

An Analysis of Supervision Modalities Utilized in CACREP On-Campus Clinical Training
Programs: Results of a National Survey

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Abstract

Given that the new 2009 CACREP standards are now being rapidly implemented among CACREP-accredited Counselor Education programs, a systematic review of CACREP programs' supervision practices was considered by the authors to be timely. As such, a national survey was conducted in order to examine the breadth of supervision modalities methods. Findings indicated that live supervision appears to be trending upward, and that many professors seek to either expand the quality of live supervision technology they already have, or, among those that do not have that option, they wish to implement it if they can overcome logistical and/or financial obstacles.

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In the field of counselor education, supervision of student skill development is a significant component of counselor preparation (Bernard & Goodyear, 2004; Bubbenzer & West, 1991; Jordan, 1999). Programs that are CACREP (Council for the Accreditation of Counselor and Related Educational Programs) accredited typically offer a substantial amount of on-campus laboratory supervision when students are in the practicum component of their training. According to 2009 CACREP standards surrounding the practicum experience, students are required to obtain direct counseling experience in addition to obtaining both individual and group supervision over the course of practicum. The standards are unspecific, however, as to whether a student's counseling experience in practicum needs to be supervised "live" (with the supervisor present during student counseling interactions), indicating only that there should be "the development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients" (CACREP, 2009, p. 15). In addition, the CACREP 2009 standards require accredited programs to have "Necessary and appropriate technologies and other observational capabilities that assist learning" (CACREP, 2009, p. 3); again, specific technologies are not identified and it seems to be left to the discretion of programs to determine the most appropriate technologies to utilize in the facilitation of student learning and training.

In order to be able to provide an adequate context for supervision and to properly meet CACREP accreditation guidelines, a significant number of counselor training programs have developed departmental counseling laboratories over the past twenty years in which counselor trainees can advance their developing skills under supervision (Author, 200X; Bernard &

Goodyear, 2004; Myers, 1995; Bubenzer, West, & Gold, 1991). Today, in fact, counseling laboratories are a ubiquitous component within CACREP counselor training programs in the United States. Despite this, there seems to be little consistency in how laboratories are structured, the types of technologies currently being utilized within laboratory settings, and the methods of supervision which are currently being delivered within these programs.

Supervision Research in Counselor Education

Supervision research has a considerable history in the fields of Psychology and Marriage and Family Therapy preparation (Goodyear & Guzzard, 2000). With Counselor Education being a newer addition to the helping professions, there is little in the existing literature that explores supervision modalities employed in counselor education programs until the early 1990's. During this time, several authors began to examine the types of supervision that were being utilized in counseling programs in addition to assessing the impact that rapid advances in computer technology were having on counselor supervision (Bubenzer & West, 1991; Myers, 1995; Neukrug, 1991).

Live supervision is a form of supervision that has a considerable history within counselor education and has also captured the greatest interest within the counselor education literature. Live supervision combines direct observation of the counseling session with a method that enables the supervisor to communicate with and influence the work of the supervisee during a session (Bernard & Goodyear, 2004). A variety of methods are utilized in conducting live supervision, including co-therapy, watching behind a one-way mirror, listening to a session via audio connection, or by watching *and* listening via closed circuit television. In addition to observation and assessment, supervisors can intervene directly or indirectly during the session through a variety of means, including but not limited to sitting-in on the session and providing

co-therapy or feedback to the trainee; walking into the session on an as-needed basis to provide guidance; phoning-in to the session at critical junctures; providing input via an earpiece (“bug-in-the-ear”), or by typing suggestions to the trainee who views the interventions on a monitor placed strategically behind the client (“bug-in-the-eye”) (Author, 200X; Bernard & Goodyear, 2004).

Because live observation and supervision allow the supervisor to provide “direct and immediate guidance and intervention” (Jordan, 1999), there seems to be consensus in the literature that live supervision has considerable benefits to post-session (after-the fact) forms of supervision (Bernard & Goodyear, 2004; Costa, 1994; Mauzey, Harris, & Trust, 2000; Bartle-Haring, Meyer, & Toviessi, 2009; West, Bubenzer, Pineseault, & Holeman, 1993). There is further agreement within the existing literature that live supervision affords a more complete and contextual view of counseling training sessions, as well as immediate insights into the developmental strengths and needs of trainees.

In spite of the burgeoning interest in the 1990’s of looking at supervision practices (both live and post-session modalities) conducted within on-campus counselor education laboratories, this topic has received little address in the counselor education literature over the past 15 years. The authors – each from different CACREP programs and each utilizing a different format of supervision during their practicum courses - felt that a more current review of supervision practices at the practicum level was warranted. In addition, the authors were curious to know how advances in technology might be shaping how supervision is conducted within counseling laboratories. For example, in a 1997 survey of CACREP program directors, live supervision was the third most frequently used supervision model behind videotape and audiotape review (Carlozzi, Romans, Boswell, Ferguson, & Whisenhunt, 1997). Is this still the case over ten years

later, or have advances in technology and recording changed the very nature of how supervision is conducted within practicum experiences in CACREP counselor education programs?

The intention of this study, therefore, is to take a closer and more current examination of the kinds of counselor supervision practices being conducted on a national level within on-campus counseling laboratories housed in CACREP programs. Specifically, the study aims to assess which supervision modalities are most frequently used in CACREP-accredited programs, the satisfaction level of supervisees using a given modality, and which modalities the supervisors in participating CACREP programs would prefer to employ.

Method

Participants

Instructors who teach and supervise in the CACREP-required counseling practica were contacted in order to assess whether their respective practica offers live supervision (at the time of this research, instructors from all 210 CACREP accredited programs were contacted). Instructors were asked to describe the subtypes of live supervision (e.g., BITE, phone-in consultation, walk-in etc.) and delayed (post-session) supervision practices used in their practica. One-hundred and eighty-four participants responded to an online survey created for this study.

In several instances, more than one professor completed the survey from the same program. In certain cases, the same professor responded twice from the same program (typically once in 2007 when contacted directly via email, and again when contacted in 2008 via CESNET – Counselor Education and Supervision Network). Since the researchers were aiming for a single response from each CACREP program regarding the type of supervision provided in their practicum course, only the most recent responses from each program were utilized. This

resulted in a total of 135 individual responses representing 135 separate CACREP programs, or 64% of the 210 CACREP programs listed in the 2007 CACREP directory found on the CACREP website (<http://www.cacrep.org>).

The survey developed for this study included a likert-scale question regarding satisfaction with one's current practicum supervision modality, and an open-ended question about the changes practicum instructors would make, if any, to their current system for providing supervision. For these two questions, the researchers were interested in gaining a broad perspective of satisfaction levels with currently implemented supervision modalities, in addition to gaining a sense of what participants might potentially change in regard to supervision in their practica. For this reason, the researchers decided to include all individual participants' responses in analyzing these two areas of investigation, even in cases in which two or three professors from the same CACREP program provided responses. After removing the data from participants who responded twice, yet including the data for two (or at most three) respondents from the same program, the total number of respondents for these two questions was 163.

Instrumentation

The survey itself was developed by the authors after completing an extensive literature review which subsequently was published as a chapter in a book dedicated to counselor education laboratories (Authors, in Mobley & Myers). As stated previously, the intention of this study was to gather data about the modalities of supervision being used in CACREP programs' practicum labs across the country, and more specifically, to determine the extent and types of live supervision modalities currently being employed.

The survey was pilot-tested with four counselor educators from different ACES (Association for Counselor Education and Supervision) regions in the United States, whose

input and feedback was incorporated into the final version of the online survey. Demographic data included the date the survey was completed, the name of the participant, current university affiliation, and the types of emphasis areas offered within a given counseling program.

Participants were asked to “Check off all methods of supervision used in your program's university-based clinical instruction (practicum/internship) courses,” with live supervision options including bug-in-the-ear, bug-in-the-eye, phone-in consultation, walk-in consultation, and in vivo (supervisor as co-therapist). Participants were also asked to check off all delayed or post--session methods used in their practica, including post-session audio-review, post-session video-review, supervisee post-session self-report (one-on-one), and supervisee post-session self-report (group supervision), with an “other” option offered for additional clarifications and comments. The survey was designed in a way to allow participants the option of selecting more than one form of live supervision used in their practica, and also, as many forms of post-session supervision intervention that they have available; the idea being to allow respondents an opportunity to accurately convey various and complimentary supervision practices which might be utilized.

Participants who currently employ some type of live supervision method in their practicum labs were asked to cite the types of challenges and concerns they might have about offering live supervision, and were provided the following check-off options: “Too time-consuming; lack of facilities for use of mode; theoretical opposition; ethical concerns of confidentiality and client welfare; concern about client reactions to mode of supervision; concern about supervisees’ reactions; ineffectiveness of the mode of supervision; fear of supervisee dependence on supervisory input; lack of training in live supervision logistics, etc.; maintenance of equipment (costs related to maintenance)”;

and other, with comment box provided.

Additionally, participants who currently work in programs that do *not* offer some type of live supervision were also asked to check-off “The departmental reasoning” for not having the live supervision options available. The check-off options for this question item included: “Too time-consuming; lack of facilities for use of mode; theoretical opposition; ethical concerns of confidentiality and client welfare; concern about client reactions to mode of supervision; concern about supervisees’ reactions; ineffectiveness of the mode of supervision; fear of supervisee dependence on supervisory input; lack of training in live supervision logistics, etc.; implementation (cost, etc.)”; and other, with comment box provided. Again, these above-described justifications for using or not using live supervision were derived primarily from the literature review, but also secondarily from anecdotal conversations regarding supervision with other counselor educators over the authors' collective experiences in the field of Counselor Education.

The survey also included a satisfaction item. Participants were specifically asked how satisfied they perceived their faculty to be with the “Present arrangement in your program for delivering supervision to students” in practicum. A 7-point likert-scale ranging from very dissatisfied to very satisfied was provided, along with a space for providing comments regarding satisfaction. Lastly, participants were asked the open-ended question, “If you could make one change to your present arrangement for delivering supervision to students engaged in counseling laboratory-related experiences, what would it be?”

Procedure

The most recent CACREP directory was obtained from the CACREP website in 2007 (<http://www.cacrep.org>). Graduate assistants were trained to contact CACREP programs by telephone in order to find out which full-time Counselor Education instructors were most closely

associated with their programs' practicum processes. These assistants then telephoned the identified practicum instructors. Where possible, the instructors were told directly that a follow-up email containing a link to the online survey would be sent shortly. When necessary, phone messages were sent that were also followed by an email to the survey link. A second "reminder" email was sent to non-respondents and a final (third) email was sent targeting those individuals who did not respond to the previous two email survey requests. There were also two postings made on the Counselor Education and Supervision listserv (CESNET) in late 2007 and mid-year 2008. The graduate assistants ceased contacting programs that did respond once there was at least one survey completed from each program, and ceased contacting programs who did not respond at all by January, 2009.

Results

Program Representation

Twenty participants represented CACREP programs which offered only one emphasis area (such as school counseling or community counseling), while the remaining 115 participants came from universities which offer at least 2 emphases (38%), or more than two emphases (47%). Of the 135 participants who listed at least one emphasis, the vast majority offer a school counseling (92%), community counseling (66%), mental health counseling (34%) or marriage and family therapy emphasis (27%). The remaining participants' represented programs which offered either a single emphasis area, or additional combinations of emphases.

Supervision Methods

Of the 135 participants who checked-off at least one kind of supervision method used in their labs, almost two-thirds (62.2%) cited using at least one form of intrasession or live supervision (BITEar, BITEye, Phone-in, Walk-in, In vivo). Of the 135 participants responding,

over half (53%, n=71) have some form of walk-in consultation available; a third (n=45) have some type of in-vivo method available; one-fourth (n=34) have phone-in capability; 16% (n=22) utilize bug-in-the-ear; and 8 (6%) offer bug-in-the-eye supervision (see Table 1).

With regard to post-session methods, regardless of whether they offer intra-session live supervision or not, 88% of the participants stated that they used post-session group supervision *and* post-session individual supervision, with almost the same amount (87%) offering post-session video review, and 70% utilizing post-session audio review. It is conceivable that missing data or misunderstanding of the question accounted for the remaining 12% who did not check off individual and group supervision, since all CACREP programs are required to offer a requisite amount of both forms of supervision.

Participants offering some type of live supervision modality, which represented almost two-thirds (62.2%; n=84) of the sample, were asked to cite some of their “challenges/concerns” associated with providing live supervision (see Table 2). Maintenance and costs, as well as the time-consuming nature of offering live supervision were cited by a third (33%) of the participants, with concerns about client reactions to live supervision also drawing a significant amount of responses (31%). Challenges with laboratory space and facility structure and layout issues was cited as a concern by almost one-fourth of the respondents (24%) who utilize live supervision (n=21).

As shown in Table 3, the vast majority of participants (96%; n=49) that indicated that they do not have some form of live supervision apparently do not do so because of reasons associated with costs. Approximately three-quarters (73%; n=37) of this group cited that that lack of time and lack of technical know-how as the primary obstacle against using live supervision. Thirty-nine percent (n=20) cited a “lack of training in supervision logistics” as a

reason why they do not have live supervision methods available. Very few programs (under 15% for each response) indicated that their reasons for not having some form of live supervision is due to a clinical reason (e.g., ethical concerns in regard to live supervision; potential negative effects on clients; feeling that live supervision is ineffective; fear of supervisee dependence on live supervision interventions, etc). It appears that 92% (n=47) of those who do not offer some form of live supervision do in fact have a counseling laboratory where live supervision might be conducted; only 8% (n=4) cited lack of facilities and structural layout as a reason for not utilizing a form of live supervision.

Current systems and levels of satisfaction

Roughly three out of every four participants (76.6%, n=103) stated that their satisfaction levels with their present arrangement for delivering supervision to their students within their practicum is moderately to very high (5's, 6's and 7's on the 1-7 Likert Scale). A major question of interest for the researchers was whether those supervisors using live supervision rated themselves more or less satisfied with their present practica arrangements. There was no significant difference in satisfaction score between those using live supervision and those using delayed-only, $t(125) = 1.268$, $p > .05$, although those using live supervision did have a slightly higher averaged satisfaction level than those respondents not engaging in live supervision (5.45 vs. 5.13).

Desired Changes

The final item on the survey was the open-ended question in which participants were asked what changes they would make to their current methods of providing clinical supervision, if any. For this analysis, all individual respondents (n=163) were included – even those who responded from the same program. Roughly three-quarters (77%; n=126) of those who provide

some form of live supervision provided a response indicating the change(s) they would currently wish to make to their method of supervision; a total of 103 unique comments were broken down by the researchers into several themes. Some participants' responses included two or more distinctive themes.

Time-oriented themes were most prominent (n=33) among those participants who currently use some form of live supervision, with a number of comments echoing the sentiment that "We simply need more time with students in live supervision". More and/or better technology was the next most prominent theme among this group (n=27 unique comments), with several citing the desire to upgrade to digital recording and more current technology systems. Thirteen participants mentioned a desire to open a campus-based clinic in which live supervision would be provided. There were 13 faculty-specific comments made by this group using live supervision; these include references regarding the desire for a more fair breakdown of live supervisory duties by faculty, the desire for more supervisors to do live supervision, and struggles with heavy faculty teaching loads preventing faculty from spending more time doing live supervision with trainees. Other emergent themes are identified in Table 9.

Among those participants (n=37) who indicated that they currently *do not* use some form of live supervision modality, 43% (n=16) indicate a strong desire for a campus-based counseling lab that could offer some form of live supervision, or a modernization of their existing lab in which live supervision might be facilitated. Other comments from respondents not engaging in live supervision were broken into several categories, although each had too few comments to be considered thematic. Three respondents did indicate a desire for greater amounts of time to provide adequate supervision. Only one respondent who is not currently utilizing live supervision cited financial resources as an obstruction in providing supervision as desired.

Conclusions

This investigation provided the first national review in twenty years of supervision modalities being used in campus-based counseling laboratories in the United States. While the current study looked at CACREP programs specifically and the 1991 research (Bubenzer & West, 1991) looked at both CACREP and non-CACREP accredited programs, it is apparent that the use of live supervision is on the rise across CACREP-accredited programs. Roughly 62% of respondents (n=84 CACREP programs) in this current study report some level of engagement with live supervision compared to the national average of just over 50% reporting live supervision engagement in 1991 (Bubenzer & West, 1991). In addition, many of the accredited programs recently surveyed are using one or more forms of live supervision and most practicum instructors (whether from programs using live supervision or not), report being moderately to very satisfied with their current practicum supervision arrangements. Respondents who do not use live supervision express a desire to use this modality, with costs and space/layout issues cited as substantial barriers they would wish to overcome. Even with the increase in the use of live supervision, standards and regulations addressing supervision modalities are still markedly absent from CACREP and/or state licensing boards. At the time of this writing, very few state counseling boards have begun to implement requirements for live supervision; Arizona is one example where at least a portion of a counselor's post-graduate supervision (10% or 10 hours out of 100) must be in the form of live supervision or direct audio/video review (<http://azbbhe.us/>).

With recent advances in technology, the ability to adapt an existing counseling laboratory so that live supervision might be utilized is perhaps simpler than ever before. While a number of respondents in this research study expressed a desire for increased technologies to enhance

supervision practice, it seems that funding is the primary obstacle as opposed to philosophical, therapeutic, clinical or pedagogical reasons.

Limitations

The results of this study must be understood within several limitations. This study was focused on CACREP-accredited programs, and therefore did not survey counseling programs throughout the country which are un-accredited. While assessing supervision modalities used in all existent counseling programs in the United States would have provided a fuller picture of supervision modality usage, such an investigation was beyond the scope of this current study.

Furthermore, while 135 individuals from 210 CACREP-accredited programs participated in the survey, it is hard to know how the results of this survey would have been influenced with greater participation and input from instructors of accredited programs who did not respond. In addition, while the researchers did assess to determine the types of supervision modalities used within programs, the frequency and consistency with which supervision modalities are actually utilized was not explored. For example, a program might have responded that they use bug-in-the ear supervision (BITE), yet this current study did not capture the consistency with which BITE interventions are actually being used within the program, whether every practicum instructor in the program utilizes the technology, and if the technology is employed for every student.

Future Research

Despite these limitations, this study provides an updated understanding of the use of live supervision across CACREP programs and the specific modalities which programs report using. This study also speaks to some of the reported benefits and barriers to implementing live supervision in graduate counseling programs. It also highlights that with the increase in the use

of live supervision, additional research is needed to understand the effectiveness of this form of supervision (Silverthorne, et al, 2009). Live supervision modalities need to be compared to other forms of supervision (such as post-session feedback) and research needs to be conducted to include data about client and trainee satisfaction relative to the type of supervision modality employed. Additional information is needed to better understand the potential use and effectiveness for each form of live supervision as well as comparing each form of live supervision to more traditional forms of post-session supervision. Future research could be conducted to measure actual relationships between how often live supervision interventions are implemented and the degree they are correlated with client outcomes, counselor effectiveness and the supervisors' ratings on counselor effectiveness. The authors are currently completing a related study in which data from supervisors, clients and trainees who operate within bug-in-the-ear supervision programs are being compared head-to-head versus the same data from non-live programs.

Lastly, it seems that as technology advances and counseling laboratories have the potential to become increasingly more sophisticated, the possibility for significant differences in how supervision is delivered within CACREP programs at the practicum level could continue to widen. There are currently no existing studies that look at how technology is affecting supervision practices in counseling laboratories, and the relationships between technology, utilized supervision modality, supervisee satisfaction, and client outcome are largely unknown. As some state counseling boards begin to infuse specific guidelines regarding using a requisite amount of live supervision for post-masters individuals, it begs the question of whether CACREP (in their next standards revision process) will need to look at more specific

accreditation guidelines for practicum that address both supervision modality delivery and the use of technology in supervision.

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Table 1

Types of Live Supervision Utilized in CACREP Program Clinics

Live Supervision Subtype	% in use
	CACREP Programs responding (n=135 of 210)
1. Walk-in Consultation	53%
2. In-Vivo/Co-therapy	33%
3. Phone-in	25%
4. Bug-in-the-Ear	16%
5. Bug-in-the-Eye	6%

Table 2

Comments about Challenges and Concerns among Programs currently using Live Supervision

Challenge/Concern Theme	% of respondents mentioning theme
1. Maintenance & costs	33%
2. Time-consuming	33%
3. Ongoing concerns about client reactions	31%
4. Bug-in-the-Ear	16%
5. Challenges with Facilities	24%

Table 3

Comments about Challenges and Concerns among Programs not currently using Live Supervision

Challenge/Concern Theme	% of respondents mentioning theme
1. Financial/costs	96%
2. Technological implementation & know-how	73%
3. Time-consuming to set-up and maintain	73%
4. Lack of training in Live Supervision	39%
5. Philosophically/pedagogically opposed	15%
6. Lack of facilities/space	8%
