) and high burnout (N=11) found significant differences in all concepts and dimensions measured. Since Davis and others (1984) found high interaction between school counselor burnout levels and clinical supervision satisfaction, the G-PGCS counselors' scores were compared with the mean semantic differential scores in Cummings and Nall's (1983) low burnout (N=20) sample. The G-PGCS burnout semantic differential means and t-test of independent samples with Cummings and Nall's (1983) low burnout sample provided some information for the personal gains research question.

7. An adapted form of the Job Satisfaction Blank (JSB; Hoppock, 1935) was chosen to provide data for the job satisfaction question (Appendix A). The four JSB questions uses a 7-point Likert-scale format. Hoppock (1935) reported split-half reliability as .93 and a corrected Spearman Brown formula correlation of .87. Hoppock did point out universal limitations of surveys; for example, the respondents' willingness to tell the truth. McNichols, Stahl, and Manley (1978) evaluated the JSB for distribution, construct validity, concurrent validity, convergent validity, and reliability. Convergent validity was determined by a .73 correlation between the JSB and the more lengthy Job Descriptive Index (JDI; Smith, Kendall, and Hulin, 1969). The JSB was found to have higher concurrent validity than the JDI (McNichols, et. al., 1978). JSB scores range between four to twenty-eight. Wiggins and Moody (1983) defined high satisfaction JSB scores as 23 and up and an average score range between 16-22. JSB has been used in school counselor studies successfully (Crutchfield & Borders, 1997; Gade &

Houdek, 1993; Wiggins & Weslander, 1986). The G-PGCS counselor's JSB means and standard deviation provided evidence for the personal gains question.

8. Mean JSB scores of G-PGCS counselors were compared with mean JSB scores found in Crutchfield and Borders's (1997) pre- and post-treatment sample. This determined if the G-PGCS counselor's JSB means were the same or higher than Crutchfield and Borders's (1997) school counselor sample (N=29) JSB means. The t-test results provided additional evidence for the personal gains question.

9. Video-tapes of a supervision session from four G-PGCS groups were requested and reviewed by the researcher and two graduate assistants trained in clinical supervision. The request included directions for video-taping and sending to the evaluator (Appendix D). The review of the tapes was to establish whether or not the G-PGCS counselors have an adequate level of supervision skills. The researcher and graduate assistants reviewed each of the video-tapes. This review provided information for research question number seven and a validation of the G-PGCS process.

10. All interviewed participants will have an opportunity to react and comment to a transcript of their interview (Appendix D). The transcripts were mailed with a self-addressed stamped envelope to all interviewees. The comments received were analyzed for content, but comments and clarifications cited by the interviewees on the transcripts did not change or provide added information for the evaluation.

## DATA COLLECTION PLAN

Different data collection techniques are another desirable triangulation strategy (Patton, 1980). The data collection plan was implemented as follows:

1. Permission was requested and approved by the Roanoke County School System to conduct the study, and the data collection procedure was reviewed and authorized by the Virginia Tech human subjects committee (Appendix F). Permission was sought and given by all but one of the individual participants in the evaluation (see Appendix G, Informed Consent document).
2. To describe the program and prepare the investigator for the evaluation, observation data were gathered in two phases:
  - a) the evaluator observed a G-PGCS supervision training session for counselors new to the school system.
  - b) with permission, the researcher conducted an observation of a G-PGCS session. This prepared the researcher for the evaluation, as suggested by (Patton, 1982).
3. An update regarding the progress of the evaluation was provided to the Director of Guidance and Counseling on January 19, 1998, February 9, 1998, and April 6, 1998. The G-PGCS counselors were given an update on February 9, 1998 and April 6, 1998. After the final defense, a report on the evaluation findings and recommendations will be submitted to the evaluation participants.
4. G-PGCS participants were identified in a two-stage process.
  - a) Stage One - Elementary schools with the same principals and counselors during the last two years were identified. The principals

and counselors from those schools were identified as participants.

The Director of Roanoke County School System's Director of Guidance and Counseling and Coordinator of Career Guidance and Counseling were selected as participants. All participants selected in stage one were designated for interviews. The elementary school counselors selected in stage one were also designated for SD and JSB administration.

- b) Stage Two - All other Roanoke County elementary school counselors were identified participants by default.

5. A search for documents in Roanoke County School repositories (central office and attendance centers) and Getz's G-PGCS files was conducted. Program documentation found included forms, memorandums, reports, presentation handouts, surveys, and previous evaluations.

6. The interviews were scheduled, conducted, and audio-taped between January 17 and February 26, 1998. In addition to audio tapes, field notes were taken during the interviews.

7. The Individual Data Form (IDF) was given and the JSB and the G-PGCS SDS were administered to the selected G-PGCS counselors during a regular monthly Roanoke County counselors' meeting, January 12, 1998. The burnout SDS used in this study was administered to the selected G-PGCS counselors on February 9, 1998.

8. A panel comprised of the researcher and two graduate assistants trained in clinical supervision at Virginia Tech reviewed and critiqued the video-tapes.

8. The interviewees were given an opportunity to comment on their interview transcripts. Transcripts were mailed to all respective interviewees with a self-addressed envelope.

## **ANALYSIS**

The analysis followed a time and step sequence. Data collected in phase one were analyzed first.

**Step 1:**

A content analysis of the program documents, interview and focus group tape transcriptions, and field notes was completed. Field notes and transcripts of the interviews were organized and coded by research question. For example, if a portion of information regarding personal gain was found in an interview, it was coded (3), professional behavior would be a (2), and strengths a (4). The responses found for each question were analyzed and themes identified and listed. The analysis of these data become a part of the evaluation of the G-PGCS program.

**Step 2:**

The IDF, JSB, G-PGCS semantic differential scales, and burnout SDS were analyzed.

1. The IDF data were summarized for inclusion in the population description.
2. The data from the G-PGCS SDS were analyzed by interpreting the nine-adjective pair, seven-point scale means and standard deviations found in the seven concepts. The weights assigned to the adjective pairs ranged between

seven and one. Adjective pairs were arranged for scoring using the following weights:

	7	6	5	4	3	2	1	
good	—	—	—	—	—	—	—	bad
active	—	—	—	—	—	—	—	passive
free	—	—	—	—	—	—	—	constrained
meaningful	—	—	—	—	—	—	—	meaningless
simple	—	—	—	—	—	—	—	complex
strong	—	—	—	—	—	—	—	weak
positive	—	—	—	—	—	—	—	negative
fast	—	—	—	—	—	—	—	slow
easy	—	—	—	—	—	—	—	difficult

Using Osgood and others' (1957) definition of semantic space, a neutral score mean ranges between 3.5 and 4.5. To illustrate, a mean score of 5.2 on the good-bad scale would indicate that the concept or activity can be measured and defined as good; whereas, a mean of 3.6 on the easy-difficult scale could not be interpreted. In addition, using the means, profile analyses for the seven concepts within the three dimension were formulated. A profile analysis simply plots the means and profiles the results (Issac & Michael, 1995). To confirm Osgood and others' (1957) evaluative, potency, and activity SDS dimensions, a matrix of concept scales were correlated and factor analyzed (Pedhazur & Pedhazur-Schmelkin, 1991). Since it is hypothesized that all the adjective pairs are correlated, a promax rotation was utilized (Gorsuch, 1983). A conformation enables interpretation of the dimension.

3. The G-PGCS counselor burnout SDS means were compared with the means of the low burnout sample in Cummings and Nall (1983).

An independent sample t-test of the means of proportions found in the G-PGCS SDS sample and the low burnout sample means found in Cummings and Nall (1983) was conducted.

4. Similarly, an independent sample t-test of proportions determined whether or not G-PGCS counselors' JSB means and the JSB post-treatment means reported by Crutchfield and Borders (1997) were the same or higher.

Step 3:

A content analysis of the anonymous suggestions and comments was completed. The data from the suggestions and comments were coded and listed by research questions and analyzed for themes (see step one).

Step 4:

A review of video-taped G-PGCS sessions was conducted by the evaluator and two graduate assistants trained in clinical supervision. The comments received by participants regarding their interview transcripts were analyzed for content.

Step 5:

The evaluation was submitted to the dissertation committee for final review.

## **SUMMARY**

Answers to the research questions were developed as follows:

1. As a result of membership in G-PGCS, what counseling skills do the participants in the evaluation believe the G-PGCS counselors have gained and/or improved?
  - a content analysis of G-PGCS counselors' taped interview transcripts and field notes
  - a content analysis of the Guidance and Counseling Director's taped interview and transcripts
  - a content analysis of elementary school principals' taped interview transcripts and field notes
  - a content analysis of program documents
  - a statistical analysis of the nine adjective pairs in one semantic differential concept.
2. As a result of membership, what are the changes evaluation participants report in G-PGCS counselors' professional behavior?
  - a content analysis of G-PGCS counselors' taped interview transcripts and field notes
  - a content analysis of the Guidance and Counseling Director's taped interview and transcripts
  - a content analysis of elementary school principals' taped interview transcripts and field notes
  - a content analysis of program documents

- a statistical analysis of the nine adjective pairs in one semantic differential concept.
3. As a result of membership, what, in the opinion of G-PGCS evaluation participants, are personal gains or outcomes of the G-PGCS counselors?
- a content analysis of G-PGCS counselors' taped interview transcripts and field notes
  - a content analysis of the Guidance and Counseling Director's taped interview and transcripts
  - a content analysis of elementary school principals' taped interview transcripts and field notes
  - a content analysis of program documents
  - a statistical analysis of the responses of G-PGCS selected counselors to the Job Satisfaction Blank (JSB; Hoppock, 1935)
  - an independent sample t-test of proportions of G-PGCS selected counselors' JSB mean and counselors' JSB means reported in Crutchfield and Borders (1997)
  - an analysis of G-PGCS counselors scores on a twelve-adjective, nine-point burnout semantic differential scale
  - an independent sample t-test of proportions of G-PGCS burnout semantic differential means and low burnout counselors' means reported in Cummings and Nall (1983).

4. What, in the opinion of G-PGCS evaluation participants, are the strengths of G-PGCS?

- a content analysis of G-PGCS counselors' taped interview transcripts and field notes
- a statistical analysis of the nine adjective pairs in five semantic differential concepts
- a content analysis of the Guidance and Counseling Director's taped interview and transcripts
- a content analysis of elementary school principals' taped interview transcripts and field notes
- a content analysis of program documents
- a content analysis of anonymous responses to a redesign and suggestions memorandum.

5. What, in the opinion of G-PGCS evaluation participants, are the weaknesses of G-PGCS?

- a content analysis of G-PGCS counselors' taped interview transcripts and field notes
- a statistical analysis of the nine adjective pairs in five semantic differential concepts
- a content analysis of the Guidance and Counseling Director's taped interview and transcripts
- a content analysis of elementary school principals' taped interview transcripts and field notes

- a content analysis of program documents
  - a content analysis of anonymous responses to a redesign and suggestions memorandum.
6. What are the barriers to the implementation of G-PGCS?
- a content analysis of G-PGCS counselors' taped interview transcripts and field notes
  - a content analysis of the Guidance and Counseling Director's taped interview and transcripts
  - a content analysis of elementary school principals' taped interview transcripts and field notes
  - a content analysis of anonymous responses to a redesign and suggestions memorandum.
7. Do the G-PGCS counselors have an adequate level of clinical supervision skills?
- a review of four video-taped G-PGCS sessions by two graduate assistants trained in clinical supervision
  - an analysis and summary of an informal observation of a G-PGCS session.

## **CHAPTER 4**

### **FINDINGS**

#### **Introduction**

Eleven sources of data were collected for the G-PGCS evaluation research questions. However, in the course of the data collection, additional feedback pertinent to the evaluation of the G-PGCS emerged; in particular, participant descriptive information and recommendations. Thus, this chapter is organized in two sections. Section One utilizes the analyzed data to answer the evaluative research questions. Section Two is a summary of descriptive data and participant recommendations. Subsequently, both sections are followed by a summary. The sources of data and analysis described in Section One include:

1. content analysis of G-PGCS counselors' responses in two program documents; a January, 1995, survey; and a May 1997 program evaluation;
2. a summary of an informal observation of a G-PGCS session conducted by the evaluator on December, 15, 1997;
3. content analysis of audio tape transcripts of interview responses and field notes with the Guidance and Counseling Director of the Roanoke County School System;
4. content analysis of audio tape transcripts and of responses and field notes from 12 interviews with 14 elementary principals from the Roanoke County School System:

5. content analysis of fourteen<sup>3</sup> tape transcript responses and field notes of pilot interviews and interviews with G-PGCS counselors;
6. statistical and factor analysis of responses of thirteen G-PGCS counselors to a six-point semantic differential measuring seven concepts in three dimensions (see Appendix E for factor analysis tables);
7. statistical analysis of responses of thirteen G-PGCS counselors on a nine-point semantic differential measuring a three-concept burnout level in two dimensions;
8. statistical analysis of responses of thirteen G-PGCS counselors on the Job Satisfaction Blank (Hoppock, 1935);
9. anonymous responses to queries in a memorandum (Appendix D); and
10. G-PGCS video-tape reviews by the evaluator and two graduate assistants trained in clinical supervision.

Section Two data included the following data sources:

1. content analysis of responses in two program documents: a survey conducted in August, 1994 and a survey conducted in January, 1995;
2. summary of an informal observation of a G-PGCS session conducted by the evaluator December 15, 1997;

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<sup>33</sup> The Coordinator of Career Counseling and Guidance was an elementary counselor with the system until this year and an original participant in G-PGCS. Therefore, her responses were identified and analyzed in the counselor interviews.

3. content analysis of G-PGCS descriptions and recommendations found in the audio tape transcripts interview responses and field notes by fourteen G-PGCS counselors, eight principals, and the Guidance and Counseling Director; and
4. a summary of recommendations found in a content analysis of anonymous responses to a memorandum request.

## **SECTION ONE: DATA AND THE RESEARCH QUESTIONS**

### **Question 1**

As a result of membership in G-PGCS, what counseling skills do the participants in the evaluation believe the G-PGCS counselors have gained and/or improved? The analyses of five sources of data provided information for this question:

1. a content analysis of taped interview transcripts and field notes of G-PGCS counselors,
2. a content analysis of a taped interview transcript and field notes of the Guidance and Counseling Director (Kelly),
3. a content analysis of taped interview transcripts and field notes of elementary school principals,
4. a content analysis of program documents, and
5. a statistical analysis of one semantic differential concept.

#### **1. COUNSELOR INTERVIEWS**

In response to an interview query, "what gains have you observed in counseling skill as a result of G-PGCS participation gains or improvement," eleven (79%) of the counselors interviewed identified improved or gains in skill. One counselor provided responses to the query, but in the analysis of her transcript, the responses were identified as professional and personal gains. Two (14%) counselors reported no skill gains due to G-PGCS membership. Of the 32 responses to the skill gain question, two themes emerged:

- *learned and/or expanded or improved skills* (21 responses; includes duplicate count) and
- *changed specific counseling behaviors* (11 responses; includes duplicate count).

### Learned and/or Expanded or Improved Skills

In nine of the responses in this theme, the counselors stipulated that the skills learned were from members of the group. For example, [my group has] "given me ideas about things that I could structure or use." The following quotes also illustrate this theme.

So, I'm learning a lot from listening to others and how to handle it, and the counseling skills; well, one thing recently was asking the child what they wanted to do, this sort of immediate counseling, this new technique.

I'm getting more skills because you get a lot of ideas from your little group and we are so comfortable that the ideas we have... and we don't feel threatened.

A relatively new counselor commented, "I learned counseling skills from the more seasoned counselors."

The use of the video-tape appeared to be the major source of skill improvement. To illustrate, "when I'm doing my taping I'm very cognizant of skills I need to improve." Along with this thought, another counselor briefly summarized the impact of taping:

as we are doing the taping, I'm naturally more aware of my own skills. I'm targeting what I'm doing, looking for things other people in my group have pointed out are strengths and weaknesses, and so I'm trying to grow from that.... When I'm doing my counseling it helps me... focus more on those skills..., especially [when] you go through so many periods of time where you're just doing your job, but when you have that emphasis and awareness, you cue in more

strongly on the development of those skills and making sure you stick with them.

### Changed Specific Counseling Behaviors

Becoming more self-aware of counseling behaviors, either by the video-tapes or group critiques, enabled the respondents to change behaviors. The video-tapes helped three of the respondents recognize behaviors “which were interfering with counseling.” The impact of the group critique also appeared to be a factor; for example,

when I saw a student was uncomfortable I wanted to quickly help them back to their comfort level. And it was through the supervision process that it was pointed out to me, there was a perfect opportunity to pull something out and I glossed over it because I was trying more to help the client feel comfortable and missed [an] opportunity.

### 2. KELLY INTERVIEW

Kelly, the Guidance and Counseling Director, identified two counselor skill gains. Both could fit into the *learned and/or expanded skill* theme found in the counselor interviews. Kelly believed the G-PGCS counselors have expanded and have become “a little more creative” in forming counseling groups. In addition, as a result of skill gains, Kelly observed “a shift in some of the counselors tackling more difficult cases.”

### 3. PRINCIPAL INTERVIEWS

Twelve (86%) of the principals interviewed provided 23 responses to the skill gains question. Two (14%) could not identify counselor skill gains due to G-PGCS. A word of caution: as noted by some of the principals, their skill gain observations were influenced by their communications with counselors about G-

PGCS. Six (43%) of the principals observed increases in either group and/or individual counseling sessions (six responses) since the beginning of G-PGCS. Subsequently, four of the principals who noted counseling increases also perceived a reduction in another area, for example, classroom guidance. The content analysis of the other 17 responses given by 12 (86%) of the principals fell into the two themes found in the counselor responses: *learned and/or expanded or improved skills* (13 responses; includes duplicate count) and *changed specific behaviors* (4 responses).

#### Learned and/or Expanded or Improved Skills

There was a wide variety of responses to this theme, but the positive impact of the video-tape in supervision on skill improvement was noted in several interviews; for example, the counselor improved “techniques by actually viewing herself on tape.” Other responses included the following:

[she] was more able to measure counseling goals [and]

she has learned strategies for problem solving; she used it and it was effective.

Four of the principals affirmed one of Kelly’s observations; that is, the counselor is “more willing to take on difficult” cases.

#### Changed Specific Behaviors

There was also a wide range of responses from four principals to this theme. To illustrate, G-PGCS “has helped her personally to make changes,” and “it’s shortened her response time in establishing a group.”

#### **4. PROGRAM DOCUMENTS**

An analysis of one program document provided information to the skill gains question. The May 1997 brief evaluation requested comments to two queries: G-PGCS supervisee and group outcomes. A content analysis of comments in both found 14 skill gain responses. All but one of the comments fell into the *theme learned and/or expanded or improved skills*. Six respondents reported improving or learning new techniques from the supervision group. Improved case conceptualization was mentioned in three responses, and the other comments related to learning varied from learning specific techniques to improving counseling goals (see Tables 11 and 12).

#### **5. THE SEMANTIC DIFFERENTIAL**

The semantic differential scales for the skill gain concept appeared to confirm the skill gain perceptions of the counselor interviewees. Eight of the nine adjective pairs on the skill gain concept, "As a result of my membership in Peer Group Clinical Supervision, my counseling skills have become:" can be interpreted. Thus, the G-PGCS counselors rated their skill gains in this order: ***positive, strong, meaningful, active, good, free, complex, and fast.*** Whether or not skill gains are easy or *difficult* cannot be interpreted, as the mean for this adjective pair was in the neutral range ( $M = 4.31$ ;  $SD = 1.18$ ). The following table provides an analysis of the semantic differential means.

Table 1

Means and Standard Deviations of Skill Gain Concept Semantic DifferentialAdjectives Interpreted By Dimensions

	Evaluative		Interpretation
	M	SD	G-PGCS
good-bad	5.54	1.05	Skill gains are good.
meaningful-meaningless	5.69	.94	Skill gains are meaningful.
positive-negative	6.0	.91	Skill gains are positive.
	Potency		
	M	SD	
free-constrained	5.31	1.03	Skills are gained freely.
strong-weak	5.85	.90	Skill gains are strong.
easy-difficult	4.31	1.18	Skill gains are neither easy nor difficult.
	Activity		
	M	SD	
active-passive	5.62	.76	Skill gains are active.
simple-complex	3.23	1.16	Skill gains are complex.
fast-slow	4.54	.66	Skill gains are fast.

(N = 13) Underlined adjectives have semantic meaning. The neutral mean range is between (3.5 and 4.5).

## **Question 2**

As a result of membership, what are the changes evaluation participants report in G-PGCS counselors' professional behavior? The analyses of five sources of data provided information for this questions:

1. a content analysis of taped interview transcripts and field notes of G-PGCS counselors,
2. a content analysis of a taped interview transcript and field notes of the Guidance and Counseling Director (Kelly),
3. a content analysis of taped interview transcripts and field notes of elementary school principals,
4. a content analysis of program documents, and
5. a statistical analysis of one semantic differential concept.

### **1. COUNSELOR INTERVIEWS**

All (14 or 100%) of the counselors interviewed provided 24 responses to the professional gains question.

- *increased awareness* (13 responses; includes duplicate count),
- *professional growth and challenge* (7 responses), and
- *improved consultation and referral knowledge* (4 responses).

#### **Increased awareness**

Four types of awareness were noted: personal (1 response), other perspectives (2 responses), supervision (3 responses) and accountability or responsibility (7 responses). Personal awareness and other perspectives were attributed to supervision taping and feedback. Supervision training contributed to

awareness of legal and ethical issues and supervision techniques. The accountability or responsibility factor was the most prevalent sub-theme in the professional change domain. A sample of statements to this sub-theme included the following:

I think it's kind of like having a practicum student; [you] always clean up your act.

Keeps me on my toes [and]

I think I'm more on my toes.

#### Professional Growth and Challenge

Several counselors gave general responses such as, "There has been a lot of growth," "keeping better notes," and "attending more in-services." Nonetheless, three of the counselors talked about the challenge. To illustrate, as a result of G-PGCS, "I have to provide some extra challenges for myself." Also, G-PGCS... "does definitely make you think about what you're doing, stretch you in some ways."

#### Improved Consultation and Referral Knowledge

As a result of G-PGCS, four counselors noted more comfort and increased consultation. One of those counselors stated that she has acquired more knowledge about referral resources.

#### 2. KELLY INTERVIEW

Kelly's response to the professional change fell into a *improved consultation* theme. Kelly observed an... "increase in communication among counselors."

### **3. PRINCIPAL INTERVIEWS**

Six (43%) of the principals interviewed observed changes with the counselors as a result of membership in G-PGCS. Six (43%) of the elementary school principals did not attribute the counselor professional changes to G-PGCS. The two assistant principals did not respond to the professional change question. The themes found in 13 responses by the six principals who addressed this question appeared to match the counselor themes:

- *improved consultation and referral knowledge* (9 responses; includes duplicate count),
- *increased awareness* (2 responses), and
- *professional growth and challenge* (2 responses).

In contrast to counselor responses, a large majority of the principal responses fell into the *improved consultation and referral knowledge* theme.

#### **Improved Consultation and Referral Knowledge**

Six of the responses in this theme by the principals noted that the counselors' improvement in consultation with staff and peers was due in part to their participation in G-PGCS. The remaining three responses noted increases in knowledge and referrals to "other agencies."

#### **Increased Awareness**

One principal noted the counselor's "awareness of how to handle some problems." Another referred to the counselor's positive view of the supervision experience.

## Professional Growth

Both responses in this theme were general comments; for example, "I like the fact that there is some correlation between this program and [the counselor's] professional growth." Another principal observed the counselor's increased professional involvement in the community.

### 4. PROGRAM DOCUMENTS

One program document, the May 1997 evaluation, supplied information to the professional change question. As with the principals' and Kelly's responses, the predominant theme found in the May 1997 evaluation was *improved consultation*. Five responses fell into the *improved consultation* theme and conveyed improved communication with peer clinical supervision counselors. Three responses were general comments to the *professional growth* theme and one counselor tied in personal *self-awareness* with professionalism.

### 5. THE SEMANTIC DIFFERENTIAL

The semantic differential scales for the professional change concept appeared to confirm the direction of G-PGCS counselor interview responses. Eight of the nine adjective pairs on the professions concept -- **As a result of my participation in Peer Group Clinical Supervision, my professional development has been:** -- can be interpreted. The G-PGCS counselors rated their professional development in this order: **active, positive, good, meaningful, strong, free**, and **complex** (see Table 2). Since the easy - *difficult* scale mean ( $M = 4.5$ ;  $SD = 1.20$ ) and the *fast - slow* mean ( $M = 4.38$ ;  $SD = .65$ )

fell in the neutral score range (4.5 - 3.5), the semantic meanings for these two adjective pairs cannot be interpreted.

Table 2

Means and Standard Deviations of Professional Change Concept Semantic  
Differential Adjectives Interpreted By Dimensions

	Evaluative		Interpretation G-PGCS
	M	SD	
good-bad	6.00	1.15	Professional changes are good.
meaningful-meaningless	5.92	1.16	Professional changes are meaningful.
positive-negative	6.0	1.15	Professional changes are positive.
	Potency		
	M	SD	
free-constrained	5.15	1.52	Professional changes are gained freely.
strong-weak	5.85	.98	Professional changes are perceived as strong.
easy-difficult	4.50	1.20	Professional changes are neither easy nor difficult.
	Activity		
	M	SD	
active-passive	6.08	.95	Professional changes are positive.
simple-complex	3.23	1.01	Professional changes are complex.
fast-slow	4.38	.65	Professional changes are neither fast nor slow.

(N = 13) Underlined adjectives have semantic meaning. The neutral mean range is between (3.5 and 4.5).

### **Question 3**

As a result of membership, what, in the opinion of evaluation participants, are the personal gains or outcomes of the G-PGCS counselors? The analyses of responses from sources of data provided information for this question:

1. a content analysis of taped interview transcripts and field notes of G-PGCS counselors,
2. a content analysis of a taped interview transcript and field notes of the Guidance and Counseling Director (Kelly) ,
3. a content analysis of taped interview transcripts and field notes of elementary school principals,
4. a content analysis of program documents,
5. a statistical analysis of the responses of G-PGCS counselors to the Job Satisfaction Blank (JSB; Hoppock, 1935),
6. an independent sample t-test of proportions of G-PGCS counselors' JSB mean and counselors' JSB means reported in Crutchfield and Borders (1997),
7. an analysis of G-PGCS counselors scores on a twelve adjective, nine point burnout semantic differential scale, and
8. an independent sample t-test of proportions of G-PGCS counselor means in burnout semantic differential scales with the means of low burnout counselors reported in Cummings and Nall (1983).

## 1. COUNSELOR INTERVIEWS

All (14) of the interviewed counselors responded to the personal gain query; however, one counselor stated she has “not observed very much personal gain” due to G-PGCS. A total of 44 responses were given by the counselors. Five general personal gain themes were found in content analysis of the counselor interviews:

- *more confident* (11 responses),
- *more comfortable* (10 responses),
- *professional validation* (10 responses),
- *personal and professional growth and/or awareness* (9 responses), and
- *reduced isolation* (4 responses).

### More Confident

As a result of G-PGCS, three of the counselor respondents simply stated they have increased their confidence in counseling. Explanations from eight other counselors for the increase in confidence varied, but most (6) attributed the increase in confidence directly to what was learned or validated in clinical supervision. The following quotes illustrate this theme.

I have felt more confident overall that what I'm doing is what I should be doing and there's just some reinforcement that [I] wouldn't have had otherwise.

I think having a bigger repertoire of ideas does give you more confidence.

If I can learn more and get a handle on things, that helps me with my confidence.

I began to feel more confident as I saw others [G-PGCS members' skills]. I gained more confidence in myself. I began to realize, 'I have more skills than I thought I did' so I gained confidence.

#### More Comfortable

Two respondents claimed that as a result of G-PGCS, they have become more "secure" or "comfortable" with their "jobs as a counselor." One-half of respondents to this theme (N = 5) reported feeling more comfortable with supervision.

[After the first year of the program], I shed all those pretensions [wanting to look good on tape] and became more vulnerable to the group and was willing to show myself. (see footnote one also)

Two counselors have become more comfortable with taping for supervision. One counselor has become "more comfortable about calling" the members of the group to discuss counseling concerns.

#### Professional Validation

Some other terms used in this theme included "personal verification" and "reinforcement." The responses to this theme were succinct. One of the respondents stated simply, "I guess what I take away from the sessions is a certain sense of validation."

#### Personal and Professional Growth and/or Awareness

Six respondents to this theme reflected on personal growth and awareness. Comments such as "I learned a lot about myself" and G-PGCS "has been a real growth experience for me" were typical responses. Several counselors mentioned the "positive" effects of refocusing on self rather than the client. Feeling more responsible was mentioned by two respondents. Finally,

one counselor commented, “I’m very, very happy that we have the program because I was a new counselor.” As a new counselor, she felt G-PGCS helped her grow and develop professionally.

#### Reduces Isolation

This theme was mentioned by four of the respondents but was also mentioned by six other respondents as a strength of the G-PGCS. The relationships which have developed in three of the groups were noted by the four respondents as a contributing factor in reducing isolation.

#### 2. KELLY INTERVIEW

The Kelly interview transcript analysis found four themes which were also identified in the counselor interviews: *more confident, more comfortable, reduced isolation, and personal and professional growth and/or awareness*. In addition, Kelly believed one of the personal gains to be “the bonds among” the counselors. A representative sample of his comments includes:

The process treated them professionally and therefore they see themselves as more professional.

[G-PGCS] has been a confidence builder among a lot of our counselors.

their expectations of themselves, as well as my expectations, have increased.

#### 3. PRINCIPAL INTERVIEWS

The analysis of the principal interviews found six responses to the personal gains query from five principals. Seven of the principals interviewed have not observed personal gains as a result of G-PGCS and the two assistant principals did not comment. *More comfortable* (3 responses), *more confident* (2

responses), and *professional validation* (1 response) were the themes found in the principals' responses. One of the principals remarked that the counselor is "more comfortable with the uncomfortable decisions" but was not sure if this gain had anything to do with G-PGCS.

#### 4. PROGRAM DOCUMENTS

The May 1997 evaluation program document supplied some data for the personal gains question. *Increased confidence* was cited by one counselor as a gain of the program. *Personal support* was cited in nine comments and *reduced isolation* was cited in one response. Most of the support comments were about the relationships the counselors had developed in their groups; for example, "stronger professional relationships" and "peer support."

#### 5. JSB RESULTS

Hoppock's (1935) Job Satisfaction Blank (JSB) gave an indication of the selected G-PGCS counselors' present level of job satisfaction. Since a JSB pre-test was not given to the counselors prior to participating in G-PGCS, JSB scores of the G-PGCS counselors cannot be attributed to the supervision program. Nevertheless, according to Wiggins and Moody (1983), JSB scores of 23 and above can be interpreted as an indication of high job satisfaction. Thus, the JSB mean ( $M=23$ ;  $SD=2.2$ ) of the 13 G-PGCS counselors is considered high.

#### 6. JSB t-test Results

The G-PGCS high JSB mean score was established in another statistical analysis. A one-tailed t-test of independent sample of proportions was performed with the G-PGCS counselors' JSB mean and the counselor sample pre- and

post-test JSB means in Crutchfield and Borders (1997). The JSB mean ( $M = 23$ ;  $SD = 2.2$ ) of the G-PGCS counselors was significantly higher ( $p < .05$ ) than the pre-and post-test JSB means reported in Crutchfield and Borders (1997). Table 3 describes the t-test results. One of the differences between the samples is G-PGCS counselors had clinical supervision training and have been involved peer group clinical supervision for over three years. On the other hand, Crutchfield and Borders's (1997) sample of counselors had no training in supervision and the supervision treatment lasted for nine weeks.

Table 3

G-PGCS Counselors' and Crutchfield & Borders Counselor Sample's JSB

Means, Standard Deviations, and t-test G-PGCS Crutchfield & Borders (1997)

G-PGCS Counselors		Crutchfield & Borders (1997) Counselors		t-test
		Pre-Test		
M	SD	M	SD	
23.0	2.2	20.9	2.8	2.39*
Post-Test				
		M	SD	
		21.2	3.1	1.89*

G-PGCS (N = 13) Crutchfield & Borders (1997; N = 29)

\* p < .05

## 7. COUNSELOR BURNOUT SEMANTIC DIFFERENTIAL

A measure of the personal concepts of job, self, and client by the G-PGCS counselors was revealed on a nine-point, twelve-adjective pair burnout semantic differential (Cummings & Nall, 1983). The weights assigned to the adjective pair ranged between one and nine. According to Cummings and Nall (1983), the lower the scores, the lower the burnout. To find the total burnout semantic differential mean and standard deviation, all the G-PGCS counselor scores were calculated. Then, for comparison purposes, the G-PGCS counselor means and standard deviation were calculated in the evaluative and potency dimensions of the three concepts **job**, **self**, and **client** (see table 4). Adjective pairs were arranged and scored using the following semantic differential (Cummings and Nall, 1983).

	1	2	3	4	5	6	7	8	9	
meaningful	—	—	—	—	—	—	—	—	—	meaningless
tough	—	—	—	—	—	—	—	—	—	fragile
influential	—	—	—	—	—	—	—	—	—	uninfluential
potent	—	—	—	—	—	—	—	—	—	impotent
important	—	—	—	—	—	—	—	—	—	unimportant
free	—	—	—	—	—	—	—	—	—	constrained
pleasurable	—	—	—	—	—	—	—	—	—	painful
expanded	—	—	—	—	—	—	—	—	—	contracted
successful	—	—	—	—	—	—	—	—	—	unsuccessful
deep	—	—	—	—	—	—	—	—	—	shallow
attracting	—	—	—	—	—	—	—	—	—	repelling
tenacious	—	—	—	—	—	—	—	—	—	yielding

Although the neutral point score would be a 5, Cummings and Nall (1983) reported burnout level mean of all scores to be 4.10 (N=31; SD=1.51). Thus, using Cummings and Nall's (1983) sample mean, neutral range for mean of all scores is between 3.1 and 5.1. Scores at a 5.1 or greater would indicate high

burnout levels; 3.1 or less, low burnout levels. The mean burnout level of all the scores for G-PGCS counselors was ( $M = 2.55$ ;  $SD = 1.41$ ; Range 1 - 6). The G-PGCS mean was below the average burnout levels found in Cummings and Nall (1983), and since the G-PGCS counselors' mean was below 3.1, it can be interpreted to be low burnout.

#### 8. SEMANTIC DIFFERENTIAL t-test RESULTS

Cummings and Nall (1983) compared semantic differential scale means of 20 low burnout counselors with those of 11 high burnout counselors. To provide comparison of G-PGCS semantic differential means, a two-tailed t-test of independent sample proportions between Cummings and Nall's (1983) low burnout school counselors and G-PGCS counselors was calculated.

Burnout semantic differential means of G-PGCS counselors were significantly lower in both the evaluative and potency dimensions in the concepts of **self** and **client** than the means of low burnout counselors reported in Cummings and Nall, 1983). This indicates G-PGCS counselors have a higher regard for **self** and **client** than Cummings and Nall's (1983) low burnout sample. No significant differences were found in either dimensions of **job**; G-PGCS counselors rated their jobs the same as Cummings and Nall's (1983) low burnout counselors. The following table summarizes the burnout data.

Table 4

G-PGCS Counselors' and Cummings and Nall (1983) Counselor Sample'sBurnout Semantic Differential Means, Standard Deviations, and t-test

Semantic Differential		G-PGCS		Cummings & Null (1983)			
		Counselors	Low Burnout Counselors				
Measures		M	SD	M	SD	df	t-test
Job	Evaluative	1.99	.62	2.32	.86	31	-1.18
	Potency	2.80	.68	3.37	1.01	31	-1.80
Self	Evaluative	1.77	.62	2.41	.66	31	-2.79**
	Potency	2.53	.68	3.18	.79	31	-2.45*
Client	Evaluative	2.43	.53	3.22	.87	30	-2.92**
	Potency	4.01	1.22	4.61	.84	30	-2.07*

G-PGCS (Job and Self, N = 13; Client, N = 12)

Low Burnout Counselors (N = 20)

\*p&lt;.05

\*\*p&lt;.01

#### **Question 4**

What, in the opinion of G-PGCS evaluation participants, are the strengths of G-PGCS? The analyses of responses from five sources of data provided information for this question:

1. a content analysis of taped interview transcripts and field notes of G-PGCS counselors,
2. a statistical analysis of five semantic differential concepts,
3. a content analysis of a taped interview transcript and field notes of the Guidance and Counseling Director (Kelly),
4. a content analysis of taped interview transcripts and field notes of elementary school principals, and
5. a content analysis of anonymous responses.

#### **1. COUNSELOR INTERVIEWS**

Strengths of G-PGCS were identified by all (14) counselor interviewees. The analysis of the taped transcripts found ninety-eight responses. In addition, eight general themes were pulled from the content analysis:

- *peer support* - includes reduced isolation and validation (19 responses; includes duplicate count),
- *self-awareness* - includes personal growth and challenge (15 responses; includes duplicate count),
- *learned skills and techniques* (14 responses; includes duplicate count),
- *the supervision feedback* (13 responses),
- *administrative support* (13 responses; includes duplicate count),

- *structure of G-PGCS sessions* (9 responses),
- *professionalism* (9 responses), and
- *supervision training* (6 responses).

The *supervision feedback, peer support, learned skills and techniques*, and *professionalism* themes shared a common characteristic; that is, more than one-half of the responses mentioned some aspect of the relationship within the groups. To illustrate, in the *professionalism* theme, five of the responses linked the group with *professionalism* (e.g., "This is real professional. I'm really among a group of people who care but are keeping ahead of the crowd.")

#### Peer Support - includes reduced isolation and validation

As with the feedback theme, the relationship within the group was a factor in ten of the responses. One counselor offered this rationale: G-PGCS "[gives us] the chance to be in a non-threatening environment [which] enables [us] to critique each other." Another counselor echoed this thought.

At first we didn't want to appear to be critiquing, or being critical or anything, but then after we got that this [clinical supervision] is what we're for, then we able to provide constructive criticism. It was almost like a disappointment if nobody has something they can tell you to improve.

The descriptive words or phases about the relationship in these ten comments included "bond," "trusting relationship," "comfort," and "positive interaction with the group." There were five reduced isolation and four validation responses. Three of the counselors' validation comments indicated that validation was a result of the *supervision feedback*.

### Self-awareness - includes personal growth and challenge

Seven of the counselors believed one of the strengths of the G-PGCS program was its innovative quality (e.g., “we’re on the cutting edge”). As a result, they reported that G-PGCS has been stimulating and challenging for them. The idea “you have to refocus yourself on a regular basis” was identified as a strength by five counselors. Other responses by the counselors to this theme were accountability (2 responses) and personal “enjoyment” (1 response).

### Learned Skills and Techniques

“We learn from each other” was a common view found in all responses in this theme. Responses to learning skills varied in magnitude. While one counselor may have learned “a few ideas to try in counseling,” another stated G-PGCS... “ultimately was my best teacher.”

### Supervision Feedback

Understandably, the group relationship was a factor in all of the responses in the feedback theme. Some of the following quotes illustrated this point.

[G-PGCS] kind of gives you feedback, [in the past] we really didn’t have opportunities to do that.

We share ideas, it’s sort of a cooperative helping thing.

The last quote alluded to a supportive aspect of peer clinical supervision.

### Administrative Support

Nine counselors identified the support from Kelly, the Director of Counseling and Guidance, as a significant strength of G-PGCS. Three of the responses stated that the message from their administrator is that G-PGCS program is important.

### Structure of G-PGCS Sessions

Responses in this theme were somewhat unrelated. Three counselors valued the video taping; two others liked the “flexibility” of the program. The remaining four counselors who gave responses in this theme simply stated G-PGCS structure and/or organization were strengths.

### Professionalism

Within this theme, four streams of thoughts were found, the professional relationship, “sense of professionalism,” professional growth, and professional feedback within the group. For example,

I like the professional give and take.

It [G-PGCS] keeps us professional and makes us, ah, keeps us from being stagnant.

The “Keeps us from becoming stagnant” perception was also expressed in the responses found in the self-awareness theme.

### Supervision Training

Six of the counselors who identified this strength reflected on how the training helped them communicate as peer supervisors.

It helped us to learn to give and take constructive criticism. I think it’s helped people to be careful with their words.”

Hildy [Getz] gave us lots of good ideas.... That was real helpful. That’s [the training] a very important strength, I guess an understanding. It gives you much more of an understanding... of the process and then using it has been much more helpful than giving people, you know, feedback.

## 2. SEMANTIC DIFFERENTIALS

The G-PGCS semantic differential scale scores for the following queries (concepts) appeared to confirm the strengths identified by the counselors.

- Peer group clinical supervision is: (concept: **Peer Clinical Supervision**)
- The peer group clinical supervision sessions are: (concept: **Supervision Sessions**)
- Since my participation in peer group clinical supervision, I perceive my relationship with students to be: (concept: **Counseling Relationship**)
- The feedback from my peer group supervisors is: (concept: **Supervision Feedback**)
- The administration support for the program is: (concept: **Administrative Support**).

Most (35; 67%) of the adjective pairs mean scores on the on these five semantic differential concepts were above 4.5 (neutral range 4.5-3.4). Thus, the adjectives ***good, meaningful, positive, active, free***, and ***strong*** could be interpreted in all concepts. Seven (22%) of the adjective pair means, *fast-slow* (in 3 concepts), *easy-difficult* (in 3 concepts), and *simple-complex* (in 1 concept), were in the neutral range (4.5-3.5). Three (9%) of the adjective pair ***simple-complex***, means were below the neutral range (3.5).

On the **Peer Clinical Supervision** Concept Semantic Differential, the G-PGCS counselors' mean scores rated the supervision program in this order: ***positive, active, meaningful, good, strong, free, complex, and difficult.***

Since the mean scores for the adjective pair *fast - slow* ( $M=4.31; SD=1.11$ ) fell between (3.5 and 4.5), it cannot be interpreted.

Table 5

Means and Standard Deviations of Peer Clinical Supervision ConceptSemantic Differential Adjectives Interpreted By Dimensions

	Evaluative		Interpretation
	M	SD	G-PGCS
<u>good-bad</u>	6.00	1.15	Peer clinical supervision is good.
<u>meaningful-meaningless</u>	5.92	1.16	Peer clinical supervision is meaningful.
<u>positive-negative</u>	6.0	1.15	Peer clinical supervision is positive.
Potency			
	M	SD	
<u>free-constrained</u>	5.15	1.52	Respondents feel free to conduct peer clinical supervision.
<u>strong-weak</u>	5.85	.98	Peer clinical supervision is strong.
<u>easy-difficult</u>	3.38	1.78	Peer clinical supervision is difficult.
Activity			
	M	SD	
<u>active-passive</u>	6.08	.95	Peer clinical supervision is an active activity.
<u>simple-complex</u>	3.23	1.01	Peer clinical supervision is complex.
<u>fast-slow</u>	4.31	1.11	Peer clinical supervision is neither fast nor slow.

(N = 13) Underlined adjectives have semantic meaning. The neutral range is between (3.5 and 4.5).

The G-PGCS counselors' means on the semantic differential rated the supervision sessions concept in this order: ***active, meaningful, positive, good, free, strong, and complex.*** The *easy - difficult* and *fast - slow* adjective pairs could not be interpreted.

Table 6

Means and Standard Deviations of Supervision Session Concept SemanticDeferential Adjectives Interpreted By Dimensions

	Evaluative		Interpretation G-PGCS
	M	SD	
<u>good-bad</u>	5.85	1.07	G-PGCS sessions are good.
<u>meaningful-meaningless</u>	6.08	.95	G-PGCS sessions are meaningful.
<u>positive-negative</u>	6.00	1.08	G-PGCS sessions are positive.
	Potency		
	M	SD	
<u>free-constrained</u>	5.69	1.31	Participants in G-PGCS do not feel constrained in a session.
<u>strong-weak</u>	5.46	1.13	G-PGCS sessions are perceived as strong.
easy-difficult	3.62	1.45	G-PGCS sessions are neither easy nor difficult.
	Activity		
	M	SD	
<u>active-passive</u>	6.31	.75	G-PGCS sessions are active.
<u>simple-complex</u>	3.15	1.41	G-PGCS sessions are complex.
fast-slow	4.23	.92	G-PGCS sessions are neither fast nor slow.

(N = 13) Underlined adjectives have semantic meaning. The neutral range is between (3.5 and 4.5).

The **counseling relationship** concept semantic differential means were numerically close to the other concept means. However, unlike the other concepts, all adjective pairs can be interpreted. These concept means indicated that since participation in G-PGCS, the counselors' relationship with students has been, in this order: ***meaningful, good, active, strong, positive, free, complex, easy, and fast.***

Table 7

Means and Standard Deviations of Counseling Relationship Concept SemanticDeferral Adjectives Interpreted By Dimensions

	Evaluative		Interpretation
	M	SD	G-PGCS
<u>good-bad</u>	6.31	.85	Counselors' relationships with students are good.
<u>meaningful-meaningless</u>	6.31	.85	Counselors' relationships with students are meaningful.
<u>positive-negative</u>	6.08	1.12	Counselors' relationships with students are positive.
	Potency		
	M	SD	
<u>free-constrained</u>	6.00	.91	Counselors feel free in their relationships with students.
<u>strong-weak</u>	6.15	.90	Counselors perceive relationships with students to be strong.
<u>easy-difficult</u>	4.92	1.50	Counselors find the relationships with students to be easy.
	Activity		
	M	SD	
<u>active-passive</u>	6.23	.83	Counselors perceive relationships with students to be active.
<u>simple-complex</u>	3.08	1.12	Counselors perceive relationships with students to be complex.
<u>fast-slow</u>	4.54	1.05	Counselors perceive relationships with students to be fast-paced.

(N = 13) Underlined adjectives have semantic meaning. Neutral means are between (3.5 - 4.5).

The G-PGCS counselors' semantic differential mean scores rated the **supervision feedback** concept in this order: ***good, active, meaningful, positive, free, easy, strong, and fast.*** The adjective pair *simple - complex* could not be interpreted.

Table 8

Means and Standard Deviations of Supervision Feedback Concept SemanticDeferral Adjectives Interpreted By Dimensions

	Evaluative		Interpretation G-PGCS
	M	SD	
<u>good</u> -bad	6.54	.66	Counselors perceive supervision feedback as good.
<u>meaningful</u> -meaningless	6.46	.88	Counselors perceive supervision feedback as meaningful.
<u>positive</u> -negative	6.23	1.09	Counselors perceive supervision feedback as positive
Potency			
M	SD		
<u>free</u> -constrained	6.08	1.12	Counselors feel free to give and take feedback.
<u>strong</u> -weak	6.15	.90	Counselors perceive supervision feedback to be strong.
<u>easy</u> -difficult	4.69	1.10	Counselors perceive supervision feedback to be easy.
Activity			
M	SD		
<u>active</u> -passive	6.46	.88	Counselors perceived supervision feedback to be active.
simple-complex	3.62	1.55	Counselors perceive supervision feedback as neither simple nor complex.
<u>fast</u> -slow	5.85	1.21	Counselors perceive supervision feedback to be fast paced.

(N = 13) Underlined adjectives have semantic meaning. Neutral means are between (3.5 - 4.5).

The means of the G-PGCS counselors rated **administrative support** for G-PGCS in this order: ***good, meaningful, active, positive, free, strong,*** and ***fast.*** *Simple-complex* and easy-difficult adjective pairs could not be interpreted.

Table 9

Means and Standard Deviations of Administrative Support Concept SemanticDeferral Adjectives Interpreted By Dimensions

	Evaluative		Interpretation G-PGCS
	M	SD	
<u>good-bad</u>	6.54	.97	Counselors perceive administrative support as good.
<u>meaningful-meaningless</u>	6.15	1.07	Counselors perceive the support of the administrative as meaningful.
<u>positive-negative</u>	6.00	1.41	Counselors perceive positive administrative support for G-PGCS.
Potency			
	M	SD	
<u>free-constrained</u>	6.08	1.26	Counselors do not feel constrained by the administration.
<u>strong-weak</u>	5.85	1.34	Counselors perceive administrative support for G-PGCS as strong.
<u>easy-difficult</u>	4.31	1.11	Counselors perceive administrative support as neither easy nor difficult.
Activity			
	M	SD	
<u>active-passive</u>	6.08	1.26	Counselors perceive administrative support to be active.
<u>simple-complex</u>	3.85	1.45	Counselors perceive administrative support as neither simple nor complex.
<u>fast-slow</u>	4.69	1.03	Counselors perceive administrative support for G-PGCS has not been slow.

(N = 13) Underlined adjectives have semantic meaning. Neutral means are between (3.5 - 4.5).

### **3. KELLY INTERVIEW**

Kelly identified his responses to the skill, professional, and personal gains questions as the strengths of G-PGCS. During the course of the interview, he identified three other strengths of G-PGCS.

- G-PGCS was developed to meet the individual supervision needs of the counselors,
- “the process treated them (counselors) as professionals” and has been “professionally growth producing,” and
- in Kelly’s opinion, the training provided by Getz was a major strength of the program. To quote Kelly:

We were very fortunate with someone who could come in and demonstrate the different models of supervision. I think that it is imperative to provide supervision training.

Although not stated in Kelly’s taped transcript, in an analysis of the field notes taken prior to taping, he discussed how difficult it had been for him to provide consistent clinical supervision. In addition, Kelly was aware that most principals are not trained for nor have the time to provide clinical supervision for the counselors. In addition, he believed, with training, school counselors could provide more consistent and valid clinical supervision. Hence, Kelly identified the mode or delivery of clinical supervision by school counselors as a strength of G-PGCS.

### **4. PRINCIPAL INTERVIEWS**

Principals identified strengths of G-PGCS in every interview; however, one of the assistant principals did not offer a comment to this inquiry. Subsequently

thirteen of the fourteen or 93% of the administrators interviewed provided 44 responses to the strengths question. Generally, the content analysis found some of the same themes found in the counselor interviews, but at different frequencies.

- *The Supervision Feedback* (15 responses; includes duplicate responses)
- *Learned Skills and Techniques* (8 responses; includes duplicate responses)
- *Peer Support* - includes reduced isolation and validation (7 responses)
- *self-awareness* - includes personal growth and challenge (4 responses),
- *Professionalism* (3 responses)
- *Mode of Clinical Supervision* (3 responses)
- *Other Comments* (4 responses).

### Supervision Feedback

All (13) principals responding to the strength question identified *supervision feedback* as a strength. Some of the descriptors found in the principal interviews *feedback* theme included sounding board, peer interaction, and sharing ideas.

### Learned Skills and Techniques

Responses to this theme were tied in with feedback and peer support. *Learning to improve counseling skills* from other counselors was a sub-theme identified in five of the responses; for example,

the counselors work together, helping each other improve their skills.

[G-PGCS] gives the counselor an opportunity to talk with people with similar concerns... and helps them, I think, to take other perspectives. It's almost like a paradigm, it helps them change their behaviors.

Other specific learning theme responses included goal setting, evaluative techniques, and different approaches.

#### Peer Support

Seven (54%) of the principal interviewees perceived *peer support* as a strength. Four principals gave a “support from other counselors” response. Two principals believed G-PGCS has *reduced* the counselors’ *isolation*.

Self-awareness -- includes personal growth and challenge

Two principals alluded to personal growth. One of the principals was of the opinion that the supervision program gave an opportunity for “weaker” counselors to learn and grow from “witnessing the more experienced counselors at work.” The other two principals believed G-PGCS provided an opportunity for counselors’ self-analysis and “confidence building.”

#### Professionalism

Three principals (23%) of those interviewed identified *professionalism* as a strength of G-PGCS. All three responses linked the “professional atmosphere” to the group interaction.

#### Mode of Clinical Supervision

Three of the principals agreed with Kelly that most principals have neither the training nor the time to provide clinical supervision for the counselors. In their

opinion, counselors have the training and are in a better position to deliver clinical supervision. Thus, they also identified the mode of providing clinical supervision by counselors as a strength of G-PGCS. The following quotes illustrate this conviction.

Our specialty is not guidance, our specialty is not speech, our specialty is not P. E. or whatever. And so these teachers are specialists in those areas and they in many ways can help the person more than we can.

... feedback from other counselors is more open and more valid than the supervision feedback given by administrators.

#### Other Comments

Three principals identified benefits of G-PGCS as related to the teachers, parents and students; for example, “in the end it helps students” and the process of G-PGCS goes beyond the counselor in our school; it becomes a model to encourage teachers to conduct clinical supervision sessions. Just one principal commented on the cost efficiency of G-PGCS (peer vs. one-on-one supervision expense).

#### 5. ANONYMOUS RESPONSES

Fifty percent, eight of the possible sixteen anonymous response queries, were returned with comments to the evaluator. Twelve responses identified strengths. These responses appeared to echo the comments provided by the counselors in the interviews. Thus, G-PGCS strength themes found in a content analysis of anonymous responses by the eight respondents followed some of the same themes discovered in the counselor interviews.

- *peer support* - includes reduced isolation and validation (4 responses),

- *self-awareness* - includes personal growth and challenge (4 responses),
- *supervision training* (2 responses),
- *supervision feedback* (1 response), and
- *administrative support* (1 response).

## **Question 5**

What, in the opinion of G-PGCS evaluation participants, are the weaknesses of G-PGCS? The analyses of five sources of data provided information for this question:

1. a content analysis of taped interview transcripts and field notes of G-PGCS counselors,
2. a statistical analysis of five semantic differential concepts,
3. a content analysis of a taped interview transcript and field notes of the Guidance and Counseling Director (Kelly) ,
4. a content analysis of taped interview transcripts and field notes of elementary school principals, and
5. a content analysis of anonymous responses to redesign and suggestions memorandum.

### **1. COUNSELOR INTERVIEWS**

Ten (79%) of the counselors interviewed gave eighteen responses to the weakness query. One of the interviewees, in the course of the interview, withdrew her weakness response. Her response was about a relationship problem she had heard about with one of the groups, but since her G-PGCS group members were "very comfortable with each other," she did not want to base her weakness opinion on hearsay. Nonetheless, her response was incorporated into the weakness content analysis. The content analysis of the counselor interviews found three general themes.

- *Peer Group Relationship Issues or Dynamics (n = 7 responses)*

- *Time or Pressure to Video -Tape (n = 6 responses)*
- *Lack of Time for Supervision Sessions (n = 3 responses)*

#### Peer Group Relationship Issues or Dynamics

Two sub-themes emerged in the peer group relationship theme: *group membership or dynamics*. One counselor commented on a problem having a too dominant member of the group and another was concerned about the composition of the group:

... sometimes you end up with the strong people growing and growing and the weak people who don't have as many skills kind of stay together.

In contrast, in regard to group membership, another counselor noted that she needed a higher level of supervision expertise within her group. Three of the counselors interviewed observed that sometimes the other members of the group are reluctant to offer constructive criticism. Finally, one counselor pointed out, because her group "bonded" so well, she did not feel she was getting "fresh insight" about her counseling skills.

#### Time or Pressure to Video-Tape

Due to increased job responsibilities (e.g. SOL test coordinator), two counselors felt, at times, *pressure to provide video-tapes* for supervision. Three other counselors had *difficulty obtaining permission to tape*. Another counselor noted that taping can be "threatening to some people (counselors)."

### Lack of Time for Supervision Sessions

The counselors' responses to this varied. Two noted the *lack of time* given to G-PGCS and another believed there was too much time between sessions.

### Other Comments

Two counselor interviewees' responses did not fall into one of the weakness themes. One counselor contended the G-PGCS sessions concentrated too much on skills, but she also believed that she did not have enough training to provide case supervision. Another counselor stated that limited access to a video camera, television, and V.C.R. prevented her from taping as much as she wanted.

## 2. SEMANTIC DIFFERENTIALS

A small minority (10%) of the adjective pair means fell below the neutral score of 3.5. The interpretable adjective **complex** was found in four and **difficult** in one concept. Therefore, counselors perceive, as a result of participating in G-PGCS, *peer clinical supervision, counseling relationships, supervision feedback, and administrative support* to be complex. *Peer clinical supervision* was also considered to be difficult. Whether or not the complexity and difficulty issues can be identified as a weakness will be discussed in the next chapter.

## 3. KELLY INTERVIEW

Kelly identified one weakness, *lack of adequate supervision time*. In the two hours allocated for a G-PGCS sessions, just two of the four counselors in the group could be supervised. Furthermore, since the G-PGCS sessions are

scheduled every other month, the time lag between supervision sessions for a counselor is, at best, four months. The number of possible supervisions within a session was also confirmed in some of the counselor interviews.

#### 4. PRINCIPAL RESPONSES

A majority (10 or 71%) of the principals interviewees could not identify G-PGCS weaknesses. Each of the other four respondents identified one weakness. Two principals believed G-PGCS may not be meeting the needs of counselors because the sessions are scheduled too far apart (*lack of adequate supervision time*). Another principal perceived the difficulty of scheduling a time for the four counselors to meet as a weakness. One principal was concerned about the possibility of a group's reluctance to provide constructive criticism to improve the skills of a "really weak" counselor (peer group relationship issues or dynamics).

#### 5. ANONYMOUS RESPONSES

Most anonymous responses were found to be recommendations. Nevertheless, three weakness themes were found in a content analysis of the responses. Three of the responses were within the *peer group relationship issues or dynamics theme*. The *need additional training in clinical supervision* was found in three responses. The specific weakness identified were as follows:

- the lack of periodic reinforcement of supervision techniques and skills (3 responses),
- the lack of procedures to deal with problems within a group; for example, a domineering member (2 responses), and

- inadequate clinical supervision for all members due to the composition of the group; more specifically, if there is just one experienced counselor in the group (1 response).

## **Question 6**

What are the barriers to the implementation of G-PGCS? The analyses of responses from four sources of data provided information for this question: a content analysis of taped interview transcripts and field notes of G-PGCS counselors,

1. a content analysis of a taped interview transcript and field notes of the Guidance and Counseling Director (Kelly) ,
2. a content analysis of taped interview transcripts and field notes of elementary school principals, and
3. a content analysis of anonymous responses.

There appeared to be an overlap of responses in the interviews between the barrier and weakness questions. An analysis of the 27 interview transcripts found all respondents to the weakness question also identified a weakness as a barrier. Nevertheless, unless specified by the interviewees in the transcripts, the responses given to the barrier question were analyzed as such.

### **1. COUNSELOR INTERVIEWS**

Thirteen (93%) of the counselors interviewed responded to the barrier question. Five themes were found in the content analysis of 25 responses.

- *Time Constraints* (10 response)
- *Taping Issues* (7 responses)
- *Group Membership or Dynamics* (3 responses)
- *Equipment and Environmental Issues* (3 responses)
- *Loss of Continuity* (2 responses)

Time Constraints -- The ten responses to this theme simply perceived lack of time as a barrier to G-PGCS, especially for some at different times of the school year.

#### Taping Issues

The analysis of taping issues appeared to follow two streams of thought: one, the difficulty or reluctance of obtaining permission to video-tape a counseling session (3 responses), and two, the reluctance of the counselors to video-tape (4 responses). The latter was perceived as a significant barrier by one of the interviewees: "Nobody came with a tape at our first meeting this year."

#### Group Relationship Issues or Dynamics

Two counselors were not unhappy with their group but were concerned about future group membership; for example,

If one [or] any one person develops too much leadership role in the group or if others perceive anyone as trying to take on too much leadership.

The other respondent to this theme has observed that there might be some "reluctance to offend a colleague."

#### Equipment or Environmental Issues

Two respondents, in their respective schools, have had difficulty obtaining video equipment when needed. Another respondent was of the opinion that her counseling office was not conducive to taping.

Loss of Continuity (due to schedule) -- Two counselors noted the loss of supervision continuity "because we flip flop every other month." (G-PGCS sessions are scheduled every other month.)

## 2. KELLY INTERVIEW

The content analysis of Kelly's interview found three responses to the barrier question. One of the responses was a predicted barrier; that is,

I think it would be a barrier if you didn't have someone... [to] provide supervision training for counselors.

As a corollary to this barrier, during an evaluation briefing, Kelly expressed concern about providing adequate clinical supervision training for new counselors to the system. The other two barriers to the implementation of G-PGCS Kelly recognized were time and taking counselors away from their daily activities.

## 3. PRINCIPAL INTERVIEWS

Eleven (79%) of the principals interviewed responded to the barrier query. The seventeen barrier responses given in the principal interviews fell into the following themes.

- *Time Constraints* (6 response)
- *Counselor Out of Building* (4 responses)
- *Group Relationship or Dynamics* (4 responses)
- *Lack of Support for Elementary Counseling at the State Level* (1 responses)
- *Taping Issues* (1 response)
- *Equipment and Environmental Issues* (1 response)
- *Lack of Communication With Administrator* (1 response)

### Time Constraints

One of the principals interviewed stated this briefly: "The time, the time, the time, the time is the only thing and that's a barrier." Four of the principals

were concerned about the increased counseling load for the counselors in their building without providing more time for counseling.

#### Counselor Out of the Building

This theme was tied closely to the time barrier theme. The demands on the counselor must, in the opinion of one principal, "make it difficult to focus on professional growth when you're worried about what's going on in the building." Several other respondents expressed the same concern, but all the principals commenting on this issue merely perceived a need to increase time available for counseling activities.

#### Group Membership and Dynamics

Principal responses closely matched counselor responses to this theme. For example, group relationships may be hindered by a dominant personality or as one principal described, "tension due to pecking order." Also mentioned was the counselor's desire to look good for the group and the groups' hesitancy or ability to provide "constructive criticism." Lastly, one principal was concerned that some counselors may not be able to handle feedback.

#### Lack of Support for Elementary Counseling at the State Level

One principal expressed the opinion that the lack of support for elementary counseling by the "current (state level) administration will impact all elementary counseling programs," including G-PGCS. Nine other principals were concerned about this issue but did not identify it as a barrier.

Taping Issues -- One principal believed a counselor's reluctance to tape may be a barrier.

Equipment and Environmental Issue -- A barrier mentioned by one of the principals was a concern over “equipment and esthetics” in conducting G-PGCS.

Lack of Communication With Administrator

The principal in one of the interviews commented that the counselor had not “talked to [her/him about G-PGCS] at all.” As a result, the same principal identified the counselor’s communication with the principal regarding G-PGCS as a barrier.

4. ANONYMOUS RESPONSES

In the content analysis of anonymous responses, one barrier was identified by a respondent, the lack of access to video taping equipment and taping facilities in her school.

## **Question 7**

Do the G-PGCS counselors have an adequate level of clinical supervision skills? The analysis of two sources of data provided information for this question:

1. a review of four taped supervision sessions by two graduate assistants trained in supervision and by the evaluator, and
2. a summary and analysis of the informal observation of a G-PGCS session by the evaluator.

### **1. REVIEW OF VIDEO-TAPED SUPERVISIONS**

To assess the adequacy of G-PGCS counselors' clinical supervision skills, a video-tape review of four G-PGCS sessions by the evaluator and two graduate assistants trained in clinical supervision was completed in March, 1998. One group of two counselors did not submit a tape for review. Furthermore, since one G-PGCS counselor was the supervisee in the sessions, the evaluator and reviewers were able to assess the supervision skill levels of ten G-PGCS counselors.

The clinical supervision skill of the ten G-PGCS counselors was adequate; however, the evaluator and reviewers noted different skill levels among the counselors. Three of the ten counselors demonstrated, to quote the tape reviewers, "barely adequate" clinical supervision skill levels. The reviewers did not know which counselors were new to the system and thereby lacked supervision training. Notwithstanding, two of the "barely adequate" supervision skilled counselors identified by the reviewers were new to the system and have had no training in clinical supervision. Just as the evaluator noted in the informal

observation, all the new counselors' feedback given in the taped sessions was to the case and not about the counselor or counseling process. To illustrate, some of the feedback provided by the new counselors included statements such as "take the student to child study" or I think the child is depressed." Case feedback is important, but one of the goals of clinical supervision, according to Getz (1997), is to shift the focus of the supervision on to the counselor. Thus, the reviewers were looking for counselor focus within the supervision and when it was not present, they adjudged the counselor's supervision skills to be "barely adequate."

## 2. INFORMAL OBSERVATION

The analysis of the feedback given in the G-PGCS session observed by the evaluator found two of the supervisors were able to provide more than adequate supervision. It was apparent that one of the members, new to the system this year, asked some (this evaluator observed three) case questions, but provided no other type of feedback. Overall, most of the peer supervisors' questions and comments were related to case. However, it was observed that the counselors trained in supervision did some questioning and commenting on the counseling process and/or counselor skill. The following table analyzes the type of supervisor feedback and supervisee responses (see section two for a more complete description of the session).

Table 10

December 15, 1997 G-PGCS Session Observation Analysis

Types of Supervision Feedback	Feedback Category	
	Case	Process and Skill
Specific Suggestions	8	2
Questions	7	4
Comments (e.g., I have a case...)	9	2
Perceptions (e.g., I see you are...)	10	0
Supervisee Responses To Feedback		
Suggestions and Questions	9	5
Comments	10	6
Questions for Supervisors	4	0
Self-Perceptions/Awareness	17	9

(N=4 participants in the session)

## **SECTION ONE SUMMARY**

This summary includes a summary of data used in section one; however, rather than recapitulate summary data found in the tables for the semantic differential scales, the JSB, and the burnout semantic differential scales, refer to Tables 1- 9. Program documents are summarized first, followed by interviews, JSB, G-PGCS semantic differential scales, burnout semantic differential scale, video-tape review, informal observation, and anonymous responses.

### **Program Documents**

Responses to two questions on the brief May, 1997, evaluation, because they addressed research questions one, two, and three, were analyzed for content. In response to the first question on the evaluation -- "What were the most helpful outcomes for you as a supervisee as a result of peer supervision?" - - (17; 100%) of the respondents provided responses to themes in the following table.

Table 11

Most Helpful Outcomes of G-PGCS, May 1997, Evaluation

Response	Frequencies
Improved Counseling Skills and Techniques	9
Peer Feedback	6
Peer Support	4
Supervision Skills	5
Improved Confidence	1
Total Responses	<b>24</b>

The first question in the May, 1997, evaluation was related to overall experience with G-PGCS, but the intent of the second question was to solicit comments about the experiences within the peer clinical supervision group. At the beginning of the 1996-97 school year, the G-PGCS counselors were assigned to peer supervision groups of four. The responses to question two followed the themes found in question one, but were related to peer group clinical supervision experience. Sixteen (94%) of the respondents gave responses to the second question in the May, 1997, evaluation -- "What do you suspect were the most helpful outcomes for your supervision group?" The following table details the themes and number of responses to the themes.

Table 12

Most Helpful Outcomes, From Peer Group Supervision, May, 1997, Evaluation

Response	Frequencies
Personal Support and Feedback	5
Counseling Skills	4
Professional Growth	4
self-awareness	2
Increased Awareness of Client Dynamics	2
Improved Supervision Skills	2
Total Responses	<b>19</b>

## **INTERVIEWS**

As a result of G-PGCS, all but one of the principals or 93% interviewed have observed positive changes in one or more of the following: counseling skill, professional changes, and personal gains within the last three years. As a word of caution, as one of the principals stated, “I don’t know if that’s a direct result of this” program.

Counselor skill gains due to G-PGCS appeared to be the most difficult for the counselors to report. In terms of numbers, eleven counselors observed some skill gains, while three counselors have not observed skill gains as a result of supervision. In contrast, personal and professional gains were reported by all the interviewees. Strengths of the G-PGCS program were identified in all the counselor interviews, but 10 identified weaknesses and 13 identified barriers to the implementation of the program. The following tables summarize the interviews by theme.

Table 13

Summary of Skill Gain Interview Responses

<b>Interview Subject(s) and Number of Respondents</b>	<b>Skill Gains by Themes</b>	<b>Response Frequencies</b>
Counselors (N=11) (N=3; not observed)	1. Learned and/or Expanded or Improved Skills	21*
	2. Changed Specific Counseling Behaviors	11*
	<i>Sub-Total Responses</i>	<b>32</b>
Principals (N=12) (N=2; not observed)	1. Learned and/or Expanded or Improved Skills	13*
	2. Observed Increases In Group and/or Individual Counseling	6
	3. Changed Specific Counseling Behaviors	4
	<i>Sub-Total Responses</i>	<b>23</b>
Kelly	1. Learned and/or Expanded or Improved Skills	2
	<i>Sub-Total Responses</i>	<b>2</b>
<b>Totals*</b>		
Respondents (N=24) No Observations (N=5)	1. Learned and/or Expanded or Improved Skills	36
	2. Observed Increases In Group and/or Individual Counseling	6
	3. Changed Specific Counseling Behaviors	15
	<i>Total Responses</i>	<b>57*</b>

\*Includes duplicate count

Table 14

Summary of Professional Change Interview Responses

<b>Interview Subject(s) and Number of Respondents</b>	<b>Professional Changes by Themes</b>	<b>Response Frequencies</b>
Counselors (N=14) (N=0; not observed)	1. Increased Awareness	13*
	2. Professional Growth and Challenge	7
	3. Improved Consultation and Referral Knowledge	4
	<i>Sub-Total Responses</i>	<b>24</b>
Principals (N=6) (N=6; not observed) (N=2; no responses)	1. Improved Consultation and Referral Knowledge	9*
	2. Increased Awareness	2
	3. Professional Growth and Challenge	2
	<i>Sub-Total Responses</i>	<b>13</b>
Kelly	1. Improved Consultation and Referral Knowledge	1
	<i>Sub-Total Responses</i>	<b>1</b>
<b>Totals*</b>		
Respondents (N=21) No Observations (N=6) No Responses (N=2)	1. Increased Awareness	15
	2. Improved Consultation and Referral Knowledge	14
	3. Professional Growth and Challenge	9
	<i>Total Responses</i>	<b>38</b>

\*Includes duplicate count

Table 15

Summary of Personal Gain Interview Responses

<b>Interview Subject(s) and Number of Respondents</b>	<b>Personal Gain by Themes</b>	<b>Response Frequencies</b>
Counselors (N=14) (N=0; not observed)	1. More Confident	11
	2. More Comfortable	10
	3. Professional Validation	10
	4. Personal and Professional Growth and/or Awareness	9
	5. Reduced Isolation	4
	<i>Sub-Total Responses</i>	<b>44</b>
Principals (N=5) (N=7; not observed) (N=2; no responses)	1. More Comfortable	3
	2. More Confident	2
	3. Professional Validation	1
	<i>Sub-Total Responses</i>	<b>6</b>
Kelly	1. More Confident	1
	2. More Comfortable	1
	3. Personal and Professional Growth and/or Awareness	1
	4. Reduce Isolation	1
	<i>Sub-Total Responses</i>	<b>4</b>
<b>Totals*</b>		
Respondents (N=20) No Observations (N=7) No Responses (N=2)	1. More Confident	14
	2. More Comfortable	14
	3. Professional Validation	11
	4. Personal and Professional Growth and/or Awareness	10
	5. Reduced Isolation	5
	<i>Total Responses</i>	<b>54</b>

\*Includes duplicate count

Table 16

Summary of Strengths Found In the Interview Responses

<b>Interview Subject(s) and Number of Respondents</b>	<b>Strengths by Themes</b>	<b>Response Frequencies</b>
Counselors (N=14) (N=0; not observed)	1. Peer Support 2. self-awareness 3. Learned Skills or Techniques 4. Supervision Feedback 5. Administrative Support 6. Professionalism 7. Mode of Clinical Supervision 8. Supervision Training <i>Sub-Total Responses</i>	19* 15* 14 13 13 9 9 6 <b>98</b>
Principals (N=13) (N=1; no responses)	1. Supervision Feedback 2. Learned Skills or Techniques 3. Peer Support 4. self-awareness 5. Mode of Clinical Supervision 6. Professionalism 7. Other Comments <i>Sub-Total Responses</i>	15* 8* 7 4 3 3 4 <b>44</b>
Kelly (see note below)	1. Professionalism 2. Mode of Clinical Supervision 3. Supervision Training 4. Meets Counselors' Needs <i>Sub-Total Responses</i>	1 1 1 1 <b>4</b>
<b>Totals*</b>		
Respondents (N=28) No Responses (N=1)	1. Supervision Feedback 2. Peer Support 3. Learned Skills or Techniques 4. self-awareness 5. Administrative Support 6. Professionalism 7. Mode of Clinical Supervision 8. Supervision Training 9. Meets Counselors' Needs 10. Other Comments <i>Total Responses</i>	28 26 22 19 13 14 12 7 1 4 <b>145</b>

Note: Kelly stated that all of his skill, professional, and personal gain responses were strengths.

\*Includes duplicate counts

Table 17

Summary of Weaknesses Found In the Interview Responses

<b>Interview Subject(s) and Number of Respondents</b>	<b>Weaknesses by Themes</b>	<b>Response Frequencies</b>
Counselors (N=11) (N=3; no responses)	1. Peer Group Relationship Issues or Dynamics	7
	2. Time or Pressure To Video-Tape	6
	3. Lack Adequate Clinical Supervision Time	3
	4. Other Comments	2
	<i>Sub-Total Responses</i>	<b>18</b>
Principals (N=4) (N=10; no responses)	1. Lack Adequate Clinical Supervision Time	2
	2. Peer Group Relationship Issues or Dynamics	1
	3. Scheduling Supervision Sessions	1
	<i>Sub-Total Responses</i>	<b>4</b>
Kelly	Lack of Adequate Clinical Supervision Time	1
	<i>Sub-Total Responses</i>	<b>1</b>
<b>Totals*</b>		
Respondents (N=16) No Observation (N=13)	1. Peer Group Relationship Issues or Dynamics	8
	2. Time or Pressure to Video-Tape	6
	3. Lack Adequate Clinical Supervision Time	6
	4. Scheduling Supervision Sessions	1
	5. Other Comments	2
	<i>Total Responses</i>	<b>23</b>

\*Includes duplicate count

Table 18

Summary of Barriers Found In the Interview Responses

<b>Interview Subject(s) and Number of Respondents</b>	<b>Barriers by Themes</b>	<b>Response Frequencies</b>
Counselors (N=13) (N=1; no observation)	1. Time Constraints 2. Video-Taping Issues 3. Peer Group Relationship Or Dynamics 4. Equipment and Environmental Issues 5. Loss of Continuity	10 7 3 3 2
	<i>Sub-Total Responses</i>	<b>25</b>
Principals (N=11) (N=3; no responses)	1. Time Constraints 2. Peer Group Relationship or Dynamics 3. Counselor Out of the Building 4. Lack of Support for Elementary Counseling at the State Level 5. Equipment Issue 6. Video-Taping Issue 7. Lack of Communication About G-PGCS With Principal	6 4 4 1 1 1 1
	<i>Sub-Total Responses</i>	<b>17</b>
Kelly	1. Time Constraints 2. Counselor Out of the Building 3. If Adequate Supervision Is Not Provided	1 1 1
	<i>Sub-Total Responses</i>	<b>3</b>
<b>Totals*</b>		
Respondents (N=25) No Observations (N=4)	1. Time Constraints 2. Video-Taping Issues 3. Peer Group Relationship Issues or Dynamics 4. Counselor Out of the Building 5. Equipment and/or Environmental Issues 6. Lack of Support for Elementary Counseling at State Level 7. Lack of Communication About G-PGCS With Principal	17 8 7 5 4 1 1
	<i>Total Responses</i>	<b>45</b>

\*Includes duplicate count

## **JSB**

G-PGCS counselors JSB means ( $M=23$ ), according to Wiggins and Moody (1983), indicate high job satisfaction. A t-test of G-PGCS counselors' mean and Crutchfield and Borders (1997) counselors' means found G-PGCS counselors mean to be significantly higher.

## **SEMANTIC DIFFERENTIAL**

Most of the adjective pair means found in the semantic differential designed for this study were interpretable. The adjective pairs *fast-slow*, *easy-difficult*, and *simple-complex* could not be interpreted in all concepts. **Good-bad**, **meaningful-meaningless**, **positive-negative**, **active**, **passive**, **strong-weak**, and **free-constrained** can be interpreted for the underlined adjective in all concepts.

To confirm the Osgood and others' (1957) dimensionality, -- evaluative, -- potency, -- activity of the semantic differential, a factor analysis procedure was completed for each concept. Since it was hypothesized that all the adjective pairs are correlated, a promax rotation procedure was utilized (Gorsuch, 1983). As this study is a program evaluation, confirmation of the evaluative dimension, in particular, according to Gorsuch (1983) enables a more powerful interpretation. The evaluative dimension was confirmed in all G-PGCS semantic differential concepts (see Appendix E for factor analysis tables).

## **BURNOUT SEMANTIC DIFFERENTIAL**

G-PGCS counselors' evaluative and potency dimension means in all concepts of the burnout semantic differential were lower than the low burnout counselors means reported by Cummings and Nall (1983). The total mean of G-PGCS counselors in all adjectives pairs (2.55) is lower than the neutral range and can be interpreted to be low.

## **REVIEW OF VIDEO-TAPES AND INFORMAL OBSERVATION**

The review of the video-tapes determined that the clinical supervision skill level appeared to be adequate. However, the reviewers and the evaluator noted skill level differences between counselor supervisors trained and not trained in clinical supervision. Non-clinical supervised trained counselors showed less skill in clinical supervision.

## **ANONYMOUS RESPONSES**

Of the 18 anonymous memorandum request forms, eight (50%) were returned to the evaluator. Twelve of the 25 responses<sup>4</sup> identified strengths of G-PGCS in the themes of peer support, self-awareness, supervision training, supervision feedback and administrative support. The remaining responses identified weaknesses (6) and a barrier (1). Three G-PGCS weaknesses were about concerns of group membership or dynamics, and the other three

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<sup>4</sup> Several strengths, all of the weaknesses, and barrier responses included program recommendations. These are listed and described in Section Two.

responses noted a lack of periodic reinforcement of supervision skills. The barrier identified by one counselor was limited access to video equipment.

## **SECTION TWO: OTHER EVALUATION FEEDBACK**

Other feedback added pertinent data for this evaluation. Two of the elements needed, according to Patton (1990), for a comprehensive evaluation are detailed in this section. A program description and history provided a necessary component of an evaluation. These descriptions allow readers to enter the setting and perceptions of the participants represented in the evaluation report. Two, paramount to a program evaluation are the recommendations of the evaluation participants. Program recommendations must be based, in part, on participant input. The sources of other feedback include:

- a content analysis of responses in two program documents: a survey conducted in August, 1994, and a survey conducted in January, 1995,
- summary of an informal observation of a G-PGCS session conducted by the evaluator, December 15, 1997,
- a content analysis of G-PGCS descriptions and recommendations found in the audio taped interview transcripts and field notes of the G-PGCS counselors, principals, and the Guidance and Counseling Director, and
- a summary of recommendations found in a content analysis of anonymous responses to a memorandum request.

## **PROGRAM DOCUMENTS**

Program documents in this section provided some history and description of G-PGCS. There are numerous documents related to the training received by the G-PGCS counselors. Getz's first survey was given to and collected from

sixteen counselor respondents on August 23, 1994. Of the six questions, one through four on the survey related to past experience with clinical supervision. The fifth and sixth questions asked what the respondents wanted to learn from Getz and peer supervision. Forty-seven comments were enumerated. Sixteen (100%) respondents provided comments to question five, and fourteen (88%) provided comments to question six.

The responses to both of these questions provided a description of G-PGCS goals the participants expressed at the beginning of the program. Interestingly, Kelly discussed in his interview the "unrealistic expectations" the counselors had when they started G-PGCS training. "They expected this (clinical supervision) to fix all their problems." The six themes found in a content analysis of 47 responses questions four and five seemed to confirm Kelly's observation. The most predominant theme -- *develop, improve, or learn new counseling skills or techniques* -- had twenty-three responses. However, most of the skills and techniques identified by the counselors related to specific counseling cases; for example, divorce or inappropriate behaviors. The breakdown by responses is provided in the following table.

Table 19

What Would You Like To Learn? In Clinical Supervision Training, August, 1994,  
Survey

Response	Frequencies*
Develop, improve, or learn new counseling skills	23
Improve case conceptualization and goal setting	8
Feedback – Sharing ideas	7
Learn about supervision	5
Grow professionally	2
Self-understanding and confidence	2
Total Responses from Question 5 & 6	<b>47</b>

\*Includes duplicate count

After a semester of clinical supervision training, the counselors were administered another survey on January 9, 1995. In addition to questions regarding the training, this survey queried the counselors in two areas and were analyzed for this evaluation:

1. changes as a result of training in their "counseling work," and
2. suggestions for future clinical supervision training.

Twenty (100%) of the surveyed counselors wrote thirty-nine responses to the query, "How has clinical supervision training thus far helped you reflect on or change your counseling work?" Four themes were discovered in the content analysis of this survey question. The following table lists the themes and number of responses.

Table 20

What Has Helped In Counseling Work, January, 1995, Survey

Response	Frequencies*
Learned New Techniques and Skills	15
Improved Case Conceptualization	10
Improved self-awareness Including Confidence	9
Professional Support - Validation	5
Total Responses	<b>39</b>

\*Includes duplicate count

Thirteen respondents (65%) provided fourteen suggestions for future supervision training. Eight of the respondents wanted more training in case conceptualization and counseling skills. The other suggestions ranged from wanting more freedom in choosing or changing the supervision method (3 responses) to more activities to improve "self-awareness" (1 response).

There were other program documents which described the process and history of the program. Getz (1997) has written an account of the training and history of G-PGCS. In addition, at the Spring 1997 Virginia Counselor's Association Convention, Getz, Kelly, and four Roanoke County elementary school counselors presented a program describing and detailing G-PGCS process.

### **INFORMAL OBSERVATION**

This observation provided descriptive information on the structure and process of a G-PGCS session. The supervision session began with the distribution of a one-page written case presentation followed by a verbal case presentation. At the end of the case presentation, the supervisee asked specific questions for help. This evaluator noted that all supervisee questions were related to case and process (counseling techniques); no question for help with a specific counseling skill, for example, line of questioning, was tendered. Prior to viewing the supervisee's video-tape, all of the other members (3) of the group asked and received answers to clarification questions. Also, during the twenty-five minute video-tape, members occasionally asked other clarification questions.

After the video-tape, supervision feedback or critique provided by the members lasted approximately thirty minutes. The feedback process appeared to be informal and all participants engaged in the feedback.

At the end of the one hour and ten minute supervision session, the supervisee thanked the other members and briefly summarized the feedback and related what she might change in the future. One other member requested help regarding a case, but did not present a video. The supervisee requested feedback related to a specific case; for example, "how can I help a student I am counseling with on divorce?" The total time for this exchange lasted about fifteen minutes. The session ended on a discussion about referral services as related to individual cases. This evaluator noted the group conducted and had time for only one comprehensive supervision experience.

### **KELLY INTERVIEW**

Roanoke County School System's Guidance and Counseling Director, Kelly, was the originator of G-PGCS. Kelly reported his first step was to employ Getz, through a contract with Roanoke County Schools, to train K-6 school counselors in clinical supervision. Thus, with Getz's leadership and through what Kelly referred to as a "pragmatic process," G-PGCS was designed. Indeed, most of the counselor interviewees stated Kelly's support and initiative and Getz's training were key factors in the development and continuance of G-PGCS. Consequently, the interview with Kelly was rich with G-PGCS program history.

Well, just a little bit of history first, I guess, I've been concerned since I've been in this position, which is a long time, since 1971,

about any counselors, not just elementary,... not getting any feedback on their work in the form of some clinical supervision.... And then talking with Dr. Getz, really about this, she and I came to the initial conclusion that maybe we could work out something.... So we devised the model and we're now in, I guess, fourth year.

In his concluding remarks, Kelly offered two recommendations:

1. Don't mix clinical supervision with counselor evaluation.
2. Have a "third party" launch the program rather than a director of guidance and counseling, "by taking myself out of it took some anxiety out of it as well."

### **PRINCIPAL INTERVIEWS**

Eight specific recommendations were made by six principals. All of the principals discussed procedures for finding more time for clinical supervision. Five principals voiced ideas about extending the school day and compensating the counselors on supervision days. In order to provide more opportunities for supervision, one principal suggested reorganizing the groups into dyads because this would provide sufficient time for both counselors to be supervised. One suggestion was to give the counselors "more live supervision and less tapes." Another principal "would like to see them [the counselors] have the authority" to redesign the program.

### **COUNSELOR INTERVIEWS**

Descriptions of a supervision session by the counselor interviewees were fairly consistent. All the counselors talked about the supportive or comforting

nature of their peer supervision group. To illustrate the responses to the question, "What would I see if I observed a peer group clinical supervision session?" the following quotes are fairly representative and descriptive.

Well, I think you would see four counselors interacting together in a fairly comfortable environment willing to listen to comments, concerns, and trying to help each other work in terms of helping to improve counseling skills and counseling process.

You would see constructive criticism, appropriate feedback regarding the case, the specific case that the counselors were focused on. Our supervision group was very organized and goal oriented. We really tried to determine... [as counselors] what better skills and techniques we could utilize in better meeting the clients needs or problem. You would, our goal [was to] try to do one video-tape of our actual peer supervision and process.

Well hopefully you're going to see some clinical supervision techniques, okay, in our group. We have, I think moved along from just talking about the case and client onto really, to the process and usually what we do, we try to choose how we want the supervision to take place. It may be we would like to do role playing or we might want to do sculpturing or we may want to do, 'if I were the counselor,' you would see those kinds of things, but you would see actually working through the process itself, the counseling process, and not so much the, the content.... So I think that's what you would see is one of our methods and we've also moved away from just talking about the process into, like I said, role playing, sculpturing, 'if I were the counselor,' those kinds of things, which makes it even fun, more fun I think than just talking about it.

Three general goals related to supervision were found in the counselor interviews -- case assistance, counseling process or skill, and support for counselor. All of the counselors alluded to the support component within the supervision. Notwithstanding, the case and process goals of the session are determined by the supervisee. Part of the structure of the supervision session is a case presentation with the supervised counselor asking for specific help at the

end of the presentation. Thus, if a counselor requested help with a specific skill, the group would focus on the skill during the supervision.

Another consistent G-PGCS session description theme was the use of video-tapes in the supervision process. All the counselor interviews talked about the taping; however, the amount of tape presentations varied. One group to this date (February 1998) has not used video-taping in the supervision session. The other two groups and both pairs have used video-tapes this school year, but as of February of this year, only one tape for supervision has been viewed per session in every group.

One aspect of the program description was not consistent. The group complexion or size has changed for four of the counselors this year. Four G-PGCS groups were established in the third year of G-PGCS (August, 1996). However, at the beginning of 1997-98 school year, one group decided, with the Guidance and Counseling Director's approval, to conduct all except the first and last supervision session in pairs. According to the members of this group, the following rationale was given for the pairing:

- the maximum number of formal supervisions which can occur in a session with four members is two; pairing provided enough time for both counselors to be supervised in a session, and
- there had been some "relationship problems" between two of the group members the previous year; thus, to avoid these "problems" one of the members wanted to begin this year with a supervision dyad.

Interview responses from the participants in supervision pairs indicated the basic techniques used in clinical supervision did not change.

All of the counselors offered a total of 28 recommendations in the course of the interview (see Table 21 for a summary of all recommendations found in the interviews). However, most of the recommendations were found in thirteen counselors' responses to the program redesign question. The recommendations fell into four themes.

1. Group Membership and/or Organization - Ten of the counselors suggested changing or reorganizing the group membership. Four counselors wanted to try a supervision dyad because as one counselor put it, "it would be more efficient" because all counselors can be provided supervision in every session. Four other counselors recommended changing the group membership "every two to three" years because, as an interviewee stated, "there's some good rationale for staying together as a group, but there's also a danger of getting too comfortable and not opening yourself up or not expanding yourself." Another interviewee strongly suggested assigning at least two experienced and highly skilled counselors to a group. Similarly, another counselor suggested pairing new counselors with more experienced counselors.
2. More Clinical Supervision Time - Five of the interviewees recommended more time allocation for clinical supervision. Meeting more than every other month would provide continuity and

more supervision can be provided group members. One counselor just wanted more time to do supervision and suggested weekly supervision sessions.

3. Periodic Feedback From a Trained Supervisor - Five of the counselors expressed the desire for annual supervision feedback and/or inservice from a trained "university supervisor, somebody like Dr. Getz."
4. Continue the Program - Although most ( $N = 13$ ) of the counselors interviewed would participate in G-PGCS "even if it was not mandated", five gave specific recommendations to continue the program.

Other suggestions included providing time for counselors to conduct live supervision, more flexibility in video-taping, and promoting the expansion of G-PGCS with other systems "take the show on the road."

Table 21

Summary of Recommendations Found In the Interview Responses

<b>Interview Subject(s) and Number of Respondents</b>	<b>Recommendations by Themes</b>	<b>Response Frequencies</b>
3.Counselors (N=14) (N=0; no response)	1. Redesign Group Membership and Group Organization 2. Provide Periodic Supervision Feedback or Training From a Counselor Trainer 3. Provide More Supervision Time 4. Continue G-PGCS Program 5. Provide Opportunities For Live Supervision 6. More Flexible About Video-Taping 7. Expand Program To Other Systems	10 5 5 1 1 1
	<i>Sub-Total Responses</i>	<b>28</b>
Principals (N=6) (N=8; no responses)	1. Extend School Day For Counselors' Supervision and Compensate 2. Redesign Group Membership and Group Organization 3. Provide Opportunities For Live Supervision 4. Counselors Have Authority To Redesign Program	5 1 1 1
	<i>Sub-Total Responses</i>	<b>8</b>
Kelly	1. Do Not Mix Clinical Supervision With Counselor Evaluation 2. Utilize Outside Resources In Implementing a Clinical Supervision Program	1 1
	<i>Sub-Total Responses</i>	<b>2</b>
<b>Totals*</b>		
Respondents (N=21)	Recommendations	38
No Responses (N=6)	<i>Total Responses</i>	<b>38</b>

\*Includes duplicate count

### **Anonymous Redesign Suggestions**

Seven participants (44% of the possible respondents) provided fifteen responses and/or comments to the redesign query. The most frequent redesign theme expressed in the memorandum was need for periodic input or training from an outside or “university” supervisor. Six respondents recommended either more supervision training or inservice at “certain points” or occasional supervision feedback from a “university” supervision trainer. One respondent wanted to keep the present group of four and commented, “We are fortunate in our group to have 4 people who support and respect each other.” On the other hand, another respondent wanted the grouping of counselors to be...

handled carefully. More experienced counselors paired with less experienced counselors does not benefit the more experienced counselor.

Other recommendations included more release time for supervision, opportunities for live supervision, a video camera for G-PGCS counselors, and the use of audio tapes when “pressed for time.” Finally, a recommendation to deal with and not ignore a group problem was made because last year one of the groups, instead of “addressing the issue as a part of the supervision process, decided to split” into pairs.

There were six respondents (38% of the possible respondents) to the “other suggestions or comments” query. Of the thirteen responses to this query, two were recommendations. One respondent wanted to “experiment with group membership” while another perceived a need to have a “safety net” or some

mechanism to resolve future relationship problems within a group. The rest of the responses (12) made reference to strengths of the G-PGCS program.

## **SECTION TWO SUMMARY**

Program descriptions and history found in interviews and program documents are self explanatory. The descriptions of G-PGCS sessions found in the informal observation and counselors' and Kelly interview were the core of the program descriptions. G-PGCS recommendations were found in the interviews and in the anonymous responses. Most of the recommendations centered around the time issues including the lack of adequate supervision time, relationship and group dynamic issues, and the need for clinical supervision feedback or reinforcement from a "university" level supervisor.

## **CHAPTER 5**

### **INTERPRETATIONS AND RECOMMENDATIONS**

This chapter briefly summarizes and interprets the analyses of the findings in the evaluation of G-PGCS. In addition, based on the findings, an evaluation is not complete, according to Patton (1982), without judgments. Therefore, included in this chapter are:

- evaluation interpretations of the findings and judgments,
- G-PGCS recommendations,
- replication recommendations,
- recommendations for further research, and
- conclusions.

#### **Evaluation Interpretations of the Findings and Judgments**

The evaluation research questions provided the structure for summarizing and interpreting the evaluation findings and judgments. The G-PGCS semantic differential results, in particular, helped to place value and meaning to the judgments. Other feedback, especially descriptive data found in program documents and participant interviews, also provided addition sources used in the evaluation of G-PGCS. Therefore, feedback data were used in some of the interpretations and judgments of the questions.

**1. As a result of membership in G-PGCS, what counseling skills do the participants in the evaluation believe the G-PGCS counselors have gained and/or improved?**

**Findings Interpretation**

As a result of G-PGCS, eleven (79%) of the counselors identified 32 skill gains. Three counselors did not observe gains in skill due to G-PGCS. The skill gains identified by the counselors fell into two themes: *learned and/or expanded or improved skills* (21 responses) and *changed specific counseling behaviors* (11 responses). Feedback from other G-PGCS group members was the predominant explanation given for skill gains. Video-tape reviews contributed to some of the changes in behavior gains noted in the interviews, but member feedback on the video also played a role in changing behaviors.

Responses to the skill gain question appeared to be consistent, but there were some equivocal statements from the counselor interviewees. To illustrate, “I don’t know, but maybe...” or “this is difficult, let me think...” types of statements were found in many of the skill gain responses. Field notes taken during the interviews underscored some of the interviewees’ ambivalent responses. On close examination of the transcripts and field notes, this evaluator also found that some of the counselor interviewees did not separate skills learned in supervision training from G-PGCS. Hence, this evaluator questions the substance and consistency of the interviewees’ responses to skill gain.

Although on the semantic differential skill gain concept, all three of the adjectives pairs in the evaluative dimension could be interpreted, the means in

**good-bad** ( $M=5.54$ ) and **meaningful-meaningless** ( $M=5.69$ ) when compared to all other concepts were the lowest. In the potency dimension, **active-passive** also has the lowest mean ( $M=5.62$ ). Although at acceptable levels, skill gains appear to be, according to the counselors ( $N=13$ ), the least potent gain of the G-PGCS program.

Except noting more individual or group counseling, the themes found in the transcripts of the principal interviews matched the themes of the counselor interviews. Kelly and twelve (86%) of the fourteen principals interviewed noted skill gains, but this evaluator discovered most of the principals obtained their information about G-PGCS from the counselors. In addition, some of the principals and Kelly used qualifying adjectives in describing skill gains. To illustrate, Kelly stated, "I think there's been probably a shift for some counselors...." Due to these factors an interpretation of the responses by Kelly and the principals in skill gains may be dubious. Notwithstanding, the analysis of the principal responses appeared to confirm skill gains identified by the counselors.

Other feedback data added to the interpretation of this question. When asked what the counselors wanted from clinical supervision in the August 1994 survey, 66% of the responses were to improve skills including case conceptualization (see Table 19). By the May 1997 evaluation, when asked the most helpful outcomes of the program and the group, out of 43 responses, 13 or 30% were skill gain. A plurality of the responses (15 or 35%) found in the May 1997 evaluation identified peer feedback and support as a helpful outcome of G-

PGCS. The analysis of 98 responses to the strengths of G-PGCS found the number of skill gains responses by the counselors was just 14 or 14%. Hence, at the beginning of G-PGCS, the counselors' primary goal was to gain skills, but as counselors matured through the program, the primary effect on the counselors shifted from skill gain to peer support and self-awareness (see Table 15).

#### Question One Evaluation Judgment

Counselors have gained skills as a result of G-PGCS. Most of the skills were techniques learned within the peer groups. Of all the gains of G-PGCS, skills identified in the interviews were the most ambiguous. The G-PGCS semantic differential mean scores indicated that as a result of G-PGCS, counselors have gained skills. Overall, however, the G-PGCS semantic differential means were lower than the other concepts measured (see Table 1). Thus, skill gains due to G-PGCS need to be qualified.

#### **2. As a result of membership, what are the changes evaluation participants report in G-PGCS counselors' professional behavior?**

##### Findings Interpretation

Counselors gave the least number of responses to the professional change question; however, all (14) provided responses to this question. Three themes were discovered in the analysis of the counselor interview transcripts. According to the counselors, participation in G-PGCS led to professional change in the following areas: increased awareness of self and others as it relates to counseling, professional growth and challenge, and improved consultation and

referral knowledge. The G-PGCS counselors' adjective pair means on the concept of professional change found a favorable direction in professional change. Interpreted adjectives with a mean of 6.00 or higher were ***good***, ***positive***, and ***active***; however, the professional changes are also ***complex***. The means found in the professional change concept indicate that professional change had more impact on the counselors than skill gains.

The analysis of the professional change concept in the semantic differential and counselor interview responses has indicated a change since the G-PGCS began. In the August, 1994, survey, only two (4%) of the responses were related to the goal to grow professionally. Thus, professional changes or growth impacted the G-PGCS counselors more than they anticipated at the beginning of the program.

Although all the counselors interviewed provided responses, only six or 43% of the principals interviewed responded to the professional change question. Eight or 58% of the principals did not observe or did not respond to the question. Of the responses, the most prevalent theme with the principals, and the only theme Kelly acknowledged, was improved consultation and referral knowledge. The differences between the number of counselors' and administrators' observations could be attributed to two factors. One, there is a lack of clear and systematic definition of the word professional, and two, counselors may be in a better position to assess their professional changes.

### Question Two Evaluation Judgment

G-PGCS has impacted, in a positive direction, the participating counselors professionally. Professional changes due to G-PGCS came from counselor self-awareness and/or feelings. For example, one of the counselor interviewees stated, G-PGCS “makes me feel professional.” The principals have not observed as much professional change. Professional changes or “feelings” have changed for the counselors as a result of participating in G-PGCS; however, the principals have not observed changes of the same magnitude as counselors.

**3. As a result of membership, what, in the opinion of G-PGCS evaluation participants, are personal gains or outcomes of the G-PGCS counselors?**

#### Findings Interpretations

Personal gains as a result of G-PGCS were identified by all (14) counselors interviewed. An analysis of the 44 responses found four themes with near equal number of responses; these were *more confident* (11 responses), *more comfortable* (10 responses), *professional validation* (10 response), and *personal and professional growth and/or awareness* (9 responses). Reduced isolation was mentioned by four of the counselor interviewees. Except in the *more comfortable* theme, the counselor responses to the personal gain question had a common association; that is, the relationships within the groups, or as in the case of *reduced isolation*, the reality that the peer supervision group exists at

all. Counselors responding to the *more comfortable* theme were “getting used to video-taping” or feeling an increased comfort level with peer clinical supervision.

Kelly also observed and identified the same themes as the counselors, but most (9) of the principals did not attribute counselor personal gain to G-PGCS. Only five or 36% principals gave six responses to the personal gain question. As with the term professional, personal gain is an ambiguous concept. To illustrate, several principals stated their relationships with the counselors are more professional than personal. Although the principals may not have much awareness of counselor personal gain, all but one of the principals interviewed were very complimentary of the counselors’ personal strengths.

Two other sources of information provided an estimate of the G-PGCS counselors’ personal gain: the JSB and a burnout semantic differential. The G-PGCS counselors’ JSB (Hoppock, 1935) mean ( $M=23$ ) was in the high range (23-28).<sup>5</sup> This indicates that the G-PGCS counselors have a high job satisfaction. Since no JSB pre-test was administered to the counselors, their high mean cannot be solely attributed to G-PGCS. Nevertheless, the impact of G-PGCS on job satisfaction could have contributed to their JSB high mean. To test this assumption, a one-way t-test compared G-PGCS counselor mean with JSB means reported in Crutchfield and Borders (1997). Two of the differences between the samples were the length of peer clinical supervision treatment. G-PGCS counselors were trained in clinical supervision and have had almost four years of treatment, but the Crutchfield and Borders (1997) sample had nine weeks of supervision and no supervision training. The t-test of independent

sample of proportions found the G-PGCS counselor JSB mean was significantly higher than both the pre- and post-test JSB means reported in Crutchfield and Borders (1997). The t-test results are an indication that G-PGCS may have impacted the counselor participants' job satisfaction.

A measure of personal concepts in job, self, and client was made on a nine-point, twelve-adjective pair burnout semantic differential (Cummings and Nall, 1983). The overall average mean of G-PGCS counselors on the burnout semantic differential was 2.55. Combining the scaled scores from the three concepts, the neutral mean burnout range calculated for the burnout semantic differential by Cummings and Nall (1983) was 3.1 - 5.1. Therefore, the G-PGCS counselors, based on the mean, have low burnout; however, the burnout semantic differential mean cannot be solely attributed to G-PGCS. It can, as with the JSB mean, be assumed that participation in G-PGCS did contribute to low burnout means.

This assumption was tested with a t-test of independent sample of proportions with G-PGCS counselor evaluative and potency dimension means in the three concepts and low burnout ( $N=20$ ) sample means reported in Cummings and Nall (1983).<sup>6</sup> G-PGCS counselors had significantly lower means in both dimensions of self and client, and non-significant lower means in job (see Table 4). The purpose of Cummings and Nall's (1983) study was based on the hypothesis that a participatory type of supervision contributes to low school counselor burnout levels. Their findings confirmed this hypothesis; therefore,

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<sup>5</sup> According to Wiggins and Moody (1983), the high range for JSB scores are 23 and 27.

counselors' involvement in G-PGCS, a very participatory type of supervision, may have contributed to their low burnout scores.

#### Question Three Evaluation Judgment

Counselors have had personal gains as a result of G-PGCS. These gains are related to self- and other-awareness, job satisfaction, and client perceptions. The program has contributed to their self-confidence as counselors and in the process, they have become more comfortable with supervision.

#### **4. What, in the opinion of G-PGCS evaluation participants, are the strengths of G-PGCS?**

G-PGCS strength responses by the counselors in the interviews were numerous. All (N=14) counselors provided a total of 98 responses to this question. As with the personal gain question, most strengths identified were had a consistent core. The relationship factor was found in a majority of the themes including *peer support* (19 responses), *self-awareness* (15 responses), *learned skills or techniques* (13 responses), *supervision feedback* (13 responses), and *professionalism* (9 responses). Thirteen of the counselors also recognized administrative support as a strength of the program. The *mode -- peer group -- of supervision and supervision training* were identified as a strength in 15 responses.<sup>7</sup>

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<sup>6</sup> Cummings and Nall (1983) separated high and low scores in their sample and found significant differences high (N=20) and low N=11) burnout counselors.

<sup>7</sup> The strength themes *peer support*, *self-awareness*, *supervision training*, *supervision feedback*, and *administrative support* were echoed in the anonymous responses.

In general, following the same themes found in the counselor interviews, the analysis of principals' tape interview transcripts found 44 strength responses. Kelly concurred, but added that G-PGCS met the counselors' needs. As in the other analyses of interview transcripts, the principals' responses appeared to verify the counselors' strength observations, but most of the principals' perceptions about G-PGCS appeared to come from communication with the counselors. Therefore, an interpretation of the principals' responses about the strengths of the program may be questionable.

On the other hand, the analysis of the semantic differential scores provided a more reliable check of the counselor responses. Five concepts -- **clinical supervision, peer supervision sessions, counseling relationships with students as a result of G-PGCS, peer supervision feedback, and administrative support** -- were measured by the G-PGCS semantic differentials to assess G-PGCS strengths and weaknesses (see tables 5-9). Overall, the results of these semantic differentials added more meaning for the strengths of the program noted by the counselors. The mean scores found on the adjective pairs **good-bad, meaningful-meaningless, positive-negative, active-passive, free-constrained, and strong-weak** in all the concepts were above the neutral range (3.5-4.5). Hence, the underlined adjectives in the previous sentence can be interpreted. Of the five concepts, **supervision feedback** and **counseling relationships with students as a result of G-PGCS had the highest means**. This can be interpreted to mean that counselors value the supervision feedback and are of the opinion that G-PGCS has improved their counseling relationships.

If, according to Bernard and Goodyear (1992), to better help the client is the primary purpose of clinical supervision, then improved counseling relationships should be and are one of the most important strengths of G-PGCS.

#### Question Four Evaluation Judgment

The G-PGCS program strengths identified by the counselors in the interviews and the measures of the G-PGCS semantic differential scales are the primary strengths of the program. They include the following:

- G-PGCS feedback, in particular, has improved the counseling relationships of the participants. A synthesis of the semantic differential concept means indicated that skill may be the least gain and the positive impact of G-PGCS feedback on the counseling relationship to be the most powerful outcome;
- peer support and professional validation have increased;
- G-PGCS has reduced the participants' sense of isolation;
- increased self-awareness has been a benefit of the program;
- G-PGCS has increased the participants' opportunities to learn counseling skills and techniques;
- supervision feedback has had a positive effect on the participants;
- most of the participants have gained a greater sense of professionalism;
- the administrative support of G-PGCS is a strength of the program;
- the mode of G-PGCS supervision is a strength of the program; and
- the supervision training provided to 13 of the present 16 G-PGCS counselors is a strength of the program.

**5. What, in the opinion of G-PGCS evaluation participants, are the weaknesses of G-PGCS?**

Three weakness themes were found in the analysis of eleven counselor interviews: *peer group relationships issues or dynamics, time or pressure to video-tape*, and *lack of adequate clinical supervision time*. Explanation of some of the relationship issues within a group were discussed in the counselors' descriptions of G-PGCS. Three of the counselors alluded to problems or potential problems with group dynamics. One of the groups has split into pairs for supervision, in part due to what one counselor perceived to be a domineering group member. In addition to anonymous comments regarding problems or concerns regarding *group relationship or dynamics*, three comments about the *lack of reinforcement of supervision techniques* were tendered. One principal also identified *relationship issues or dynamics as a weakness*. *Lack of adequate supervision time* was recognized as a weakness by Kelly and two principals.

Although, the interpretation of the SDS means found the concepts peer clinical supervision, G-PGCS sessions, and counseling relationships to be complex, this may not be a weakness. To quote one of the G-PGCS counselors in an evaluation feedback, "the program being complex is a strength." Peer clinical supervision was also interpreted to be difficult. As with complexity, the difficulty of a program does not signify that it is a weakness.

### Lack of Adequate Time

*Lack of adequate time for supervision* appears to be a serious weakness of G-PGCS. For example, the peer groups hold a two-hour supervision session every other month. This year, the first session was an “organizational meeting” and no supervision occurred; therefore, at the most, just four supervision sessions can occur this school year. Furthermore, as observed both in the informal observation and video-tape reviews, usually the groups have time for one full supervision; that is, case presentation, video-tape review, and supervision feedback in a session. Thus, the time between “full” supervision sessions of one counselor can be as long as one year.

### Time and Pressure to Video-Tape

Although several of the counselors were of the opinion that video-tape review is a strength of G-PGCS, six of the fourteen counselors interviewed cited *pressure to video-tape* as a weakness. Lack of time was cited as a factor in this weakness. Nonetheless, several of the counselors wanted to use other methods of supervision, especially live observation, but three of the counselors who listed video-taping “pressure” as a weakness were also somewhat reluctant to tape. Probably, a combination of “pressed for time” and counselor reluctance to tape were the basis for this perceived weakness.

### Relationship Issues

Another weakness which could seriously impede the G-PGCS program progress is relationship and/or membership issues. An analysis of counselor

responses to this issue found the relationship weaknesses to have three elements.

- A wide variety of experiences and counseling skill levels are found within a group. If the membership does not change periodically, a highly skilled counselor may not be given needed or appropriate supervision.
- The comfort levels within some of the groups are very high, which is a strength and also a weakness. As one of the counselors commented, because the members of the group are so comfortable with each other, it's less challenging and there is a need for "fresh" input.
- Although school counselors may have some training in group dynamics and leadership, several of the G-PGCS counselors have avoided confronting some issues within a group. Most of the counselors provide group counseling in the schools but may not be well versed on adult group procedures, dynamics or leadership.

#### Lack of Supervision Technique Reinforcement

*Lack of supervision technique reinforcement* was not identified in the interviews; however, it was mentioned in three of the returned anonymous responses. Based on Bernard's (1979) model of clinical supervision training of G-PGCS counselors, Getz emphasized a balanced approach to clinical supervision: a focus that includes case (the client), the process (counselor skill), and support (counseling). Several of the G-PGCS counselors were concerned about a shift in G-PGCS sessions to focusing too much on the client. The

informal observation made by the evaluator and the tape reviews seemed to confirm this concern. Without some supervision reinforcement by a university supervisor trainer, it has, in the words of one of the counselors, “become very easy to not focus on the counselor.”

Kelly discussed another aspect of the *lack of supervision training or reinforcement*. Due to counselor attrition or turnover, Kelly recognized the need for “some maintenance down the road.” This program weakness has become apparent to the evaluator. In the observation of a G-PGCS session, the evaluator surmised that the counselor who was new to the system in this group did not have as high a clinical supervision skill level as the rest of the group. The evaluator’s assessment was confirmed in video-tape reviews of G-PGCS sessions. Based on an examination of video-tapes of four G-PGCS sessions, the evaluator and two reviewers trained in clinical supervision rated the counselors’ supervision skills (see research question 7). Although adequate, they observed some clinical supervision skill differences, especially with counselors new to the system. All the observed feedback given in the supervision sessions by the new counselors was related to case and not counseling process nor skill. Hence, new counselors’ skill level in clinical supervision appeared not to be as high as the counselors trained in clinical supervision.

### Question Five Evaluation Judgment

Four weaknesses of G-PGCS were identified. If G-PGCS is to continue to be a viable clinical supervision program, three of those weaknesses will need to be addressed:

- adequate time for supervision,
- relationship dynamics or issues, and
- reinforcement of training and/or training of counselors new to the system.

The pressure or reluctance to tape weakness could be addressed in training reinforcement.

### **6. What are the barriers to the implementation of G-PGCS?**

G-PGCS barriers identified in the counselor and administrator interviews matched, to some extent, the weaknesses found. However, there were more barrier responses (counselor responses 25; administrative responses N= 20) and the frequencies of responses within the themes were not the same.

Furthermore, approximately one-third of the responses to the barrier question were not related to personal observation, but hypotheses of what can happen.

To illustrate, some of the counselor comments began with "if there is a problem in a group" or "I don't have trouble getting permission to tape, but it may be in the future." Thus, barriers appeared to have a less personal meaning than weaknesses.

The most frequent response to the barrier question in all the interviews was *time constraints* (17 responses), followed by *video-taping issues* (8 responses) and *relationship issues* (7 responses). Kelly and two counselors noted the loss of supervision continuity due to the length of time between sessions. However, the interpretation of the *time constraint* theme is different from lack of time weakness. The *time constraint* barriers were distinguished as the lack of time counselors have in general to accomplish their jobs; whereas, the lack of time identified as a weakness referred to lack of supervision time.

One identified barrier was not tied to weaknesses of the program. Interview responses from one principal, three counselors' interviews, and one anonymous counselor response identified the *lack of access to video equipment* as a barrier. Although tied to the *pressure to tape* weakness, lack of equipment responses were concerns in only two elementary schools.

#### Question Six Evaluation Judgment

The G-PGCS program does have some barriers to implementation. They include time constraints, real and potential group relationship issues, video-taping issue, equipment access, and continuity issues. The "time constraints" barrier, as defined here, is inherent in many educational programs, but as many of the counselors and principals stated, beneficial programs justify the time. Although worthwhile programs justify the time spent, G-PGCS time constraints, as with the other barriers, should be addressed and not be dismissed.

**7. Do the G-PGCS counselors have an adequate level of clinical supervision skills?**

The informal observation and video-tape review by the evaluator and two reviewers found adequate but not consistent G-PGCS counselor skill levels of clinical supervision. Although the overall clinical supervision skill level was determined to be adequate, three of the peer supervisors exhibited, to quote the two tape reviewers, "barely adequate supervision skills." The tape reviewers were not aware of the counselor-supervisors' tenure with the system; however, two of the barely adequate-skilled supervisors were new to the system this school year and had not been trained by Getz in clinical supervision.

The reviewers and the evaluator perceived that most of the feedback given by the peer supervisors in all but one of the sessions centered on the case and not the counselor. All of the feedback given by counselors not trained in clinical supervision was related to the case, but it appeared that more than half of the feedback given by the trained counselors was also about case. Some of the feedback given can be explained by the supervisee's request for help. For example, a supervisee may have asked for more case than process or skill help; hence, the peer supervisors were responding to the supervisees' requests. However, the observed supervisees' requests for help were a mix of case and counseling process. There were no pleas for help in specific counseling skill (e.g., open-ended questions or pacing). Thus, overall, the supervision feedback did address the supervisees' request for help.

### Question Seven Evaluation Judgment

The peer group counselor supervisors have adequate skills in clinical supervision. However, there appeared to be a noticeable difference in skill levels between clinical supervision trained and untrained counselors. Counselors not trained in clinical supervision were less skilled than trained counselors.

## **RECOMMENDATIONS**

Three categories of recommendations are given in this section. One, a list and explanations of specific G-PGCS program recommendations are given. Two, G-PGCS replication recommendations are delineated. Three, recommendations for further research are tendered.

### **G-PGCS Recommendations**

#### **1. Continue the program.**

The findings in the skill gains, professional changes, personal gains, program strengths, and descriptions of G-PGCS established value of the program for the participants. G-PGCS is an innovative mode of clinical supervision for school counselors. It has met some of the clinical supervision needs and has improved counseling with the participants. As this evaluator judged, G-PGCS is a viable method of clinical supervision for Roanoke County elementary school counselors. Since there are no descriptions of an on-going and systematic peer group clinical supervision program for school counselors in the literature, other school systems need to become aware of the program's potential for possible replication (see Replication Recommendations).

#### **2. Expand G-PGCS to include all counselors in the system.**

As G-PGCS has been evaluated to be a viable clinical supervision program for elementary counselors in Roanoke County, the program could be expanded to the other counselors in the system. There were no artifacts which indicated that G-PGCS should be limited to elementary counselors. Although some of the benefits of the elementary program could not be applicable for

middle and high school counselors (e.g., reduce isolation), the other G-PGCS strengths identified justify this expansion.

### **3. Address G-PGCS Weaknesses and Barriers (in order of importance)**

#### Lack of Adequate Time

The most expedient option is to continue with peer groups of four, but instead of every other month, provide time for supervision every month. At present one-half day a month is designated during school time either for G-PGCS or in-services and/or meetings with the Counseling and Guidance Director. Therefore, the counselors are able to have G-PGCS sessions every other month. For continuity and supervision carryover, G-PGCS needs to be at least a monthly activity. However, the in-service and/or meetings with the director are very important for the counseling program and should continue. Following the recommendations of several principals, on the months the counselors have general meetings with the director, the counselors could conduct a G-PGCS session outside of the contracted school day with compensation. If judged feasible by the counselors, the system should compensate with "extra duty pay" for two hours that month.

Mandating that two counselors present tapes and are supervised within a G-PGCS session would offer a less attractive option. This might cause some difficulties with the counselors, but as observed this year, the first G-PGCS session did not occur until December, and even then, at least one group did not have a counseling tape in the supervision. Thus, supervisions using video-tapes need to occur in the time set aside for supervision -- from the first to the last.

### Relationship or Group Dynamics Issues

G-PGCS groups were established geographically. Some members have become comfortable being supervised by their colleagues; however, as many of the counselors stated, "You can become too comfortable with the group." Other counselors expressed a desire for more supervision perspectives. Therefore, membership within a group should not remain the same for over three years.<sup>8</sup> Periodically, every two or three years, the needs of the individual G-PGCS members should be assessed. Based on those needs, a group membership criteria can be formulated. For example, each peer group may need to have at least two highly skilled and experienced counselors and one or two inexperienced counselors.

It appears that some of the counselors may need to learn more about adult group dynamics and leadership; for example, how to confront and work with a domineering member. This could be handled by in-services and/or by placing at least one counselor that is skilled in group dynamics and leadership in every group. These in-services could also help train counselors to lead other groups, for example, child study committees.

### Reinforcing and/or Clinical Supervision Training

Maintenance of the G-PGCS program will depend on the periodic reinforcement and training of clinical supervision skills. New counselors to the system, in particular, can benefit from such training. During the year, training would include at least one in-service on clinical supervision, followed by a

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<sup>8</sup> Some of the counselors and Kelly perceived a need for "fresh" supervision perspectives after a three year period of time.

consultation visit from a university level supervisor trainer to every G-PGCS group.

#### Video-Tape and Equipment Issues

This may be a building issue, but somehow counselors will need to have access to video equipment on a regular basis. Whether or not a counselor should be assigned a video camera, V.C.R., and television should be a building decision, but the building administrators must ensure that counselors have easy access to this equipment.

To ensure access to video equipment, the best solution to this barrier is to purchase this equipment for every elementary counselor in the system. Including supervision, there are other benefits to assigning video equipment to every counselor.

#### Periodic G-PGCS Evaluation

To maintain and improve G-PGCS as a viable clinical supervision program for school counselors, an annual evaluation procedure needs to be established. This procedure could include anonymous survey queries and a modified version of the G-PGCS semantic differential. In addition, every three years, a more comprehensive evaluation using interviews, observation or possible focus groups would be beneficial.<sup>9</sup> If feasible, these evaluations could be a valuable and experiential source of research projects for post-masters counseling education students. This would hold down the cost for Roanoke County and provide a worthwhile community out-reach activity for a university.

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<sup>9</sup> Three year time between comprehensive evaluations could provide group data for three year changes in group membership.

#### **4. Recommendations and Funding**

If these recommendations are followed, it is anticipated that the following will require additional funding.

- To provide more supervision time -- "extra duty" pay for ten hours or less a year per G-PGCS counselor.
- To provide G-PGCS training and consultation for middle and high school counselors -- follow the general cost guidelines used in training and consultation of the elementary counselors.
- To provide at least one in-service on group dynamics and leadership.
- To provide adequate video equipment for counselors (may not be a funding issue for counseling program, but needs to be addressed).

#### **G-PGCS Replication Recommendations**

Every school system or district has its own identity and distinctive characteristics. G-PGCS was pragmatically developed by and for the Roanoke County elementary school counselors. What works well in one system may not, without modification, work well in another. Hence, the Getz-Peer Group Clinical Supervision method can be implemented in other school systems or districts, but not without tailoring it to the needs of the counselors and school system. The structure of G-PGCS can, however, provide a baseline for developing a clinical supervision program in other systems. Notwithstanding, there are some elements of G-PGCS which are essential in implementing a school counselor peer clinical supervision program.

- G-PGCS was developed with the help and enthusiastic leadership and support of the Director of Counseling and Guidance. **Administrative support** is a major strength of G-PGCS. It is doubtful if this or any other clinical supervision program for school counselors can be successful without administrative support.
- Before a G-PGCS type of program can be implemented, school counselors need to know the purpose and potential benefits of peer clinical supervision. In the beginning of G-PGCS training, many of the counselors were hesitant or uncomfortable about the program. Although G-PGCS was mandated for the counselors, most of the **counselors understood the need for clinical supervision and were willing to “give it a go.”**
- **A peer group clinical supervision program should not become a part of counselor performance evaluation.** G-PGCS was initiated with the clear understanding that it would not be a part of the counselor performance evaluation. Both Kelly and Getz believe this helped to reduce the counselors' initial anxiety and contributed to more candid feedback in the supervision sessions.
- **Clinical supervision training** of the counselors is essential.
- **Adequate funding** for the clinical supervision training is also a necessary component. The approximate cost for ten training sessions and a follow up two-year consultation fee for Roanoke County was

around five thousand dollars. This cost factor could be reduced if two or three systems shared the cost.

- If implemented, **adequate time**, somehow, must be provided for the clinical supervision sessions.
- As recommended in this evaluation, a G-PGCS type of program will need periodic **maintenance**. **Prior to beginning a peer clinical supervision program**, school systems should understand the requirement of routine maintenance.

### **Recommendations for Further Research**

1. A experimental pre- and post-observation designed study could provide more conclusive evidence of the benefits and harms of an on-going and systematic school counselor peer clinical supervision program. This evaluation was completed within a four-month time span. No measurable observations of the counselor participants were performed prior to the implementation of G-PGCS; therefore, all observations and measures completed for this evaluation cannot conclusively evidence counselor changes.
2. Involvement in G-PGCS does not explain G-PGCS counselors' high mean on the JSB and low means on the burnout semantic differential. Although G-PGCS may be a factor, alternative explanations need to be studied. For example, support for elementary counseling was evident in all of the principal interviews. Overall, responses in both counselor and

administrator interviews indicated a positive and collaborating working relationships. Thus, this evaluator has hypothesized that one of the factors in the counselors' high job satisfaction and low burnout scores is their relationship with the administrator. Consequently, explanations, including the impact of G-PGCS and the working relationship between counselors and administrators on the measures of job satisfaction and burnout, require study.

3. Ultimately, clinical supervision should benefit clients. Therefore, a study of the effects of the G-PGCS program on students is recommended. Counselors could collect self-study data including, but not limited to, the following pre- and post-measures of outcomes:
  - student self-confidence,
  - counselor-student rapport, and
  - student attendance.
4. If G-PGCS continues for the next three years, a revisit of this evaluation using the same measures could establish program maintenance, gains, or declines.

### **Summary Remarks**

G-PGCS has benefited the elementary school counselors in Roanoke County. Four of the key factors have contributed to the successes of G-PGCS: clinical supervision training and consultation, administrative support, counselor acceptance and execution of the program, and time and structure provided for

clinical supervision. If G-PGCS is to continue, maintenance of the program including reinforcing and training new counselors in clinical supervision will be necessary. Also, G-PGCS is not without its weaknesses. Somehow, finding more supervision time per counselor needs to be examined and implemented. In addition, some type of group leadership or dynamic skill training may help the counselors manage potential problems within a group.

Clinical supervision has the potential of improving the quality of school counseling, thereby helping students. Hence, school counselors need some mode of clinical supervision. G-PGCS offers what appears to be an effective mode of clinical supervision for school counselors which can, with modification, be replicated.

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## **Appendix A**

## **JOB SATISFACTION BLANK NO. 5**

by  
Robert Hoppock

You are asked to help in an study of Roanoke County School Division's Peer Group Clinical Supervision Program by answering the questions in this blank. Do not put your name on this paper. Please be perfectly frank and truthful. If for any reason you prefer not to tell exactly how you feel about your job, please return the blank unmarked.

**Check the ONE of the following statements which best tells how well you like your job. Place an (x) in front of the statement:**

1.  I hate it.
2.  I dislike it.
3.  I don't like it.
4.  I am indifferent to it.
5.  I like it.
6.  I am enthusiastic about it.
7.  I love it.

**Place an (X) in one of the following to show HOW MUCH OF THE TIME you feel satisfied with your job:**

8.  All of the time.
9.  Most of the time.
10.  A good deal of the time.
11.  About half the time.
12.  Occasionally.
13.  Seldom.
14.  Never

**Check the ONE of the following which best tells how you feel about changing your job:**

15.  I would quit this job at once if I could get anything else to do.
16.  I would take almost any other job in which I could earn as much as I am earning now.
17.  I would like to change both my job and my occupation.
18.  I would like to exchange my job for another job in the same line of work.
19.  I am not eager to change my job, but I would do so if I could get a better job.
20.  I cannot think of any job for which I would exchange mine.
21.  I would not exchange my job for any other.

**Place an (x) on one of the following to show how you think you compare with other people.**

22.  No one likes her/his job better than I like mine.
23.  I like my job much better than most people like theirs.
24.  I like my job better than most people like theirs.
25.  I like my job about as well as most people like theirs.
26.  I dislike my job more than most people dislike theirs.
27.  I dislike my job much more than most people dislike theirs.
28.  No one dislikes their job more than I dislike mine.

Age \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Undergraduate Degree (e.g., B.S. in Elem. Ed.) \_\_\_\_\_ year

Graduate Degree (e.g., M.A. in Counseling) \_\_\_\_\_ year

List other full time professional occupations you have held for at least one year  
(e.g., teacher)

How many years have you been employed as a school counselor?

How many years have you been at your present position? \_\_\_\_\_

## **Appendix B**

**G-PGCS COUNSELOR INTERVIEW GUIDE**  
**Getz-Peer Group Clinical Supervision**  
**Program Evaluation**

1. Describe to me what I would see if I observed a peer group clinical supervision session?
2. As a result of this program, what, if any changes have observed in your:
  - Professional behavior? (e.g., referral skills, avoiding dual relationships, attending in-services, etc.)
  - Counseling skills? (e.g., individual and group counseling with students, listening skills, etc.)
  - Personal Skills? (e.g., enhanced self concept, improved relationships within the building and parents, etc.)
3. In your opinion what are the strengths of the program?
4. What are the weaknesses?
5. What are the barriers to the implementation of the program?
6. How would you redesign (G-PGCS) this program?
7. How did you get into the program?
8. What else do you want to tell me about the program?

**Interview Guide - School Administrators**  
**Getz-Peer Group Clinical Supervision**  
**Program Evaluation**

1. How many years have you and the school counselor worked together?
2. What has been your experience with the Peer Group Clinical Supervision program in this county?
3. Since the school guidance counselor in this building has been participating in the program, have you observed any changes in the counselor's:
  - Professional behavior? (e.g., referral skills, avoiding dual relationships, attending in-services, etc.)
  - Counseling skills? (e.g., individual and group counseling with students, listening skills, etc.)
  - Personal Skills? (e.g., enhanced self concept, improved relationships within the building and parents, etc.)
4. From what you know about the program, what are the strengths?
5. What are the weaknesses?
6. What are the barriers to implementation of the program?
7. If given a chance, how would you redesign the program?
8. What else would you like to tell me about the program?

## **Appendix C**

## SEMANTIC DIFFERENTIAL SCALES

Please rate the following concepts according to how you perceive it or feel toward it by placing an (X) somewhere along each of the seven point polar adjectives.

1. Peer group clinical supervision is:

good	_____	bad
passive	_____	active
free	_____	constrained
meaningless	_____	meaningful
simple	_____	complex
weak	_____	strong
positive	_____	negative
slow	_____	fast
easy	_____	difficult

2. As a result of my participation in Peer Group Clinical Supervision, my professional development has been:

good	_____	bad
passive	_____	active
free	_____	constrained
meaningless	_____	meaningful
simple	_____	complex
weak	_____	strong
positive	_____	negative
slow	_____	fast
easy	_____	difficult

3. The Peer Group Clinical Supervision sessions are:

good	_____	bad
passive	_____	active
free	_____	constrained
meaningless	_____	meaningful
simple	_____	complex
weak	_____	strong
positive	_____	negative
slow	_____	fast
easy	_____	difficult

4. As a result of my membership in Peer Group Clinical Supervision, my counseling skills have become:

good	_____	bad
passive	_____	active
free	_____	constrained
meaningless	_____	meaningful
simple	_____	complex
weak	_____	strong
positive	_____	negative
slow	_____	fast
easy	_____	difficult

5. Since my participation in Peer Group Clinical Supervision, I perceive my counseling relationship with students to be:

good	_____	bad
passive	_____	active
free	_____	constrained
meaningless	_____	meaningful
simple	_____	complex
weak	_____	strong
positive	_____	negative
slow	_____	fast
easy	_____	difficult

6. The feedback from my Peer Group Supervisors is:

good	_____	bad
passive	_____	active
free	_____	constrained
meaningless	_____	meaningful
simple	_____	complex
weak	_____	strong
positive	_____	negative
slow	_____	fast
easy	_____	difficult

7. The administrative support for the program is:

good	_____	bad
passive	_____	active
free	_____	constrained
meaningless	_____	meaningful
simple	_____	complex
weak	_____	strong
positive	_____	negative
slow	_____	fast
easy	_____	difficult

**Burnout Semantic Differential**  
(Cummings and Nall, 1983)

8. My job as a school counselor is:

meaningful	_____	meaningless
tough	_____	fragile
influential	_____	uninfluential
potent	_____	impotent
important	_____	unimportant
free	_____	constrained
pleasurable	_____	painful
expanded	_____	contracted
successful	_____	unsuccessful
deep	_____	shallow
attracting	_____	repelling
tenacious	_____	yielding

9. I am:

meaningful	_____	meaningless
tough	_____	fragile
influential	_____	uninfluential
potent	_____	impotent
important	_____	unimportant
free	_____	constrained
pleasurable	_____	painful
expanded	_____	contracted
successful	_____	unsuccessful
deep	_____	shallow
attracting	_____	repelling
tenacious	_____	yielding

10. My clients are:

meaningful	_____	meaningless
tough	_____	fragile
influential	_____	uninfluential
potent	_____	impotent
important	_____	unimportant
free	_____	constrained
pleasurable	_____	painful
expanded	_____	contracted
successful	_____	unsuccessful
deep	_____	shallow
attracting	_____	repelling
tenacious	_____	yielding

(SDS 8, 9, and 10 adjective pairs and statements are adapted from Cummings & Nall, 1983, p. 230-231)

## **Appendix D**

To: Roanoke County Elementary School Counselors  
From: Tom Agnew  
Re: Comments and Suggestions  
Date: February 9, 1998

If you respond to one or both of the following request, please mail them in the attached self addressed envelope. Thank You!

**If given the chance, how would you redesign the Roanoke County Peer Clinical Supervision Program?**

**Please give any other suggestions or comments concerning the peer clinical supervision program.**

Memo

To: Roanoke County Elementary Counselor Supervision Peer Groups  
From: Tom Agnew  
Issue: Video Taping Instructions  
Date: February 9, 1998

As has been requested, please video tape one of your supervision sessions in March, 1998. Please follow these instructions:

- decide which counselor's supervision will be video taped;
- video tape one supervision (the supervision of one counselor);
- tape the case presentation and feedback;
- do not tape the video segment of the supervision; and
- mail the video tape in the stamped self-addressed container provided.

After I have had a chance to review the tapes, they will be returned to Mr. Kelly.

Thank you for your cooperation! If you have any questions, please call me at (540) 953-0317.

Memorandum

To: All Participants Interviewed For the Evaluation of the Roanoke County Elementary School Counselor Peer Group Supervision Program  
From: Tom Agnew  
Re: Transcript Review  
Date: March 9, 1998

Thank you for your time and input! Your interview responses are an invaluable component of this evaluation. The next step in this process is a verification examination of the interview transcripts. Thus, for your review, I have enclosed a transcript copy of your interview with this memo.

Please note the following:

the time given at the beginning of the transcripts is the time it took to transcribe the tapes,

most of the unclear words in the transcript have been clarified; therefore, you will not need to respond to any (?????) question marks found in your transcript, and

do not return the transcripts to me unless you wish to add more comments.

If you wish to submit additional comments to your interview, please write your remarks on the transcript and return it to me by March 18, 1998, in the enclosed self-addressed envelope.

Thank you again!

## **Appendix E**

## Factor Analysis Results G-PGCS Semantic Differential Scales

To test the convergent validity of the dimensionality of the G-PGCS Semantic Differential Scales, a factor analysis was completed for the seven concepts measured. Using Osgood and others (1957) findings, adjective pairs were selected within the three dimensions: evaluative, potency, and activity. For example, if the evaluative adjective pair (variables) correlations are relatively high within the evaluative component (factor), the dimensionality is confirmed. Correlations in bold print are hypothesize by Osgood and others (1957) to be a factor within the specific dimension. To illustrate, in Table I1 evaluative adjective pairs appeared to correlated well with the evaluative component, but the activity adjective pairs did not.

### Caution

The component correlations are indicators of conformation. Standard error of correlation is a function of sample size, and as the sample ( $N=13$ ) in this study is small, sampling errors “limit the clarity of the solution” (Gorsuch, 1983, p. 147). According to Gorsuch (1983), in factor analyses from sample sizes of less than 100, the interpretation of the results cannot be significant.

### Explanation of Tables

If no correlation is given, the correlation was near zero. An extraction method principal component analysis using the promax rotation method with Kaiser normalization offered the most powerful solution. Therefore, the correlations within the tables were from this solution.

Table E - 1

Structure Matrix, Peer Clinical Supervision Concept

Adjective Pairs	Component		
	Evaluative	Potency	Activity
good-bad	<b>0.907</b>	-0.217	0.125
meaningful-meaningless	<b>0.952</b>	-0.173	0.222
positive-negative	<b>0.571</b>	-0.321	0.42
free-constrained	0.684	<b>0.437</b>	
strong-weak	0.263	<b>0.11</b>	0.916
easy-difficult	-0.343	<b>0.873</b>	0.273
active-passive	0.935		
simple-complex	-0.263	0.929	
fast-slow	0.142	0.625	<b>-4.9</b>

(N=13) The three components accounted for %81.9 of the variance.

Table E – 2

Structure Matrix, Professional Change Concept

Adjective Pairs	Component		
	Evaluative	Potency	Activity
good-bad	<b>0.912</b>	0.55	0.391
meaningful-meaningless	<b>0.851</b>	0.688	0.347
positive-negative	<b>0.465</b>	0.865	0.251
free-constrained	0.864	<b>0.15</b>	0.424
strong-weak	0.954	<b>0.859</b>	0.373
easy-difficult	0.636	<b>-0.27</b>	0.432
active-passive	0.895	0.546	<b>0.275</b>
simple-complex		-0.826	<b>0.299</b>
fast-slow	0.389		<b>0.988</b>

(N=13) The three components accounted for %85.1 of the variance.

Table E – 3

Structure Matrix, Peer Group Clinical Supervision Session Concept

Adjective Pairs	Component		
	Evaluative	Potency	Activity
good-bad	<b>0.92</b>	-0.128	-0.213
meaningful-meaningless	<b>0.901</b>		
positive-negative	<b>0.85</b>	-0.223	-0.218
free-constrained	0.121	<b>0.862</b>	0.177
strong-weak	0.822	<b>0.284</b>	
easy-difficult	-0.548	<b>0.796</b>	0.708
active-passive	0.912	-0.245	<b>-0.109</b>
simple-complex	-0.691	0.566	<b>0.746</b>
fast-slow	-0.164	-0.165	<b>-0.829</b>

(N=13) The three components accounted for %86.1 of the variance.

Table E - 4

Structure Matrix, Skill Gain Concept

Adjective Pairs	Component		
	Evaluative	Potency	Activity
good-bad	<b>0.723</b>	0.506	
meaningful-meaningless	<b>0.642</b>	0.732	-0.725
positive-negative	<b>0.909</b>	0.49	-0.267
free-constrained	0.459	<b>0.862</b>	-0.355
strong-weak	0.907	<b>0.289</b>	-0.327
easy-difficult			0.754
active-passive	0.846	0.603	<b>-0.571</b>
simple-complex	-0.378	-0.257	<b>0.857</b>
fast-slow	0.345	0.862	

(N=13) The three components accounted for %77.8 of the variance.

Table E - 5

Structure Matrix, Counseling Relationship Concept

Adjective Pairs	Component		
	Evaluative	Potency	Activity
good-bad	<b>0.909</b>		-0.202
meaningful-meaningless	<b>0.966</b>	0.102	-0.195
positive-negative	<b>0.808</b>	0.397	-0.524
free-constrained	0.912	<b>0.4</b>	
strong-weak	0.934		-0.21
easy-difficult	0.329	<b>0.789</b>	
active-passive	0.898	0.31	<b>-0.236</b>
simple-complex	-0.221	-0.123	<b>0.976</b>
fast-slow		0.838	<b>-0.193</b>

(N=13) The three components accounted for %85.1 of the variance.

Table E - 6

Structure Matrix, Supervision Feedback Concept

Adjective Pairs	Component		
	Evaluative	Potency	Activity
good-bad	<b>0.881</b>	0.485	
meaningful-meaningless	<b>0.98</b>	0.131	0.271
positive-negative	<b>0.834</b>	0.216	0.346
free-constrained	0.612	<b>0.72</b>	
strong-weak	0.707		0.58
easy-difficult	0.321	<b>0.792</b>	0.319
active-passive	0.98	0.131	<b>0.271</b>
simple-complex		0.904	<b>-0.309</b>
fast-slow	0.289		<b>0.965</b>

(N=13) The three components accounted for %84.8 of the variance.

Table E - 7

Structure Matrix, Administration Support Concept

Adjective Pairs	Component		
	Evaluative	Potency	Activity
good-bad	<b>0.673</b>	0.171	-0.23
meaningful-meaningless	<b>0.904</b>		
positive-negative	<b>0.881</b>		
free-constrained	0.541	<b>0.53</b>	0.338
strong-weak	0.893		0.113
easy-difficult	0.143	<b>0.83</b>	0.158
active-passive	0.944		
simple-complex	-0.145	0.114	<b>0.923</b>
fast-slow	0.541	-0.735	<b>0.381</b>

(N=13) The three components accounted for %79.3 of the variance.

## **Appendix F**

Letter to Gordon



VIRGINIA POLYTECHNIC INSTITUTE  
AND STATE UNIVERSITY

David Agnew  
1845 Mountainside Drive  
Blacksburg, Virginia 24060  
Phone: (540) 953-0317

October 28, 1997

**SOVRAC Leadership Academy**

Department of Educational Leadership and Policy Studies  
College of Human Resources and Education  
212 East Eggleston Hall  
Blacksburg, Virginia 24061-0302  
(540) 231-5949 Fax: (540) 231-7845

Dr. Deanna Gordon, Superintendent  
Roanoke County Public Schools  
5937 Cove Road N. W.  
Roanoke, Virginia 24019

Dear Dr. Gordon:

Several weeks ago I met with Mr. Gary Kelly regarding my dissertation proposal. In this meeting Mr. Kelly reviewed an outline of my design strategy and staff time needs and has given his approval for the study. In addition, he informed me that I needed to obtain permission to conduct the study from Roanoke County. Therefore, with your permission and my committee's approval, I will be conducting an evaluative study of the Roanoke County K-6 school guidance counselor peer group clinical supervision program. Since I am planning to gather data from K-6 school guidance counselors and several administrators, I will also obtain a human studies clearance from Virginia Tech.

Roanoke County's school guidance counselor peer group clinical supervision program may be one of few such programs for school counselors in the county. I am excited at the prospect of researching Roanoke County's innovative approach to clinical supervision.

Thank you for your assistance in this matter. The documents I gave to Mr. Kelly are attached for your information. If you have any questions, you can contact me at home or my office at Virginia Tech. Dr. Hildy Getz and Dr. Claire Vaught are my dissertation chairs and I am sure they would also be happy to answer any questions for you. I will be looking forward to collecting the data and writing up the results on this unique program.

Respectfully,

A handwritten signature in black ink, appearing to read "David Agnew".

David Agnew, Graduate Assistant, Virginia Tech

A handwritten signature in black ink, appearing to read "Hildy Getz".

Hildy Getz, EdD.  
Assistant Professor, ELPS, Virginia Tech

A handwritten signature in black ink, appearing to read "Claire Vaught".

Claire Vaught, EdD.  
Professor, ELPS, Virginia Tech

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An Equal Opportunity / Affirmative Action Institution



OFFICE OF DIVISION SUPERINTENDENT  
5937 Cove Road  
Roanoke, Virginia 24019  
Phone: (540) 562-3700 Fax: (540) 562-3994

December 8, 1997

TO: Elementary Principals

FROM:  James A. Gallion  
Assistant Superintendent

SUBJECT: **Evaluation of School Counselor Peer Group Clinical Supervision Program**

David T. Agnew, a graduate student at Virginia Tech, has been given permission to contact principals about participating in a qualitative evaluation of the Getz's Peer Group Clinical Supervision Program. Gary Kelly and Roanoke County school counselors in grades K-5 have agreed to participate where permission is granted.

The researcher will be in contact with you to describe the evaluation and the commitment of time that is required. It is my belief that the research can be valuable and add to the body of knowledge concerning counseling.

bc

c: David T. Agnew, Graduate Student

**M E M O R A N D U M**

TO: David Agnew and Claire Vaught  
ELPS

FROM: H. T. Hurd   
Director

DATE: December 11, 1997

SUBJECT: IRB EXEMPTION APPROVAL- "An Evaluation of the Getz-Roanoke County, Virginia School Division's School Counselor Peer Group Clinical Supervision Program (G-PGGS)" - IRB #97-286

I have reviewed your request to the IRB for exemption for the above referenced project. I concur that the research falls within the exempt status.

Best wishes.

HTH/pli

cc: M. David Alexander

**ANDERSEN WORLDWIDE**  
ARTHUR ANDERSEN ANDERSEN CONSULTING

April 20, 1998

Andersen Worldwide SC

Mr. David T. Agnew  
1845 Mountainside Drive  
Blacksburg, Virginia 24060

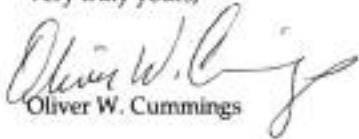
Center for Professional Education  
1405 North Fifth Avenue  
St Charles IL 60174-1284  
630 377 3100

Dear Mr. Agnew:

You have my permission to utilize as a measurement instrument in your dissertation the burnout semantic differential scales that Mr. Nall and I constructed for our 1983 study. I would very much like to see the results when the evaluation is completed.

I wish you the best in your dissertation and beyond.

Very truly yours,



Oliver W. Cummings

LL



OFFICE OF DIVISION SUPERINTENDENT  
5937 Cove Road  
Roanoke, Virginia 24019  
Phone: (540) 562-3700 Fax: (540) 562-3994

April 20, 1998

To Whom It May Concern:

Mr. Tom Agnew has permission to use Roanoke County Schools in the title of his dissertation and associated research, as well as, in any professional article or articles which my emanate from said dissertation and/or research.

Sincerely,

Gary L. Kelly, Director  
Guidance and Staff Development

GLK/vjc

## **Appendix G**

**Informed Consent**  
*for Participation In*

Title of Project: An Evaluation of the Getz-Roanoke County K-5 School Counselor Peer Group Clinical Supervision Program (G-PGCS)

Evaluator: David (Tom) Agnew,  
Graduate Assistant  
Counselor Education Program Area, Virginia Tech  
Phone: (540) 953-0317  
E-mail: dagnew@vt.edu

**I. Purpose**

The purpose of this study is to evaluate G-PGCS and investigate G-PGCS replication potentials. The participants in this study will be all seventeen K-S Roanoke County School Guidance Counselors, selected Roanoke County Principals, Roanoke County Guidance Director, and selected past counselor participants in GPGCS.

**II. Procedures**

The principals and guidance director will be interviewed. To help the evaluator become familiar with the supervision process, one G-PGCS session will be observed. Two K-S G-PGCS groups will be subjects in a focus group. In addition, video tapes of a peer group clinical supervision will be requested. These tapes will be viewed to verify G-PGCS process and supervision techniques or skills.

All K-S G-PGCS school counselors will have the opportunity to complete the following instruments:

Job Satisfaction Blank and Individual Data Form  
A short written summary to the question-How would you redesign the program?  
Semantic Differential Scales  
Questionnaire attached to a draft evaluation

**III. Risks - None**

#### **IV. Benefits of this Project**

The main benefit of this project will be replication potentials. Most school counselors do not receive clinical supervision. The outcomes of this evaluation may fine clinical supervision methods which can be adopted in other school systems.

#### **V. Anonymity and Confidentiality**

No participant will be identified by name and anonymity and confidentiality will be preserved by the evaluator. Except for the video tapes and program documents, the evaluator will have sole access to instrumentation data. Program documents are the property of Roanoke County School Division and Dr. Hildy Getz. The video tapes will be viewed by the evaluator and two Counselor Education Graduate Assistants.

#### **VI. Freedom to Withdraw**

You are free to withdraw from participating in this evaluation. Furthermore, you are free not to response to any questions or comments in the interviews, focus groups, Job Satisfaction Blank, Semantic Differential Scales, or questionnaire.

#### **VIII. Approval of Research**

This research project has been approved, as required by the Institutional Review Board for Research Involving Human subjects at Virginia Polytechnic and State University, by the Department of Educational Leadership and Policy Studies and the Roanoke County Virginia School Division.

#### **IX. Participant's Responsibilities**

I voluntarily agree to participate in this evaluation.

## X. Participant's Permission

\_\_\_\_ have read the informed consent document and hereby give my consent to participate in and provide data for an Evaluation of the Getz-Roanoke County K-S School Counselor Peer Group Clinical Supervision Program. I further understand that all data I provide for the evaluation will be held in confidence by the evaluator.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Current School Assignment

Position

Should I Have any questions about this research or its conduct, I may contact:

David (Tom) Agnew  
Investigator

(540) 953-0317  
Phone

[dagnew@vt.edu](mailto:dagnew@vt.edu)  
E-mail

Dr. Claire Vaught  
Dissertation Chair

(540) 231-6557  
Phone

[vaught@vt.edu](mailto:vaught@vt.edu)  
E-mail

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H. T. Hurd  
Chair, IRB  
Research Division

(540) 231-5281  
Phone

## VITA

David (Tom) Agnew was born in Washington, Missouri, on April 18, 1945. He was married to his wife Patricia in June, 1970, and has two daughters, Jennifer and Elizabeth.

As Mr. Agnew's father was an Episcopal priest, his family relocated to different communities frequently. Thus, he attended six different schools until graduating from Sherman County High School in Goodland, Kansas in 1963. He graduated from Fort Hays State University with an B.A. in history and political science in January, 1968. After teaching middle and high school social studies in Kansas and Virginia, Mr. Agnew became an historian for the State of Georgia in 1973. In 1976, he went back to Fort Hays and earned a M.A. in History in 1977.

At the same time he was working on his history masters, Mr. Agnew began to take courses in counseling. After earning thirty-eight hours in school counseling at Fort Hays, he obtained a junior high school counseling position in Valley Center, Kansas. While living in Valley Center between 1978-1993, Mr. Agnew was very active in the community, serving as co-president of the Valley Center Swim Club, President and chief negotiator of Valley Center K.N.E.A., a board member and treasurer of the Valley Center Library. He was also provided numerous parenting classes and seminars. Along the way, he completed extensive training in recovery services for adolescent drug and alcohol abusers, and helped implement a recovery services program in Valley Center.

During his six years at Valley Center Junior High, Mr. Agnew recognized a salient need for elementary school counselors. Consequently, he wrote and

presented several proposals for adding elementary school counseling in the school district to the board of education. Although successful in that endeavor, he obtained another counseling position in an intermediate school close to Valley Center. Mr. Agnew has held school counseling positions in Maize Intermediate School, 1983 to 1989; West and Wheatland Elementary Schools in Valley Center, Kansas, 1989-93; and G. W. Carver Elementary School in Salem, Virginia, 1993-1997. While working as a counselor at Carver, he began his pursuit of a doctorate in counseling at Virginia Tech.

Mr. Agnew has been a member of the Kansas Counselors Association (KCA), Virginia Counselors Association, American Counselors Association, and Phi Delta Kappa. In Kansas, he was one of the state counseling convention coordinators and registrar for three years. He also served on the KCA legislation committee and was instrumental in establishing and supporting elementary school counseling in the communities around Wichita, Kansas.

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David T. Agnew