ABSTRACT

EXPLORING THE CLINICAL SUPERVISION EXPERIENCES OF SCHOOL COUNSELORS: PERCEPTIONS OF COUNSELING SKILLS AND PROFESSIONAL IDENTITY

Vincent J. Walsh-Rock, Ph.D.
Department of Counseling, Adult, and Higher Education
Northern Illinois University, 2018
Toni R. Tollerud, Co-Director
Scott A. Wickman, Co-Director

This qualitative study explored the experiences of school counselors who have received clinical supervision post master’s degree. First, the study focused on the perceptions of how clinical supervision influenced work with students and families. Second, the study explored the perceptions of how clinical supervision impacted professional identity and their professional relationships with other school counselors.

There is a gap in clinical supervision expectations between school counselors and mental health counselors. Even though the training of all counselors is often very similar in graduate school, the professional paths of school counselors diverge from mental health counselors due to the prevalence of clinical supervision being the standard professional development expectation for mental health counselors, but rarely is clinical supervision an expectation for school counselors. Unfortunately, as mental health needs of students have escalated, a lack of clinical supervision for school counselors has, in some cases, resulted in being overwhelmed by student mental health needs, crisis response, and working with school building stakeholders to identify and close gaps in student achievement. The lack of clinical
supervision has also led to burnout, role confusion, and a withering of counseling skills resulting in student needs not being met.

This study used a qualitative method to learn about the perceived benefits school counselors receive from clinical supervision. The study discovered how clinically supervised school counselors employ advanced counseling, decision-making, and relationship skills in several aspects of their work. The study also learned how clinical supervision impacts professional identity and relationships with other school counselors.
EXPLORING THE CLINICAL SUPERVISION EXPERIENCES OF SCHOOL COUNSELORS: PERCEPTIONS OF COUNSELING SKILLS AND PROFESSIONAL IDENTITY

BY

VINCENT J. WALSH-ROCK
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A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE DOCTOR OF PHILOSOPHY

DEPARTMENT OF COUNSELING, ADULT AND HIGHER EDUCATION

Doctoral Co-Directors:
Scott A. Wickman, Toni R. Tollerud
ACKNOWLEDGEMENTS

My family made this process possible. Elly provided an inspiring message of hope that values perseverance. Eileen shares an unspoken message that everything will work out in the end, and Lydia was a motivational voice in times of confusion. Most importantly, my life partner, Gloria, gave me space, encouragement, support, and unconditional acceptance throughout this journey. Her wisdom for peace, justice, and universal love has permeated my counseling work. Finally, thanks to Ted and Val Rock for their consistent inquiry about my progress. These touch points made all the difference to me. To Carolyn Rock: your curiosity about my journey always provided grounding in my work. I have deep gratitude for my Dr. Kevin Rockmann and his wise words throughout this process and for Rev. T. Michael Rock for his unwavering commitment to peace, love, and justice. Finally, to all of my Walsh family and other family and friends for your support and the many conversations.

To my committee: Dr. Toni Tollerud, who has been an inspirational force for 25 years, your philosophy of teaching informs my teaching identity and commitment to support the development of school counselors. It has been an honor to work with someone who has been such a prominent force in the profession. To Dr. Scott Wickman: you have provided for me meaning in the value of process. Your philosophy of connection appeared throughout this study and informs my work as a teacher and supervisor. To Dr. Hidetada Shimizu: I
experience you as a wise guide on the journey of making sense of what appears to be random artifacts.

My professional colleagues from different environments have infused me with inspiration, clarity, and commitment about supervision. Most importantly, to all of the dedicated school counselors, social workers, and psychologists at Downers Grove South High School. You are the very best at supporting students and each other unconditionally. I will never be able to repay all that you have given to me. I treasure all of you. To Dr. Ann Friesma: you provided a consistent model of what empathetic supervision can be. To our entire supervision group: your transparency, risk-taking, and willingness to explore your professional identities informed so much of what I understand about supervision. To Dr. Katie Atkins, your friendship and professional exploration have provided a lighted path when the process at times looked dim. To Jennifer Wilgocki: you embody what it means to walk with others in their healing process. The conversations with you about supervision served as well-timed connections that always impacted my reflections about relationships. Finally, I appreciate all of the counseling leaders I have worked with in Illinois. You have provided the foundation for my exploration in learning about school counselors and our shared identity.
DEDICATION

To all school counselors and their students
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CHAPTER 1
INTRODUCTION

The school counseling profession emerged in the early part of the 20th century from the creation of vocational guidance positions often filled by teachers as a result of the emergence of the progressive movement in response to negative social conditions resulting from the Industrial Revolution (Gysbers & Henderson, 2001). From its inception as a profession, the work of matching students’ abilities and interests to forge a path for future career exploration has historically been a staple of school counselor work (Dietz, 1972). However, more recently, school counselors have also been identified more broadly beyond just career development and academic monitoring to become a catch-all intervention to address and support students dealing with suicidal ideation, pregnancy, drug use, depression, anxiety, and other mental health needs (Borders & Drury, 1992; Crutchfield & Borders, 1997; DeKruyf & Pehrsson, 2011; Page, Pietrzak, & Sutton, 2001; Perera-Diltz & Mason, 2012).

Unfortunately, as school counselors have been increasingly called upon to address complex mental health and personal issues, the level of support and training needed for school counselors has too often lagged behind mental health counselors (Black, Bailey, & Bergin, 2011) and, according to some authors, leaving school counselors feeling isolated, burned out, and dissatisfied with their roles, wondering if they are really making a difference in addressing so many student needs (Crutchfield & Borders, 1997; Herlihy, Gray & McCollum,
2002). At the crux of this issue is the many barriers school counselors face in accessing and valuing clinical supervision, a process that supports and informs school counselors in their personal counseling work with students.

**Need for Clinical Supervision for School Counselors**

In general, “supervision provides school counselors with specific feedback to assist with enhancement of their professionalism, for example in their levels of competence and commitment” (Somody, Henderson, Cook, & Zambrano, 2008, p. 23). Clinical and administrative supervision are the two types of supervision commonly found in the extant literature. They are distinct in how they provide feedback to counselors in order to facilitate a reflective process compared with professional standards (Somody et al., 2008). Both types of supervision are informed by goals specific to supervisee needs.

The process of clinical supervision pairs experienced counselors with nonexperienced counselors to provide support, instruction, and feedback for their psychological and professional development as they evaluate the implementation of clinical and ethical services (Bernard & Goodyear, 2013; Studer, 2005). Somody et al. (2008) described clinical supervision as “observing and providing feedback” through a five-step process for school counselor evaluation including pre-observation, observation, data analysis, post observation, and feedback. In addition to evaluation, clinical supervision also assists supervisees with intrapersonal issues and how intrapersonal issues interact with client-related issues (Ladany & Bradley, 2011). The interpersonal and intrapersonal process of clinical supervision reside at the core of its design and the experiences it creates between supervisor and supervisee.
Administrative supervision focuses on job performance related to organizational goals. (Dollarhide & Miller, 2006). Somody et al. (2008) described the goal of administrative supervision as the need to encourage school counselors to focus on performance over time. Conversely, clinical supervision requires consistent supervision meetings, usually weekly, in order for supervisees to process their counseling experiences to bring a higher degree of attention to clinical skills and case conceptualization (Thompson & Moffett, 2010). Oberman (2005) shared that administrative supervision is most often identified as the supervision type received by school counselors, but not given by a trained counselor but by a school administrator. School counselors who only experience administrative supervision, which focuses on job performance related to organization goals (Dollarhide & Miller, 2006) are not able to access the personal experiences inherent in clinical supervision.

Research studies (Black et al., 2011; Cook, Trepal, & Somody, 2012; Oberman, 2005; Perera-Diltz & Mason; 2012; Somody et al., 2008; Thompson & Moffett, 2010) have consistently shed light on the challenges faced by school counselors in accessing clinical supervision. School administrators providing administrative or clinical supervision are rarely experienced counselors themselves and often have a limited scope in being aware of the roles of school counselors (Oberman, 2005). This level of role confusion may contribute to the lack of value placed on supervision resulting in compromised services for students focusing merely on academic issues or noncounseling related duties. Recognizing the need for school counselors to work with the totality of student experiences is an essential step in placing value on moving past traditional academic counseling. Incorporating clinical supervision into the experience of school counselors may enhance skills in mental health assessment, intervention
planning, and increased awareness of the many dynamics occurring in counseling relationships.

The Department of Health and Human Services (2016) documented 3.1 million teens ages 12 to 17 experiencing at least one major depressive episode in the past year, or 12.8% of this specific population, and approximately 31.9% have had an anxiety disorder. The 2016 report also indicated increasing levels of suicidal ideation and suicide attempts among adolescents. Starting with the tragedy at Columbine High school, over 187,000 students have experienced gun violence during the school day (Cox & Rich, 2018). It is a common occurrence for schools to conduct active-shooter drills to prepare students. As a result, many students are in states of constant vigilance feeling danger when there is none similar to veterans diagnosed with PTSD (Cox & Rich, 2018).

Owens, Stevenson, Hadwin, and Norgate (2012) provided an essential link in understanding how students with mental health needs struggle in meeting academic expectations. Owens et al. (2012) also found that reduced academic performance is associated with adolescents experiencing high levels of anxiety or depression. De Jonge-Heesen et al. (2016) identified additional consequences of adolescent anxiety and depression including eating problems, anxiety, truancy, or a decline in academic performance. Princiotta (2016) concluded that with the increase of student exposure to violence, school staff needs more trauma training to support students. These findings relate directly to school counselors being charged to address these needs as many of these students may not meet special education eligibility requirements and therefore may not qualify for prescribed supportive services.
(Black et al., 2011). However, without the benefits of clinical supervision, these school counselors may not be equipped to meet the social and emotional needs of their students.

The mission of school counselors is outlined across three domains within the American School Counselor Association National model ([ASCA], 2012). School counselors provide support for students with academic planning, career identification development, and in addressing social and emotional needs. This final domain of social and emotional needs has received a smaller degree of professional development focus as it falls outside traditional models of school counseling that have only focused on academic issues. As a result, students with mental health needs have been referred to community treatment providers (Gysbers & Henderson, 1988) as opposed to receiving any level of support by school counselors. In order for school counselors to meet the comprehensive needs of students fully across all three domains, school counselors may need to experience both clinical and administrative supervision to meet all counseling needs, as limited supervision may prevent counselors from identifying and addressing clinical or mental health conditions presented by students.

School Counselor Identity

School counselor roles and responsibilities have evolved from solely focusing on career guidance to encompassing academic, career, and personal/social development of students (ASCA, 2012; DeKruyf & Pehrsson, 2011). As school counselor roles have evolved, a disparity in understanding between professional counseling organizations and school administrators has developed, resulting in significant variations for understanding school counselor identity (Mason, Ockerman, & Chen-Hayes, 2013; Perera-Diltz & Mason, 2012).
As such, the selection, training, supervision, and evaluation of school counselors has also experienced disparate applications in practice.

One factor contributing to this identity confusion is that school counselors are used differently depending on school administrators’ knowledge and their experience with national standards for school counselors (House & Martin, 1998). An additional factor is an inconsistent application of the ASCA National model (2012) by school counselors (Pérusse, Goodnough, & Noel, 2001) in large part due to school counselors shifting their identity and roles based on administrative definitions, school expectations, and societal values on post-secondary pathways. Due to the shifting foundation in school counselor identity, Clark and Stone (2000) suggested that school counselors need to accept accountability for their work, report effectiveness of their interventions, and promote consistent school counselor identity aligned with ASCA national standards.

Further limiting professional identity development is the systematic misunderstanding of school counselors’ roles and the impact they can have when positioned and valued for their unique training (Mason et al., 2013). At the core of this misunderstanding is a lack of clarity in how school counselors are trained and developed. School administrators not trained as counselors rely on administrative supervision frameworks, which focus largely on the tasks and responsibilities of school counselors related to job performance (Dollarhide & Miller, 2006). Such tasks may include but are not limited to monitoring student grades, attendance, behavior, and scheduling of classes (Pérusse, Goodnough, Donegan, & Jones, 2004; Dahir, 2001). In some schools, counselors are assigned a compilation of unrelated counseling duties due to administrators perceiving flexibility in counselors’ daily schedules including data entry
for new students, organizing testing, performing disciplinary actions, substitute teaching, providing cafeteria supervision, or being called upon for general secretarial support (ASCA, 2012).

Many school counselors, at least at the high school level, may spend the majority of their time in the academic planning and the college and career school counseling domains to support the increasing demands by parents and administrators to increase college admission rates for students. However, as documented in *Race to Nowhere* (Abeles & Congdon, 2010), some students struggle to negotiate the family, school, and societal pressures placed upon them and, as a result, experience escalating levels of depression, anxiety, and, in a few cases, suicide (Abeles & Congdon, 2010). School counselors caught in such a paradigm may feel pressure to support imposed school goals for college attainment at the expense of meeting the social and emotional needs of students.

Healey and Hays (2012) conceptualized three components making up school counselor professional identity: perceived competency in the field (a belief that I make a difference in the lives of others), beliefs and values (how I think and make decisions aligned with a common framework of understanding with other counselors), and sociocultural expectations (how my identities influence my work with other identities is a significant component of my work). These components align with those identified by Cook et al. (2012) in their implementation of the Professional Academic Response Model ([PARM], Henderson & Gysbers, 1998), which were support, accessibility, advocacy, feedback, and teamwork. Cook et al. (2012) found correlations between these components and successful supervisory relationships. School counselors in the study felt that when supervisors consistently embedded
support, accessibility, advocacy, feedback, and teamwork into the clinical supervision relationship, they experienced higher degrees of purpose, identity, and clarity in their counseling responsibilities. Conversely, Cook et al. (2012) found school counselors doubted their identities when unable to fulfill their professional roles due to inconsistent support, isolated practice, and assigned responsibilities not aligned with school counseling.

Dollarhide and Miller (2006) emphasized a clear professional identity for school counselors to prevent problems due to poor mentoring and supervision, concluding that counselors with a refined understanding of their roles and responsibilities related to professional standards are in some ways insulated from the effects of ineffective leadership at the hands of administrators. Along with having a clear professional identity to overcome poor leadership, effective supervision experiences can also insulate supervisees from nonsupportive administration and also foster counseling skill development and enhance professional relationships with colleagues and administrators (Agnew, Vaught, Getz, & Fortune, 2000; Dollarhide & Miller, 2006). The call for clinical supervision experiences is important for interns as well as new school counselors. “The potential for excellence is eroded when counselor training ends at the conclusion of graduation (with a master’s degree), a point at which the benefits of clinical supervision are so necessary for continued professional development” (Dollarhide & Miller, 2006, p. 243). A clear identification of clinical supervision benefits for school counselors is voiced throughout the extant literature.

Holland, Lachicotte, Skinner, and Cain, (1998) provided a framework to understand how identity can be impacted by cultural worlds. In other words, people are impacted by the environments they work in with regards to their behaviors, beliefs, decision-making, and self-
efficacy. Applying this framework to the experience of school counselors affords the opportunity to peer inside the experience of clinically supervised school counselors to learn about the professional choices they make that perpetuate or challenge professional identity. This framework also grants an additional opportunity to see to what degree professional isolation or connection improves or diminishes the agency school counselors have to influence the cultural understanding of administrators’ thoughts about school counseling work.

Personal Reflection on Professional Relationships

As a school counselor and supervisor, I have developed a deep appreciation for how professional relationships, when working in consort, result in exponentially beneficial results for the people I serve and for my own growth and development. Furthermore, when my professional relationships both support and challenge my thinking and decisions, my clinical decision-making is enhanced by becoming increasingly intentional in my supervision and counseling decisions. This personal experience has shaped how I observe professional behaviors between counselors that appear similar to counselor supervision experiences. When I have spoken to other counseling supervisors, the degree to which they conceptualize their roles as supervisors, whose goal is to communicate roles and responsibilities, reveals the value placed on supervision. As such, school counselors can be at the mercy of supervisors who either value supervision or do not. Consequently, school counselors experience a variety of supervision experiences both administrative and clinical.
An exploration of how clinically supervised school counselors create cultures of supervision through professional relationships they foster with other counselors and administrators can help to address school counselor identity confusion for school administrators and counselors alike. Most importantly, understanding how clinical supervision impacts the work of school counselors to engage in academic planning, create career exploration experiences, and also to support students with mental health needs and personal issues may provide a deeper understanding about the importance of affording school counselors the ability to work with the whole child as opposed to being relegated to academic counseling domains.

The goal of this study was to explore the experiences of school counselors who have received clinical supervision. First, the study focused on the perceptions of school counselors and how clinical supervision impacted their work with students and families. Secondly, I explored the perceptions of clinically supervised counselors on professional identity and their relationships with other counselors. Exploring how clinical supervision influences the aforementioned paradigms for school counselors may help to increase the importance for school counselors to receive clinical supervision and ultimately how clinically trained school counselors improve their work with students across all three domains of school counseling.

Background of the Problem

As the call for school counselors to address both academic and mental health barriers for students has increased, school counselors have often been left without the ability to handle the prevalence of students with significant mental health issues due to clinical supervision
experiences not consistently existing in schools (ASCA, 2004; Borders & Drury, 1992; Crutchfield & Borders, 1997; Luke & Bernard, 2006; Page et al., 2001; Perera-Diltz & Mason, 2012; Somody et al., 2008; Swank & Tyson, 2012). This dynamic often found school counselors isolated in their practice with little or no clinical supervision to aid in professional skill development, active consultation, or counseling. School counselors not receiving clinical supervision not only stagnate and regress in counseling skills (Crutchfield & Borders, 1997), but potentially may not be able to assist students due to inaccurately assessing student academic and personal needs (Black et al., 2011).

To understand why the lack of clinical supervision for school counselors is a problem, three areas will be discussed. First, a historical perspective will be used to view how school counseling emerged as a profession not rooted in counseling but more in guiding students in their career pursuits. Next, a description of national standards for school counselors will be discussed that moved the profession of school counseling into the era of accountability and comprehensive school counseling. Finally, I will examine how a lack of priority for clinical supervision for school counselors has resulted in a profession often seeking professional development to meet the mental health needs of students.

**Comprehensive School Counseling**

To address the lack of a shared understanding of counselor roles, National Standards for School Counseling Programs were developed resulting in school administrators’ and school counselors’ increased ability to define comprehensive school counseling programs (Pérusse et al., 2004). The Education Trust (1997) added to the collective work to define
school counselor roles by introducing the School Counseling Initiative, which recognized that “school counselors need to be involved in helping to bring about educational equity, reducing the barriers to academic success, and closing the achievement gap between poor and minority youth and their more privileged peers” (Pérusse et al., 2004, p. 2). Similar advocacy frameworks were offered by Mason et al. (2013) proposing that school counselor identity is central to school counseling program outcomes. Their change-agent-for equity, or CAFÉ, model extends the historical work of attempting to create a shared understanding of professional counselor identity.

**School Counseling History**

The roots of school counseling are found in the vocational guidance work of Frank Parsons (Gysbers & Henderson, 2001). At the turn of the 20th century, Parsons developed the trait/factor theory of development, which assisted in discovering the match between clear understandings of self with skills needed for different careers. However, as early as the 1920s, Myers (1924) identified the tendency to load the vocational counselor with so many duties foreign to the office that little real counseling could be done. A decade later, Fitch (1936) wrote, “there is always danger that the counselor may come to be regarded as a handyman on whom may be unloaded any sort of task that no one else has time to do” (p. 762). These words written some 80-90 years ago have come to fruition for many school counselors who have “other duties as assigned” at the top of their job descriptions as opposed to roles and responsibilities aligned with national counseling standards appearing as priorities.
A significant change in thinking about vocational guidance occurred in the 1960s, partly as a result of the National Defense Education Act of 1958, when guidance and counseling in the schools was being provided more and more by full-time personnel. Teacher counselors of previous years were being replaced by full-time school counselors (Gysbers & Henderson, 2001). Into the 1960s and '70s, counselors were grouped with nurses, psychologists, social workers, and speech therapists in pupil personnel services. Of all positions in the group, counselors had the least defined job descriptions and often were assigned tasks not related to counseling or were those tasks not desired by administrators in their own job descriptions (Gysbers & Henderson, 2001).

**National School Counseling Standards**

The ASCA initiated significant efforts to standardize school counseling work to capitalize on the readiness level of other school reform agendas in the 1990s (Dahir, 2001). The purpose of this work was to focus school counselors to generate common goals for the school counseling profession, explore and clarify relationships between school counselors and educational institutions, and to document contributions made by school counselors on student successes (Campbell & Dahir, 1997). At this time, three areas of focus emerged that have served as the foundation for school counseling work over the past twenty years: (a) academic development, (b) career development, and (c) personal-social development.

These three domains now provide a common understanding for school counselor roles. Even though these roles are widely recognized among school counseling associations, Dahir (2001) remarked that the work of school counselors still is largely determined by school
principals who likely do not have counseling backgrounds. School administrators not trained as counselors often assign nonrelated counselor duties such as testing, supervision, substitute teaching, and attendance tracking to fill the school counselor job description. A similar phenomena occurred in the early part of the 20\textsuperscript{th} century when vocational counseling first emerged. In many schools, the same dynamic exists with little knowledge of the components of a comprehensive counseling program. As such, school counselors are often left to their own devices to establish identity, purpose, and enact imposed identities ascribed by school administrators.

**Counselor Accountability**

To address the gap between recognized professional school counselor standards and school administrator understanding of school counselor roles, school counselor accountability and effectiveness models have sought to bring increased credence to the work of school counselors by measuring their impact on student achievement. Johnson (2000) believed that measuring counseling program outcomes, although challenging to determine, was essential to determining program credibility. To address this accountability need, several models have emerged for school counselors to increase accountability, measure program effectiveness, and share results with administrators. For example, through Stone and Dahir’s (2011) MEASURE Model, school counselors lead, advocate, and collaborate with colleagues for the ultimate goal of improving student achievement and student success in school. Hatch (2013) also provided resources to collect and manage data to help school counseling programs justify programs and their professional existence.
Even though data-driven decision-making models have emerged for school counselors to focus their work and provide evidence of effectiveness, the needed focus to monitor and support counselors through clinical supervision in their professional development and counseling skills has not consistently been a priority (Dollarhide & Miller, 2006). As the school counseling profession continues to develop, the problem of not consistently providing adequate clinical supervision continues to percolate. The development of the school counseling profession has followed a logical sequence of initiatives designed to bring clarity to school counselors and their administrators. Having national standards (ASCA, 2012) to provide a foundation for comprehensive school counseling programs has provided shared understanding in many schools and counselor training programs. However, limiting access to clinical supervision for school counselors may jeopardize the call for school counselor accountability that so many in the school counseling field consistently call for as a means to demonstrate that school counseling matters and is beneficial support for students.

**Supervision for School Counselors**

As a profession, counselors across settings engage in supervision to (a) facilitate counselor growth and development, (b) promote counselor competencies, and (c) promote accountability of counseling services and programs (Ladany & Bradley, 2011). Supervision is commonly understood to capture two separate but related experiences: administrative supervision and clinical supervision. Administrative supervisors assist supervisees in functioning effectively within organizations with the overall intent of maintaining organization effectiveness, while clinical supervisors provide reflective experiences for
supervisees to develop awareness of their ability to create relationships with students through the intentional use of counseling skills (Ladany & Bradley, 2010).

As the profession of school counseling unfolded, the value of clinical supervision began to emerge. To support this professional need, several clinical supervision models have been developed to address this gap in professional training for school counselors (Blakely, Underwood, & Rehfuss, 2009; Cook et al., 2012; Luke, Ellis, & Bernard, 2011; Oberman, 2005; Somody et al., 2008; Thompson & Moffett, 2010). Cook et al. (2012) identified that school counselors want supervision and school counselors receiving supervision express increased interest in professional development (Somody et al., 2008) and make recommendations to explore further the similarities between clinical mental health and school counseling and how this recognition may affect supervision for school counselors. (Luke et al., 2011).

Statement of the Problem

As clinical supervision experiences for school counselors can be scarce and inconsistent (Cook et al., 2012), understanding how school counselors who have received clinical supervision past their master’s degree interact with counselors without this level of clinical supervision could help to bring a greater degree of intentionality in how collegial time is used to foster ongoing professional development for all school counselors. Clinical and administrative supervisors may benefit in understanding how professional relationships between counselors could contribute to school counselor professional development. As a result, they may seek to encourage clinical supervision for school counselors as a means to
improve the quality of professional development for all school counselors. Finally, understanding how clinical supervision experiences impact work with students may contribute to increasing the collective ability of school counselors to address student mental health needs.

Several reasons why school counselors do not receive systematic clinical supervision have been identified in the literature:

- Due to a lack of clear definition of clinical supervision for school counselors, educational professionals representing a wide variety of professional backgrounds are in place to conduct supervision of school counselors resulting in inconsistent language, practice, and professional development (Dollarhide & Miller, 2006).
- There is a lack of school counselors willing to supervise other school counselors (Dollarhide & Miller, 2006; Studer, 2005).
- Less than half of school counselors see a need for clinical supervision, further illuminating the issue of professional identity of school counselors. This issue can be attributed to variability in counselor training programs (Page et al., 2001).
- The lack of a common definition of clinical school counseling supervision, due to the limited number of studies designed to study clinical supervision for school counselors (Black et al., 2011), may account for the discrepancy between school counselors who find value in supervision and those who do not.

Clearly the issues revolving around the ability for school counselors to access clinical supervision are complex and involve how school counselors value clinical supervision, to what degree school administrators seek to provide paths to receive clinical supervision, and
school counselors not fully sharing a common definition of clinical supervision. However, only through clinical supervision can school counselors fully realize the ASCA National model through enhancing their effectiveness in the social and emotional domain for school counseling.

Even though some school counselors do support students with personal and social needs, when presented with the prevalence of students having mental health needs, they may lack the ability and intrapersonal awareness to work effectively with these students. Clinical supervision can help school counselors bridge the gap in counseling skills, case conceptualization, and personal reflection to address the gap in their professional training necessary to support students with mental health needs (Perera-Diltz & Mason, 2012).

The school counseling profession needs to develop further awareness of how clinically trained school counselors can bring an expanded professional identity into schools. Exploring how this enhanced identity impacts the professional identity of other counselors, how it contributes to relationships with colleagues, and how it influences student performance will begin to address the supervision gap so many school counselors experience when needing to work with increasing numbers of students having mental health issues.

Purpose of the Study

This study explored the experiences of school counselors who have received clinical supervision, which Loganbill, Hardy, and Delworth (1982) described as a relationship crafted to support the therapeutic competence of another person. First, the study focused on the perceptions of school counselors and how clinical supervision impacted their work with
students and families. Learning how clinical supervision aids school counselors in their confidence and self-awareness when working with students and their families may contribute to the argument in favor of clinical supervision for school counselors. Also discovering how clinically supervised school counselors used their clinical training to assess, conceptualize, and plan their intervention work with students differently was essential to fully understand why clinical supervision matters for school counselors.

The second line of inquiry was to learn how clinically-trained school counselors define their professional identity and how their identity impacted their relationships with other school counselors. All school counselors have a professional identity. Exploring how professional identity is determined as a result of receiving clinical supervision may also shed light on how professional relationships are impacted by the professional identity of school counselors having had clinical supervision. Recognizing that one of the barriers to school counselors receiving clinical supervision is access to clinically-trained supervisors, understanding how school counselors with a clinical supervision background interact differently with counseling colleagues and administrators may help to further build shared understanding for clinical supervision for school counselors.

Research Questions

This study explored the experiences of school counselors who have received clinical supervision and how their perceptions of how clinical supervision impacted their work with students, families, and professional identity. School counselors continue to experience school counselor identity confusion due to the ever increasing demands on their time as a result of
increasing mental health needs of students, requirements to demonstrate accountability, and understanding the benefits of clinical supervision. This inquiry path is broken down into the following research questions:

1. What are the perceived effects of clinical supervision school counselors have experienced in their work with students and families?

2. What are the perceived effects of clinical supervision school counselors have experienced on their professional identity and relationships with other school counselors?

Assumptions of the Study

According to ASCA (2016) and the Council for Accreditation of Counseling and Related Educational Programs ([CACREP] 2016), supervision is a core experience for the training of counselors. However, even though there is agreement that supervision for all counseling interns is required, clinical supervision for school counselors, as opposed to mental health counselors, is often not a part of their expectations for continued professional development (Agnew et al., 2000). For those school counselors who do seek out clinical supervision, they are often met with supervisors who only provide administrative supervision and are not trained in providing clinical supervision for school counselors (Bultsma, 2012).

Drawing from the extant literature, the following assumptions frame a foundational understanding about school counselors:
1. School counselors, in large part, enter the counseling field to assist students with social and emotional learning, explore career options to align with interests, and to craft academic plans unique to each student (ASCA, 2012).

2. School counselors value and seek out professional connections regardless of setting, background, and professional training. When professional connections are not realized, school counselors experience isolation (Cook et al., 2012) and a withering of counseling skills, especially in their ability to express empathy (Crutchfield & Borders, 1997).

3. Inconsistent or nonexistent clinical supervision for school counselors can lead to deleterious results affecting their ability to engage with students across the academic, career, and personal/social school counseling domains and has been shown to be a predictor of school counselor burnout (Moyer, 2011).

4. School counselors experience role and identity confusion when required to fulfill tasks that do not align with their training and education as professional school counselors or they are not guided in the continuous development of their identity through professional growth during supervision (Moyer, 2011).

5. School counselors are advocates for their students and strive to provide developmental, intentional, and data-driven programming and interventions that seek to identify gaps in performance between students with resources and students who may lack resources and/or experience systemic racism Mason et al. (2013).
Significance of Study

This reflective study focused on the perceptions of clinically supervised school counselors on their work with students and families and on their professional identity. Answering these research questions will assist counselors in advocating for increased access to clinical supervision, inform school administrators about the benefits of clinical supervision for school counselors, and may also create opportunities for professional counseling organizations to create clinical supervision training opportunities specific to the work of school counselors. This study also served as a vehicle to influence policy that shapes school counselor preparedness. As more schools encourage school counselors to directly participate in clinical supervision to acquire a clinical license, graduate programs may be asked to examine how supervision is embedded throughout graduate counseling programs. Currently, there are no studies calling for comparable supervision requirements between school counselors and mental health counselors, even though a few research studies exist that document the benefits of clinical supervision for school counselors (Bultsma, 2012).

Past studies focusing on school counselor supervision (Cook et al., 2012; Dollarhide & Miller 2006; Luke et al., 2011) have examined different clinical supervision models for school counselors. The extant research explores the use of triadic, group, on-line, and peer supervision as tools to address the issue of access to clinical supervision for school counselors. Unfortunately, studies have had limited generalizability due to limited sample size. The majority of research studies have been qualitative, focusing on the experience of counselors being studied largely through narrative analysis. Perhaps the most promising
model for clinical school counselor supervision is the model which extends the Discrimination Model (Luke & Bernard, 2006), which identified the different modalities school counselors work with students including: large group intervention, counseling and consultation, individual and group advisement, planning and coordination, and evaluation. This effort to expand the Discrimination Model for supervision to include concepts unique to school counselors serves as recognition that understanding clinical supervision unique to the school counselor is an essential component to understanding its value.

The first line of inquiry for this study intended to understand how clinically supervised school counselors perceive their work with students and families, especially students with mental health needs. As cited earlier in this chapter, school counselors have consistently been called upon to address student mental health needs. However, the benefits of clinical supervision for school counselors may extend beyond the personal/social school counseling domain. How do these school counselors implement case conceptualization in their practice in all three domains of school counseling? For instance, if a student is struggling with identifying a career pathway, how does the school counselor seek to identify influences experienced by the student (family, friends, cultural, socioeconomic, etc.) and the effects they may have on how the student understands their career choices? Similarly, if a student is stuck in identifying post-secondary options, how do clinically supervised counselors assess student aptitudes, interests, academic performance, and personal factors that may contribute to identifying post-secondary paths?

School counselors often work with families to address individual student needs and academic barriers. How does receiving clinical supervision enhance school counselors’ ability
to work with families, especially families that may have trauma histories? When students experience trauma, some experience difficulty in thinking and decision-making and may rely on maladaptive behaviors to deal with emotional pain that has not been expressed. A school counselor who has been clinically supervised may be more apt to recognize signs and symptoms of trauma in students and may be able to provide more appropriate interventions specific to student needs (Catania, Malisow, & Ockerman, 2017).

Research on clinical supervision for school counselors has largely focused on access issues preventing supervision, personal relational benefits of participating in supervision, increased value of professional development, and increased confidence in using counseling skills (Cashwell & Dooley, 2001). However, teasing out more specifically how clinically supervised school counselors perceive their work differently helps to understand more fully the benefits of receiving clinical supervision. Through the identification of thematic factors identified by study participants as benefits and consequences of participating in clinical supervision, this study assisted in not only addressing clinical supervision definition variance, but also provided a framework to advocate for increased access to clinical supervision for school counselors and ultimately understand how clinical supervision improves counseling work with students.

The second line of inquiry in this study explored clinically supervised school counselor perceptions on professional identity. This study is an extension of the findings in *Supervision of School Counselors: The SAAFT Model* (Cook et al., 2012). The SAAFT (support, accessibility, advocacy, feedback, and teamwork) model identified core components that shape identity in terms of relationships between supervisors and supervisees and between
supervisees and students. The study found that school counselor identity is shaped by teamwork as perceived by the supervisee and through work on clinical skills. The study did not focus on relationships between counselors as a result of supervision experiences. Extending the focus of this study into collegial relationships between school counselors added a third dimension to the SAAFT model.

This study also extended the work of Fletcher (1999), who noted the ways in which important relational skills are made invisible in organizations and suggests that the practice of fluid expertise, empathic teaching, and mutuality can contribute to a greater effectiveness in the workplace. These same concepts were realized in the shared reflections of study participants, and a case was made that the benefits of having clinically trained school counselors extend far beyond their work with students and into their professional relationships as well.

Theoretical Framework

When school counselors are marginalized due to assumptions made in how they perpetuate ancillary counselor services, school administrators assume school counselors do not have the expertise, knowledge, or training to serve as counselors able to provide comprehensive services (Borders & Usher, 1992). When viewing how school counselors learn when applying a cultural-historical framework (Gutierrez & Rogoff, 2003), generalizations are made by the administration (dominant culture) that either are incorrect or minimize individual counselor experiences. Gutierrez and Rogoff (2003) believed that learning is conceived of as a “process occurring, within ongoing activity, and not divided into separate
characteristics of individuals and contexts” (p. 20). This belief mirrors clinical supervision experiences and how, through these experiences, school counselors can increase effectiveness levels, develop school counselor identity, and eventually influence the understanding of the dominant administrative culture.

This study hoped to learn how the professional identity of clinically supervised school counselors propagate supervision as a cultural value among their school counseling colleagues. When a supervision culture emerges as a dominant theme in a counseling group, the existing supervision gap might be traversed resulting in benefits for all school counselors in the associated group. Study participants were asked to reflect on their perceptions of the relationships they have with nonclinically supervised counselors. The interview prompts extended beyond just a qualitative assessment of how professional identity informs professional relationships to include reflections on the prevalence of language that generates personal reflection as opposed to problem-solving language.

For example, on a counseling team that benefited from a culture of supervision, I heard phrases from clinically supervised counselors similar to: “You seem stuck in working with this student, I am wondering what comes up for you when this student is in your office?” or “You have shared a lot of things that appear to be a challenge for you in working with this student, what do you believe is going well when you work with this student?” Common responses in a group of school counselors that does not possess a culture of supervision may yield responses such as, “Wow, that student does sound tough to work with. I have a similar student and I don’t know what to do with her either,” or “Have you tried just leaving the student alone?” The second group of responses from counselors not in a supervision culture
communicated universality in experience but does little to help the “stuck” counselor. These responses leap into problem-solving (ex: “why don’t you. . .”) missing the opportunity to express empathy or to develop agency in the counselor needing assistance.

Holland et al. (1998) discussed how actions are first informed by understanding internal capacities and processes. How these understandings contribute to self-description is at the heart of professional school counselor identity development. As school counseling is a relatively new profession compared to school social workers and psychologists, school counselor supervisors are often at a loss in explaining purpose, direction, and personal fit for the profession (Crutchfield & Borders, 1997; Page et al., 2001). Paying attention to communication traffic between school counselors not only informs intrapersonal awareness but interpersonal relationships as well (Holland et al., 1998). Providing a framework to negotiate relationships between self and social construction gives permission to understand the relationship between these two concepts simultaneously.

Due to a lack of professional identity, school counselors can fall victim to the predominant social construction found in schools, which tends to view issues as a problem with a corresponding solution. When school counselors are challenged by large caseloads and, as a result, work in a reactive mode as opposed to a proactive mode, they can default into just giving solutions to student problems rather than valuing the counseling process with students (Crutchfield & Borders, 1997; Spooner & Stone, 1977). When this occurs, counseling skills tend not to be used with intention; expressing empathy is not a prevalent skill; and students’, parents’, and administrators’ view of school counselors is diminished (Cashwell & Dooley, 2001; Pérusse et al., 2004). As a result, personal experiences of school counselors are
interpreted through educational social construction of problem solving and professional school counselor identity can wither.

Fletcher (1999) outlined the use of how Relational Cultural Therapy (RCT) as a basis for understanding how well-being, mutual empathy, use of relational skills to increase effectiveness, and an atmosphere of collegiality can lead to positive outcomes over the career span. Using an RCT framework to understand study participants’ perceived relational benefits of being clinically supervised also brought credence to the need for school counselors to access clinical supervision.

Jordan (2010) recommended further research to explore how RCT factors function in increasingly diverse settings as the benefits have been studied and researched in many modalities including: supervision, couples, individual, family, group therapy, psychoeducational groups, and with special populations including PTSD, substance abuse, eating disorders, and grief work (Jordan, 2010). RCT has also been applied to several nonclinical applications focused more on organizations and “models of leadership, creativity in the work, and the importance of relational skills in the work place” (Jordan, 2010, p. 88). Exploring the possibility of how clinically supervised school counselors assist in creating a more “relational environment” as described by fluid expertise, vulnerability, embedding outcomes, holistic thinking, and response ability may add to identifying the benefits of clinically supervised school counselors. At this point, RCT has not yet been applied to any experiences related to school counselors.
Scope and Limitations

The focus of this study was to understand how clinical supervision impacts the work and identity school counselors. Limitations of this study were evident in how study participants defined their work as school counselors. Due to the variability of education and exposure to supervision, school counselors in the study expressed some variance in their understanding of supervision in the school setting. A second limitation of the study was access to participants. School counselors having received clinical supervision post master’s degree are relatively small in number. Although, as graduate school counseling programs have placed emphasis on receiving Council for Accreditation of Counseling and Related Educational Programs (CACREP) certification and preparing for the National Counselor Examination (NCE), an increasing number of school counselors may be seeking clinical supervision. To further the interest in pursuing clinical supervision post-master’s degree, correlations between CACREP programs and passing the NCE exam have been identified (Milsom & Akos, 2007).

For this study, the following definitions are used:

- Supervision, in the most general terms, is a process by which a more experienced professional provides guidance to a novice entering the profession, provides education for the trainee, is a gatekeeper for the profession, and provides assurance that only trained and appropriate candidates enter the field (Bernard & Goodyear, 2013).
• Clinical Supervisor: A clinical supervisor is a licensed mental health professional counselor, social worker, psychologist, or a nonlicensed mental health professional that has had at least five years of experience in the field (Sutton & Page, 1994).

• Clinical Supervision: Clinical supervision as “an intensive, interpersonally focused one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person” (Loganbill et al., 1982, p.4).

• Administrative Supervision is provided by one’s school administrator and involves a focus on organizational topics attendance, staff relations, school requirements, and accountability (Crutchfield & Hipps, 1998; Dollarhide & Miller, 2006).

Summary

As the profession of school counseling has evolved, it has often been subject to various definitions depending on (a) school needs, (b) counselor professional preparation, and (c) counselor training. Due to some counselors being viewed as ancillary positions that can be used to meet the organizational needs of school, the priority for clinical supervision to support the work with students having significant mental health needs has not been realized. This study explored the perceived experiences of clinically supervised school counselors with regards to their work with students, parents, colleagues and how clinical supervision impacted professional identify and professional relationships.
CHAPTER 2
LITERATURE REVIEW

School counselors have many facets to their professional identities fashioned by an array of organizational structures found in schools. Schools fall on a continuum from supporting counselors to provide direct counseling services for students as supported by the ASCA to those schools not aligning with the ASCA model and relegating counselors to be saddled with an inappropriate abundance of administrative tasks and responsibilities resulting in school counselors feeling stressed, isolated, and a lack of self-efficacy which leads to professional burnout (Herlihy et al., 2002).

Similar to clinical mental health counselors, supervision models and modalities have emerged during the last thirty years that have attempted to capture supervision needs specific to school counselors. This chapter will start with a discussion of the history of supervision for school counselors, then will move into a discussion of supervision models of supervision, and will conclude by identifying the supervision deficiencies for school counselors.

Supervision for School Counselors

Since its inception in the 1960s the field of school counseling supervision has been studied by the American Counseling Association ([ACA], 1989) through national (Borders & Usher, 1992; Page et al., 2001; Perera-Diltz & Mason, 2012) and state surveys (Baggerly &
Osborn, 2006; Kolodinsky, Draves, Schroder, Lindsey, & Zlatev, 2009; Roberts & Borders, 1994; Schmidt & Barret, 1983; Sutton & Page, 1994). Benefits of school counselors receiving supervision include responding appropriately to student concerns (Page et al., 2001), enriched professional development experiences (Agnew et al., 2000; Dollarhide & Miller, 2006); growth in counseling skills (Dollarhide & Miller; 2006), and fine tuning consultation skills (Benshoff & Paisley, 1996). Bradley & Kottler (2001) offered the distinction between clinical and administration as the former focusing on clinical development of the counselor while the latter is designed to reap benefits for the organization.

The supervision process is defined as an experienced professional providing reliable and consistent support, reflective experiences, and teaching to a less experienced professional to develop intrapersonal, interpersonal, and professional skills through an evaluation process (Bernard & Goodyear, 2009) in order to prevent negative effects of trainees’ work with students (Studer, 2005). Two predominant types of supervision, clinical and administrative, appear in extant literature. While administrative supervision focuses on tasks associated with the work of counselors (Dollarhide & Miller, 2006), clinical supervision focuses on professional development and personal awareness while fostering reflective practice through the evaluation process (Bernard & Goodyear, 2009).

Administrative supervision typically includes summative evaluation processes, professional responsibilities, and adherence to regulations (Dollarhide & Miller, 2006). This mode of supervision pertains to scheduling responsibilities, documentation of services, relationships with stakeholders, and personal goal identification and development (Dollarhide & Miller, 2006; Henderson & Gybers, 2006). Administrative supervision is most often given
by principals or assistant principals who have not received training specific to the counseling profession (Herlihy et al., 2002).

The clinical supervision process often is framed by three distinct supervisor roles: teaching, consultation, and counseling (Bernard & Goodyear, 2009). This process is designed to provide consistent feedback to assist with counselor development while eventually evaluating their delivery of clinical services grounded in ethical standards (Studer, 2005). School counselors also develop professional identity through supervision and collaborative experiences that promote moving between working with students individually to addressing school-wide gaps in student performance (Mason et al., 2013). Though learning counseling skills through clinical supervision is a necessity, clinical supervision experiences for school counselors also need to include program development, data-informed practice, and professional development through the collaboration with other school counselors (Bultsma, 2012). The consequences of not receiving clinical supervision and increased levels of work while serving in the role of a school counselor has resulted in job dissatisfaction, eventual burnout (Herlihy et al., 2002), and inadequate professional development (Pérusse et al., 2004).

Although these definitions are widely recognized across mental health professions, school counselors are often deficient in receiving supervision (Black et al., 2011; Blakely et al., 2009; Perera-Diltz & Mason, 2012). Bultsma (2012) concluded that the current factors impacting school counselors’ lack of supervision experiences are formal supervision training, current school counselor supervision models preventing a focus on clinical skills, a lack of focus on the breadth of school counselor experiences, increasing student mental health needs, and ASCA ethical guidelines not fully requiring supervision for school counselors.
Supervision Perceptions of School Counselors

The research on the prevalence of school counselor supervision is limited, consisting of three national surveys and one state survey. Page et al. (2001) surveyed practicing school counselors \((N = 267)\). Survey analysis found that only 13% of school counselors were currently receiving individual clinical supervision, and only 10% were receiving group clinical supervision. Twenty-nine percent of the survey respondents reported receiving peer supervision weekly. The survey result indicating the greatest need for further study is that 57% of counselors wanted to receive clinical supervision, and conversely, 33% felt they had no need for clinical supervision. A similar survey given to school counselors in Maine \((N = 493)\) found 63% of the counselors desired supervision, yet only 20% were receiving supervision (Sutton & Page, 1994). Sutton and Page (1994) suggested that the lack of involvement in supervision by school counselors indicated confusion in an evolving profession.

Page et al. (2001) identified the same two supervision goals identified by supervisors as Sutton and Page (1994). The two goals were for supervisee to take appropriate action with client problems and developing counseling skills and techniques. Page et al. (2001) identified factors from the survey that seemed to relate conceptually to the focus of the Bernard’s (1997) Discrimination Model (DM). Page et al. (2001) also recommend training a pool of supervisors to bridge the gap for school counselors seeking supervision. Survey authors recommend the use of the DM for the supervision of school counselors. These early research studies began the process of identifying the gaps existing between counselors receiving clinical supervision,
valuing supervision, and emergent understanding of supervisor perceptions of supervision goals that contributed to school counseling skill and identity development.

Studer and Oberman (2006) used the School Counselor Supervision Questionnaire to survey practicing school counselors ($N = 73$) who were ASCA members from the Southern region. The survey’s focus differed from the Page et al. (2001) survey in that it focused on how students are trained in supervision as outlined in the ASCA National model (2005). The survey used a mixed-method design assessing supervisory experiences during internship and supervision instruction during the degree program. The majority of the respondents indicated they had not received any training in supervision, even though 49% of the survey respondents reported using the ASCA National model (2005) in their school. Studer & Oberman (2006) noted that additional research is needed to learn how school counselors learn about supervision and how to collaborate with counselor education programs to increase the practice of supervision in schools.

Perera-Diltz and Mason (2012) provided the most comprehensive follow-up from the Page et al. (2001) survey through a national survey ($N = 1557$) of school counselor supervision practices. In addition to supervision practices, this survey added experiential demographic components. Years of service as a school counselor was found to be a factor in both providing and receiving supervision with the most significant effect size found in the relationship between years of service as a school counselor providing supervision (Cramer’s $V = 0.4$). This finding spoke to the likelihood that more experienced counselors are the ones providing supervision.
Overall, Perera-Diltz and Mason (2012) concluded that supervision has improved, since the Page et al. (2001) survey. The number of school counselors (41.1%) providing supervision has increased over the last decade. One explanation offered for the increase was counseling graduate programs now embed training in supervision at the master’s level, thereby increasing school counselor availability to provide supervision with at least some training. However, Walsh-Rock, Tollerud, and Myers (2017) found that only 10.1% of participants ($n = 176$) surveyed had received specific training in how to provide supervision and, as a result, relied on personal supervision experiences to inform how to provide supervision.

Perera-Diltz and Mason (2012) also identified an increase in the number of school counselors receiving supervision. Even though the number of school counselors receiving weekly supervision (10.3%) remained relatively low, there was an increase in bi-weekly and monthly supervision experiences. These findings were slightly above the findings identified by Sutton and Page (1994) and short of those shared by Roberts & Borders (1994). In comparing all of the supervision studies, Perera-Diltz and Mason (2012) concluded even though there has been improvements in school counselors participating in clinical supervision, they still fall behind as compared to counselors in other mental health environments. One recommendation was to increase the availability of accessible supervision and perhaps advocate for clinical supervision for school counselors to become a professional training requirement.

A reason clinical supervision has been neglected in school counseling may be a perception that school counselors do not have the same level of need for supervision as do
clinical mental health counselors (Herlihy et al., 2002). This perception could stem from the differing roles school counselors fill compared to their mental health counterparts. Another possibility might be related to how the myriad of school counselor roles contribute to school counselors not possessing shared professional identity. Duties that school counselors perform in some schools lack a clear professional identity for school counselors and have become a list of unrelated activities assigned by school administrators not quite sure how to use, supervise, or evaluate school counselors (Borders & Usher, 1992). As a result, many school counselors may see their skills as adequate because few of their daily tasks involve clinical counseling work.

Another possible reason is that school counselors who are not accustomed to having their work examined may be unaware of the benefits of supervision (Borders & Usher, 1992). Barret and Schmidt (1986) suggest that a lack of supervision could be a reason why principals assign noncounseling duties to counselors. Counselors may also see supervision as an additional responsibility on top of an already endless list of tasks and responsibilities and as a result fail to give supervision the priority it deserves (Herlihy et al., 2002). However, providing clinical supervision for school counselors is a professional responsibility (Murphy & Kafflenberger, 2007) and the possible consequences of ignoring this professional responsibility have the potential for deleterious effects on the profession and the students whom school counselors serve.

An additional factor in working with school counselors is a growing consensus that “supervision of counselors by counselors is important” (Liles & Wagner, 2010, p. 4). Similar to the Studer and Oberman (2006) survey, Liles and Wagner, (2010), wrote that “few if any
master’s level counseling curricula include coursework in supervision” (p.4). The site supervisor qualifications evolved from the CACREP 2009 standards to the CACREP 2016 standards. The recommendation made by Liles and Wagner, (2010) to “push and nudge” site supervisors to accept specialized training was realized in the CACREP 2016 standards that now require site supervisors to have clinical supervision training. Counselor education programs need to design and deliver professional development for site supervisors to increase supervision effectiveness, foster networking and information, and strengthen partnerships between the college and sites (Liles & Wagner, 2010)

To address the gap between school counselors receiving supervision and those not receiving supervision, Black et al. (2011) recommended that school districts provide release time for school counselors to receive supervision given the increase in the level of student mental health needs. Black et al. (2011) also made a strong recommendation for state counseling organizations and ASCA to create strong position statements about the importance of school counselors receiving supervision. School counselors, administrators, and counseling associations experience differences in the perceived need for school counselor supervision experiences and, as a result, vary in the perceived benefits of supervision. The extant research articulates wide variability in school counselor supervision expectations, which has resulted in a disparate landscape of the need and fulfillment of guaranteed supervision frameworks in schools.
ASCA National Model

When aligned with the ASCA model (2012), school counseling can be a challenging array of program design, implementation, and evaluation responsibilities. The four themes of leadership, advocacy, collaboration, and systemic change have created opportunities for involvement in school improvement initiatives. The ASCA model (2012):

- Ensures equitable access to a rigorous education for all students.
- Identifies the knowledge and skills all students will acquire as a result of the K-12 comprehensive school counseling program.
- Is delivered to all students in a systematic fashion.
- Is based on data-driven decision making.
- Is provided by a state-credentialed school counselor.

With such a myriad of responsibilities, supervision has been found to be an essential component for implementing school counseling services for all constituents (Herlihy et al., 2002).

ASCA Ethical Standards

The ethical standards serving as a foundation for understanding the importance of school counselors receiving supervision have evolved but still fall short in recognizing the similarities between essential supervision experiences for mental health counselors as well as school counselors. The trickle-down effect on the value of supervision training and practice from university to graduate students to school counselor is often inconsistent and leads to a
sparse landscape of qualified school counseling supervisors. Herlihy et al. (2002) raised the issue of school counselor availability to provide quality supervision. Due to the inadequate number of school counselors who have received formal preparation in supervision, such services may be provided by mental health professionals. However, supervisors from this milieu may not be specifically trained in the best practice for school counselors or the developmental needs of adolescent clients. In some districts, supervision may be provided by counseling department heads, guidance directors, or lead counselors. However, training in clinical supervision for these professionals may be limited at best (Henderson & Lampe, 1992).

Herlihy et al. (2002) wrote:

The cycle of inadequate clinical supervision in school counseling can be perpetuated when universities place interns in schools and these interns receive their on-site supervision from school counselors who have had little or no formal education in supervision. Eventually, these inadequately supervised students become school counseling supervisors. (p. 58)

The ASCA Ethical Standards for School Counselors (2016) made steps in addressing the importance of supervision experiences through the inclusion for counselors to “seek consultation and supervision from school counselors and other professional who are knowledgeable of school counselors’ ethical practices when ethical and professional questions arise” (B.3.h). The standards also expanded attention to supervision via Section C, School Counselor Administrators/Supervisors and Section D, School Counseling Intern Site Supervisors. This increased awareness and attention to supervision as compared to the 2010 ethical standards began to fill in the gap present in the school counseling profession and its value of supervision.
Outside of these two sections, the ASCA Ethical Standards (2016) fall silent without direction for clinical supervision of practicing counselors, supervisors, or school administrators. As a result, the ASCA Ethical Standards (2016) differs with the ACA (2005) Code of ethics. According to the ACA (2005) Code of Ethics, counselors who offer clinical supervision services must be “trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills” (Standard F.2.a). A gap exists between the two sets of standards potentially placing many school counseling supervisors out of compliance with the ethical standards recognized by the profession.

Supervision Models

Supervision, in the most general terms, is a process by which a more experienced professional provides guidance to a novice entering the profession, providing education for the trainee, gatekeeping for the profession, and assurance that only trained and appropriate candidates enter the field (Bernard & Goodyear, 2013). This process assumes a shared understanding between graduate programs, school counselor supervisors, and school counselors regarding the induction process for school counselors. This shared understanding speaks to having a professional identity that can easily by communicated and understood by all stakeholders involved in the training and professional development of school counselors.

Sutton and Page (1994) offered the following definition of supervision:

Supervision bridges the gap between the basic counseling competence developed in counselor education programs and the advanced skills necessary for complex or acute cases encountered in the work setting. The process of supervision enables the
counselor to apply his or her counseling skills to a wide variety of issues. It eases the acquisition of new skills and their application to more complex cases. Through this process, the counselor’s ability to function autonomously grows. (p. 33)

As CACREP (2016) and ASCA (2016) clearly outlined expectations for practicum and supervision experiences for school counselors, there has not been an acknowledgement that clinical supervision could benefit school counselors’ post-master’s degree. Sutton and Page (1994) challenged school counseling professionals to understand that supervision extends well past a master’s level internship and must be a process whereby counselor development continues to grow and develop overtime. This level of supervision post-master’s, specifically clinical supervision, is the area to be explored in this study.

Bultsma (2012) explored supervision experiences of new school counselors (N = 11). Though only one participant spoke favorably about their supervision, Bultsma (2012) confirmed the need to provide administrative, clinical, and developmental supervision for school counselors even though there are currently no state requirements mandating this level of supervision. Bultsma (2012) provided two additional recommendations including the need for new counselors to participate in professional development activities that foster professional networking opportunities and for counselors to advocate for counseling organizations to develop guidelines and standards for supervision commensurate with other mental health professions.

An additional theme found in several of the counseling models to be reviewed includes how the school environment, relationships with stakeholders, and responsibilities also need to be considered in school counselor supervision experiences (Wood & Rayle, 2006). Through the exploration of existing supervision models and their effectiveness,
conclusions will be drawn about possible paths to extend their effectiveness at a cultural level beyond supervisor and supervisee.

**Clinical Supervision**

Clinical supervision encompasses several purposes. The primary purpose of clinical supervision is to enhance the competence and increase the counseling skills of the counselor who is being supervised (Sutton & Page, 1994). Loganbill et al. (1982) defined clinical supervision as “an intensive, interpersonally focused one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person” (p.4). Bernard and Goodyear (1992) described clinical supervision as an essential aspect of professional training. Unfortunately, this type of supervision is not received by school counselors (Herlihy et al., 2002).

Black et al. (2011) posited that “if ongoing clinical supervision shapes counselor trainee effectiveness, then ongoing clinical supervision of professional school counselors should continue to support optimal professional functioning in the work environment” (p. 12). School counseling continues to wrestle with the need for counselors to receive this amount of supervision due to not having a shared value and understanding about the need for supervision across the career span (Black et al., 2011). As a result, school counselors can stagnate in their use of counseling skills and may even lose the ability to demonstrate empathy (Crutchfield & Borders, 1997). A review of existing school counselor supervision models illuminates a collective understanding of the benefits of clinical supervision for school counselors.
School Counselor Supervision Model

Luke and Bernard’s (2006) School Counselor Supervision Model (SCSM) provided specific supervision strategies for each of the main tasks of school counselors. The model extends the use of the Discrimination Model, as the model challenges supervisors to increase their focus of supervision to include how school counselors plan interventions, conceptualize casework, and personalize their work roles of teacher, counselor, and consultant. The addition of a third dimension of supervision modality calls for supervisors to also consider where school counselors are interacting with students including: large group intervention; counseling and consultation; individual and group achievement; and planning, coordination, and evaluation.

The SCSM was designed to address the concern that clinical supervision models had not previously differentiated for the professional development needs of school counselors. This study paved the way for future studies to also take into account the unique supervision needs of school counselors. The study also provided possibilities to use a clinical supervision model (DM) with school counselors, which provides some evidence that clinical supervision for school counselors can be an essential component to their professional development.

Discrimination Model

Luke et al. (2011) extended the understanding of clinical supervision in schools by assessing school counselor supervisors’ \( N = 20 \) perception of using the DM. The study was an extension of Ellis and Dell’s (1986) study which analyzed mental health counselor’s use of
the DM. The results support the theory that school counselor supervisors think about and approach supervision somewhat differently than do supervisors in other contexts (Luke et al., 2011). This study sought to understand the differences in clinical supervision for school counselors and provided a rare opportunity to witness the use of the DM outside of clinical mental health.

**ASCA National Model**

The ASCA National model provides a framework for how to design school counseling programs (Peterson & Deuschle, 2006) using a three-pronged approach: academic planning, career exploration, and social-emotional counseling. The ASCA National model is recognized in many schools as a comprehensive model that shifted school counselor responsibilities from working solely with individual students to developing school-wide programs that use data to identify gaps in student achievement (ASCA, 2012). The ASCA model assumes two opportunities for supervision: the first from university supervisors and the second from site supervisors who may provide inconsistent supervision experiences due to inconsistencies in training (Bultsma, 2012).

Blakely et al. (2009) explored \( N = 113 \) the effects of schools that had achieved Recognized ASCA National Model (RAMP) status and whether it made a difference on the supervision provided for school counselors. The first RAMP recognition was given in 2004 and is awarded only after an extensive school program analysis and intentional program alignment with the ASCA national model (Wilkerson, Pérusse, & Hughes, 2013). The study found that schools that had RAMP programs were much more effective in the implementation
of supervision activities as opposed to traditional programs (Blakely et al., 2009). An additional finding of the study was that counselors in RAMP schools were “better at conceptualizing knowledge of the personal nature of supervisory relationship with trainees than traditional counselors” (Blakely et al., 2009, p. 17). It appeared that the counselors in RAMP schools demonstrated “enhancement in supervision readiness,” which supports the claim made by Blakely et al. (2009) that RAMP schools are more apt to provide effective supervision.

Role-Based Models

Building on the foundation laid by Bernard and Goodyear, the Goals, Roles, Functions, and Systems (GRFS) model (Wood & Rayle, 2006) may help to address the unique characteristics of school counselors (Miller & Dollarhide, 2006) by exploring the wide variety of responsibilities placed on school counselors. Wood and Rayle (2006) designed the GRFS model to highlight the systematic considerations characterizing the work of the school counselor. The goals cited in the GRFS model include: (a) developing a leadership role in the school, (b) developing advocacy skills, (c) successfully teaming with stakeholders, (d) using counseling skills to support the school system, (e) execute individual planning for students, (f) deliver a curriculum based on national standards, and (g) mastering counseling and crisis management skills. Wood and Rayle (2006), suggested that these goals remain flexible in order to address school specific needs that school counselors may encounter.

The six functions cited in the GRFS model come from Holloway (1995) and include monitoring, instructing, advising, modeling, consulting, and supporting. Similar to Luke and
Bernard (2006), the supervisor is aware of and intentionally uses roles depending on the needs of the supervisee. The GRFS functions include and expand on the teaching role identified by Luke and Bernard by dedicating four roles specifically to the teaching function. Supervision functions are further explored by examining the roles supervisors use with supervisees, which include adviser, coordinator, teacher, and mentor. Similar to the intentional use of the functions in the GRFS model, the supervisor is consistently aware of supervisee needs and the specific supervisor role to be employed (Wood & Rayle, 2006).

Extending the recognition of supervisors and supervisees roles in the supervision process was Thompson and Moffett’s (2010) Learning, Observing, Comprehending, and Knowing (LOCK) model. As opposed to previous models that focused on supervisor roles, the LOCK model identified supervisee roles that inform the counselor developmental process. As the supervisee moves through each developmental experience, the supervisor can identify when to move supervisees from concrete counseling activities (learning and observing stages) to conceptualization work (comprehending and knowing stages). Even though the LOCK model implies linear development, supervisees consistently circle back through the model as their awareness and exposure to counseling activities and responsibilities expands (Thompson & Moffett, 2010).

**Support, Accessibility, Advocacy, Teamwork, and Feedback Model**

The identification of the Support, Accessibility, Advocacy, Teamwork, and Feedback (SAAFT) model (Cook et al., 2012) of supervision grew out of the realization that if
school counselors feel supported by their supervisors, have access to supervisors, and feel as if they are a team that supports advocacy through effective feedback, the counselor is “empowered to provide support, accessibility, and advocacy for their students” (Cook et al., 2012, p. 13). The SAAFT model emerged from a group of supervisors trained to provide supervision using the Professional Assessment Response Model (PARM) (Henderson & Gybers, 1998), which combined concepts from counseling, teacher, and management supervision models (Cook et al., 2012). The PARM model is comprised of the need to develop competence to develop counseling services to students and to foster commitment to their counseling work. Henderson and Lampe (1992) identified benefits of the PARM model including increased levels of respect between counselors and a more developed professional identity.

As opposed to previously cited clinical supervision models that focused primarily on the roles and competencies ascribed to supervisors and supervisees, the SAAFT model delves into the relationship between these roles and how school counselors are impacted by the quality of the supervision relationship. A strength of the model design was the supervisors used in the study were school counselors working in the same school district. Cook et al. (2012) felt that this factor increased the feelings of accessibility, support, and teamwork experienced by supervisees.

Perea-Diltz and Mason (2012) found that seasoned counselors are more likely to provide supervision to new counselors and, as a result, new counselors feel more connected and confident in their abilities. It appears that expanding the research focus beyond supervisor and supervisee roles to peering inside supervisory relationships provides further opportunities
to build upon the potential discoveries of how relationships between and among counselors and supervisors within schools as opposed to bringing in supervisors from outside the school can have a positive impact on counselors and the students they serve (Cook et al., 2012).

**Professional School Counselor Supervision Model**

The Professional School Counselor Supervision Model ([PSCSM] Glaes, 2010) provided opportunities to learn about supervisor and supervisee experiences participating in the PSCSM. Overall, participants shared positive results in reflecting on their shared supervision experiences. An essential component of the experience was a shared supervision log that enhanced self-reflection, provided opportunities for enhanced dialogue, increased structure and frequency of supervision meetings, and increased the ability of supervisors to continually assess supervisee strengths and challenges (Glaes, 2010).

Confirming the findings of extant research (Cook et al., 2012; Luke et al., 2011; Wood & Rayle, 2006), supervision of school counselors also needs to focus on the school systems interacting with school counselors. Glaes (2010) found that supervisees experiencing the PSCSM had higher levels of involvement in professional development opportunities and sought out opportunities to educate others on the ASCA model. As previously discussed, ASCA guidelines and advocacy for clinical supervision for school counselors remains limited. This last finding possibly provides an opening in enhancing professional understanding of the benefits of embedding the ASCA model in supervision experiences.

Clinical supervision models for school counselors have grown from models used for clinical mental health counselors and other mental health professions. As models have been
developed, an understanding has emerged that clinical supervision models need to be
differentiated for school counselors to increase their levels of reflection, connection,
confidence, and collaboration with school system stakeholders (Black et al., 2011; Sutton &
Page, 1994). Empirical support for the efficacy of clinical supervision for school counselors
has previously been cited documenting positive results in several studies, including enhanced
effectiveness and accountability, improved counseling skills, encouragement of professional
development, and increased confidence and job comfort (Agnew et al., 2000; Benshoff &
Paisley, 1996; Borders, 1991; Crutchfield & Borders, 1997).

Advocating for increased attention and expectation for school counselors to receive
clinical supervision has also been a consistent theme throughout the research. It appears that
only when ASCA, state counselor organizations, and counselor training programs embed
clinical supervision language and experiences into school counselor development (Black et
al., 2011; Bultsma, 2012) will a tipping point be realized. Furthermore, only when the
majority of school counselors not only receive clinical supervision but also value clinical
supervision will this essential component be valued to aid in school counselors developing
their counseling skills. Finally, when a shared counseling identity permeates the school
counseling profession, increased opportunities to advocate for systematic changes to close
gaps in student achievement will come to fruition.

**Administrative Supervision**

Administrative supervision provided by school administrators involves a focus on
organizational topics attendance, staff relations, school requirements, and accountability
In surveying ASCA members, Page et al. (2001) found the most common form of supervision received by school counselors was administrative. Administrative supervision was conducted by principals (50%), guidance directors (13%), and assistant principals (10%). School counselors rated their administrative supervision experiences as slightly above adequate (Page et al., 2001) on this survey, which may have been a result of the limited focus of supervision experiences. Following up on the Page et al. (2001) survey, Perera-Diltz and Mason (2012) found an increase in the number of school counselors (71%) receiving administrative supervision over the Page et al. (2001) results. The findings were similar to past surveys with regards to principals most likely being the professionals providing administrative supervision for school counselors.

Confirming that school administrators continue to be the most likely professional to provide supervision coupled with deficiencies in understanding school counselor development (Perera-Diltz & Mason, 2010) provides a platform to advocate for changes in training school administrators in providing supervision and possibly providing clinical supervisors for school counselors. One model that has emerged to meet this training need has been implemented by the Illinois Principals Association in offering an online administrative academy (state requirement) on effective supervision and evaluation strategies for administrators to use with school counselors (Walsh-Rock, 2016).

A major issue preventing quality supervision for school counselors by administration are differing role expectations of professional school counselors (Stalling, 1991). Oberman (2005) examined this difference in looking at an example wherein a principal demands the counselor divulge the names of pregnant students to protect the students’ safety in a physical
education class. The ethical dilemma of respecting the confidential relationship between the
counselor and students and the principal needing to protect the safety of students jeopardizes
the role of supervision when the administrator is the provider of the counselor’s supervision.

A common practice exists in schools for administrators to assign noncounseling duties
to counselors: bus duty, cafeteria supervision, test administration, special education
responsibilities, etc. Without clinical supervision training, school counselors may be less apt
to advocate for school counselor identity that aligns with best practices and, as a result, may
continue to perform noncounselor duties due to administrators being uninformed about
appropriate school counselor responsibilities (Oberman, 2005). This assumption may be
especially prevalent in schools not aligned with the ASCA model (2012) which clearly
delineates appropriate and inappropriate roles and responsibilities for school counselors.

Even though the prevalence of counselors receiving at least administrative supervision
has been identified, the over reliance on administrative supervision to be the sole supervision
experience for school counselors continues to perpetuate a professional identity that reinforces
a lack of priority on school counselors not being able to access or even fully understand the
benefits and necessity of participating in clinical supervision. Perera-Diltz and Mason (2012)
believed that perhaps counselor educators may be best positioned to call for revisions in how
school administrators are trained. By adding a focus on school counselors training to
administrative graduate programs, school administrators may be more aware of the need to
advocate for clinical supervision for school counselors.
Peer Supervision

Peer supervision is described as an approach for self-examination and professional growth (Crutchfield & Borders, 1997). Both national and state survey data have indicated an increased use of peer supervision models (Wilkerson, 2006). In a national survey Page et al. (2001) indicated a 29% participation rate in peer supervision as compared with only 13% participating in clinical supervision. Sutton and Page (1994) reported 40% participation in peer supervision among Maine school counselors compared with 20% who reported participation in one-on-one clinical supervision. Perera-Diltz and Mason (2012) found a similar number of school counselors (38%) using peer supervision. Given the differences cited between individual and peer supervision, it appears that peer supervision may be a viable option for school counselors given a lack of trained clinical supervisor availability (Agnew et al., 2000).

Peer Consultation Model for School Counselors

The Crutchfield and Borders (1997) study \(N = 29\) compared results of two peer supervision models: one by Benshoff and Paisley (1996) and the other by Borders (1991). The first model was an adaptation of the Remley, Benshoff, and Mowbray (1987) model, the Structured Peer Consultation Model for School Counselors (SPCM-SC). The second study group participated in Systematic Peer Group Supervision ([SPGS] Borders, 1991), which was designed to promote skill development as well as conceptual growth. Within this model, divergent thinking is promoted through the assignment of diverse roles, multiple theoretical
approaches, and creative metaphors (Crutchfield & Borders, 2001). A third control group was assigned to focus individually on their plans for professional development during the time of the study meeting only twice.

The feedback on the post-study assessments was “overwhelmingly positive” (Hornby, 1997, p. 323) with around 90% of the counselors indicating the support and guidance they received was most helpful (Crutchfield & Borders, 1997). This finding possibly speaks to the benefit and need for counselors to connect in professional communities (Comstock et al., 2008). Even though the study findings documented counselor perception that peer supervision was beneficial, participant scores on demonstrating empathy were low (Hornby, 1997). Also, the finding that overall scores on demonstrating empathy were low might suggest that school counselors tend to use problem-solving frameworks rather than responding empathetically to students (Crutchfield & Borders, 2001; Hornby, 1997). Due to the high volume of students needing school counselor support, they may feel pressure to quickly solve student problems in lieu of fostering relationships that empower students to develop their own solutions to problems they encounter.

Hornby (1997) offered three possible explanations for the conflicting results. First, peer supervision interventions do not increase counseling effectiveness. Second, measures in the study were not appropriate for school counselors. A third explanation is the study was too brief (2.5 months). Participants using the Benshoff and Paisley (1996) model indicated a desire for a much longer period of peer consultation and supervision. Limitations of the study as cited by the authors include difficulties encountered in conducting field-based experimental
studies, volunteers came from a restricted geographical area resulting in a small sample size, and instruments were self-report in design.

Of concern may be the lack of demonstrated empathetic skills as noted in the non-helpful range by the school counselors. A similar result appeared in Spooner and Stone’s (1977) results, which indicated that without constant supervision, counselors experienced stagnation or regression in the counseling skills taught in training programs (Crutchfield & Borders, 1997). Spooner and Stone (1977) found that the school counseling environment is a factor for the empathetic scores being lower as the school environment encourages “quick fixes” for students seeking counseling.

Peer Group Supervision

A three-year longitudinal study of a clinical supervision model (Agnew et al., 2000) employed the use of Bernard’s (1997) Discrimination Model (DM). The school system in the study hired a licensed practicing counselor to design, train, and implement a peer group clinical supervision program. During the initial stages of the program, counselors brought videotapes of counseling sessions with students, and the consultant demonstrated and trained the counselors in clinical peer group supervision. During the second year of the program, counselors were assigned to peer groups. Each group used a structured peer supervision feedback form which included strengths of the supervisee’s comments about the case and suggestions for improvement. The consultant met with each peer group periodically to assess adherence to the clinical supervision model. In the third year, peer groups were encouraged to
try different supervision methods and to balance their focus on counseling skills/interventions, case conceptualizations, and the counselor’s self-awareness (Agnew et al., 2000).

The longitudinal design of the Agnew et al. (2000) study was an essential component needed for peer supervision to be an efficacious model. Almost all (97%) of the counselors \( n = 29 \) in the study reported positive gains in counseling skills as a result of the supervision program. All of the counselors interviewed in the study perceived an increased sense of professionalism that they attributed to their peer group clinical supervision experiences. Counselors identified the complexities and difficulties of the peer clinical supervision program as strengths, as it made them feel more professional (Agnew et al., 2000). Authors of the study indicated clinical peer group supervision is a feasible route to enhanced perceptions of professionalism. Agnew et al. (2000) asserted that this program met the clinical supervision needs of the study participants and improved their counseling relationships. Even though a clinical supervisor was hired to facilitate the process, the benefits of supervision appeared to have come from the peer-to-peer work and the professional bonding that occurred in the supervision groups.

The models discussed have peer-to-peer supervision at their core. However, these models relied heavily on an expert consultant to be a part of the supervision experience which fundamentally changes the definition of peer supervision. Wilkerson (2006) wondered if actual peer supervision models exists, which are purely peer-to-peer. If so, two important supervision criteria are removed: hierarchical relationships and evaluation and gatekeeping (Wilkerson, 2006). Thus, Wilkerson (2006) offers the following new definition for clinical peer supervision:
Peer supervision is a structured, supportive process in which counselor colleagues (or trainees), in pairs or in groups, use their professional knowledge and relationship expertise to monitor practice and effectiveness on a regular basis for the purpose of improving specific counseling, conceptualization, and theoretical skills. (p. 62)

This new definition eliminates the hierarchical relationship found in clinical supervision definitions. It also does not mention gatekeeping; however, it does place a clear emphasis on the need for peers to monitor and provide feedback (Wilkerson, 2006).

Clinical peer supervision models show promise in providing pathways for school counselors to explore intentional supervision relationships. By providing a peer supervision definition that opens up increased possibilities of accessing clinical supervision, school counselors may be more able to overcome the barriers of receiving clinical supervision due to financial constraints and a lack of trained clinical supervisors. Graduate counseling programs may investigate the possibility of embedding peer supervision experience in the programs in order to prepare school counselors for these experiences.

**Group Supervision**

Similar to peer supervision, group supervision is also an emerging supervision design to be used in schools. As a part of the Borders (1991) model of structured peer group supervision, five school counselor coauthors (Crutchfield et al., 1997) participated in the study. In this design, participants were asked to write three supervision goals and share them with the group. The group then met weekly to discuss audiotape presentations conceptualizing different roles to analyze the taped sessions. Even though there was some initial anxiety about
playing a taped session, participants quickly realized the benefits of the feedback they were receiving in the group (Crutchfield et al., 1997).

Borders (1991) felt that school counselor supervision groups needed to have a degree of structure, otherwise the group might lose sight of supervision goals and default into providing advice to each other in place of encouraging growth through the use of supervision language. An example of this difference would be heard when a counselor responded to another counselor with, “you seem a bit stuck working that student, I wonder what you are experiencing when you work with this student?” as opposed to, “I know just how you feel, I worked with a student similar to yours and this is what I did to help.” The first example encourages the struggling counselor to explore their connection to the student and invites self-reflection, while the second example does not encourage self-reflection, thereby eliminating the struggling counselor the opportunity to generate his/her own intervention pathways. The benefits cited in this study included improved active listening and communication skills, improvements in case conceptualization, consultation, and self-assessment.

Gainor and Constantine (2002) found similar benefits of group supervision. Crutchfield et al. (1997) also identified similar positive factors in peer-to-peer supervision models including professional support, which was described by participants as feeling a “sense of renewal” (p. 47) following each group meeting. Another participant commented that “the group gave me energy and the confidence I needed to make changes in the way I do things.” A common factor recognized in group counseling is a sense of universality, meaning I am not in it alone. Participants in this supervision group also experienced this phenomena
reflecting that, “I feel encouraged and a little less burned out knowing I’m not the only one with a heavy load, . . . facing things I can’t fix” (p. 47).

Group supervision experiences appear to have benefits in multiple counselor competency areas, and relationships between counselors appears to be the vehicle for fostering these professional growth-enhancing experiences. Group supervision also supports Wilkerson’s (2006) notion that perhaps school counselors can benefit from pure peer-to-peer supervision models without the presence of a clinical supervisor.

Cyber-Supervision

Transforming school counselor education has been the increase of cyber-communication used in curriculum delivery, supervision, and professional development (Wilczenski & Coomey, 2006). Although opening up to cyber-communication extends the classroom experience, students may have less opportunity to ask questions because of the logistics of interacting online. By definition, supervision requires an interpersonal interaction between two or more individuals. Wilczenski and Coomey (2006) wrote, “It is hard to imagine how a field that relies on interpersonal connectedness can foster social skills [through cyber-supervision]” (p. 330).

Similar findings have been found in research assessing online communication in business relationships. “The personal contact afforded by being face-to-face (FTF) cannot be fully replaced by technology-mediated interaction, and attempts to do so may lead to uncooperative behavior” (Rockmann & Northcraft, 2008, p. 22). There appears to be continued value on in-person communication to support supervision experiences, and any
movement towards replacing FTF with technological tools needs to be done with care and consideration that does not detract from the supervisory relationship.

A mixed research design (Gainor & Constantine, 2002) including face-to-face and web-based supervision found that trainees who experienced in-person group multicultural supervision demonstrated greater multicultural case conceptualization ability than did trainees who participated in web-based peer group multicultural supervision. Robson and Robson (1998) identified that a degree of professional intimacy may be necessary to realize supervision benefits. Counselors in the Gainor and Constantine (2002) study experienced increased levels of professional intimacy in the in-person experience, which resulted in higher levels of counselor multicultural competencies. This study adds to the questions that have surfaced about the effectiveness of online supervision experiences.

Conn, Roberts, and Powell (2009) spoke to the need to develop and measure online supervision methods. Their study ($N = 76$) examined the difference between master’s level counseling student interns receiving face-to-face supervision as opposed to a hybrid model that consisted of face-to-face and online supervision. The study found that counseling interns who met through technology-mediated supervision were more satisfied with their supervision experiences compared to the group that only experienced face-to-face supervision. Also of note was that counselors-in-training assigned to technology-mediated groups displayed a correlation between their positive attitudes about technology and their satisfaction with the supervision they received. Conn et al. (2009) believed that their results will challenge supervisors to learn more about possible Web 2.0 tools, especially when access to supervision is an issue for school counselors. An additional recommendation included the addition of
occasional face-to-face meetings when using technology-mediated supervision methods in order to address the need for interpersonal connectedness (Conn et al., 2009).

ACA (2014) speaks to the possibility of online supervision but guides supervisors to take necessary precautions to protect client and supervisee confidentiality (F.2.c). Perhaps with a renaissance of counseling-related technological tools, options for effective online supervision may also surface to provide increased access to supervision for school counselors. As access to willing and trained supervisors (Agnew et al., 2000) has been identified as a barrier for school counselors in the extant research, offering technology-mediated supervision could significantly open the door for school counselors to experience clinical supervision.

Supervision Deficiencies

School counselors have a variety of roles and responsibilities assigned to them either shaped by the ASCA model, not determined by the ASCA model, or somewhere in between with counselors performing a random assortment of counselor and noncounselor related responsibilities due to being placed in schools that have not ascribed to the ASCA model (Blakely et al., 2009). Schools and school administrators often determine duties assigned to school counselors based on a limited understanding of school counselor roles (Perera-Diltz & Mason, 2012). As many administrators of school counselors are not counselors themselves, they often only provide administrative supervision experiences (Perera-Diltz & Mason, 2012) and can unintentionally foster experiences that lead to stagnation and burnout due to the assignment of noncounselor related duties. (Crutchfield & Borders, 1997).
Supervision experiences of school counselors lay the groundwork for perpetuating school counselor growth and development. School administrators serving in the role of providing supervision for counselors may be ill equipped to offer counseling supervision with fidelity because they lack training in counseling (Borders & Usher, 1992). Conversely, when provided by trained supervisors, it “can be an effective means of assisting school counselors to maintain and enhance their competence. . . . mitigate[ing] against stress and burnout” (Herlihy et al., 2002, p. 55).

Boyd and Walter (1975) equated a lack of supervision for school counselors to a cactus, saying that, by necessity, both must grow and thrive with the minimal amount of “nutrients” (p. 103). This metaphor speaks to how school counselors are often expected to provide comprehensive counseling services to students without the necessary professional training and reflection experienced through supervision. In recognizing this expectation for school counselors, looking to the relationships counselors have with other counselors may prove to be a connecting pathway to understand how to ameliorate the gaps in school counselors receiving supervision, understanding the importance of supervision, providing master’s level students with supervision training, and resulting in a culture shift among school counselors rooted in supervision experiences.

The preceding perception may stem from a prevailing notion that school counselors do not have the same level of need for supervision as clinical mental health counselors do (Herlihy et al., 2002). The paucity in training school counseling supervisors may also contribute to the void between school counselor and clinical mental health counselor supervision experiences (Perera-Diltz & Mason, 2012). Poorly defined counselor roles and
unclear professional identity contribute to the lack of significance placed on clinical supervision for school counselors.

When school counseling programs are not aligned with recognized professional best practices, i.e., ASCA National model, the duties that school counselors perform can be random and assigned based on school administrators’ beliefs about appropriate school counseling work. As a result, many school counselors see their skills as adequate because few of their daily tasks involve clinical work. Another possible reason is that school counselors who are not accustomed to having their work examined may be unaware of the benefits of supervision (Borders & Usher, 1992). Barret and Schmidt (1986) suggested that the lack of supervision could be a reason why principals assign noncounseling duties to counselors. School counselors may also view supervision as an additional responsibility for which there is no time in their day (Herlihy et al., 2002).

“Within the counseling profession, there is growing consensus that supervision of counselors by counselors is important” (Liles & Wagner, 2010, p. 4). Similar to the Studer and Oberman (2006) survey, Liles and Wagner wrote, “few if any master’s level counseling curricula include coursework in supervision” (p. 4). In the 2016 CACREP Standards, Section 3.P., internship site supervisors are required to have (a) a minimum of a master’s degree, preferably in counseling, or a related profession; (b) relevant certifications and/or licenses; (c) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (d) knowledge of the program’s expectations, requirements, and evaluation procedures for students; and (e) relevant training in counseling supervision. CACREP has responded to the call made by Liles and Wagner for counselor education
programs needing to design and deliver professional development for site supervisors to increase supervision effectiveness, foster networking and information, and strengthen partnerships between the college and sites (Liles & Wagner, 2010). However, counselor education programs need to continue strengthening relationships with internship sites to ensure effective supervision experiences for graduate counseling students are realized.

Closing the Gap

The discrepancy between school counselor supervision and supervision in mental health fields has been documented throughout the research (Oberman, 2005; Peterson & Deuschle, 2006; Somody et al., 2008). Due to the evolution of school counselors consistently called upon to fill the task needs identified in schools, school counselors are often found with a list of assignments instead of well-defined description of responsibilities aligning with the ASCA model and CACREP standards. Without a concise model of clinical supervision in place for school counselors that is implemented with fidelity, school counselors are often left to fend for themselves to support large caseloads, maintain skills, and consistently advocate for the survival. Research has also shown that a lack of supervision can, over time, result in a decline in counseling skills. As these impaired counselors take on new counseling interns, the cycle perpetuates itself.

Also in the research is the theme documenting that counselors believe they do not need supervision even if offered (Page et al., 2001; Pérusse et al., 2004; Sutton & Page, 1994). Further research needs to be done to clarify how this assertion is affected by the amount of time counselors have worked in the field, as it appears that newer school
counselors may seek out and value clinical supervision due to the increased prevalence of graduate programs providing supervision and encouraging school counseling students to pursue clinical licensure in the future. With more schools aligning with the ASCA model and graduate programs training counselors in the model, a significant push will most likely occur for clinical supervision experiences as more new counselors come into the field.

Sharing best practice counseling supervision research with school administrative organizations is paramount to supporting school counselors having access to supervision. Addressing the chasm of administrative understanding in the value of clinical supervision for school counselors through education and training could significantly expand the availability of clinical supervision for school counselors. Currently, advocating for effective supervision rests with school counselors.

The goal of this study was to understand how school counselors who receive clinical supervision perceive their roles, professional identity, interactions with students, relationships with colleagues, and professional development. Schools that intentionally foster and expect administrators, supervisors, and counselors to cultivate collaborative relationships may reap greater benefits from clinically trained school counselors. When educational leaders embrace the value of clinical supervision for school counselors and the benefits of having school counselors with these experiences, access barriers to supervision begins to be whittled away.

Addressing the gap in training for school counselors through the exploration of how school counselor supervision cultures can contribute to the identity for all school counselors can serve as an overarching theme to address clinical supervision availability, support school counselors in working with increasing student mental health needs, and develop
administrative value for clinical supervision for school counselors. When these themes work in consort, schools benefit from school counselors having clear professional identities aligned with the ASCA National model, students experiencing effective counseling support across all three school counseling domains, and the expectation level rises for all school counselors, not just those who receiving clinical supervision.

Dollarhide and Miller (2006) wrote, “School counseling, as a profession, is at a crossroad” (p. 250). With the call to implement science, technology, engineering, and mathematics (STEM) programs in schools, shifting financial resources to support the burgeoning focus on technology resources for students and ever-increasing school accountability expectations, school counselors must define themselves as an essential experience for all students. Having intentional supervision models in place that hold true to evidence-based practice for the purpose of supporting the professional development of school counselors and to educate school administrators about the role of school counselors is important. Most importantly, articulating how school counselors can have a positive effect on student academic achievement, behavior, and attendance can serve to unify school counselor voices to perpetuate a platform for shared professional identity.

Extant research has identified a significant need for further research to identify school supervision models that can actually be implemented and maintained so they become a part of the school counselor professional culture similar to supervision in mental health counseling cultures. Large caseloads and a myriad of noncounseling related responsibilities, jeopardizes the ability to actually embed supervision models within the counselor’s day. Researching clinical supervision models further will add to the possibility of realizing a future where
school counselors consistently identify themselves as professional school counselors as evidenced by the supervision they receive.
CHAPTER 3
METHODOLOGY

This qualitative study explored the perceptions of clinically supervised school counselors on their work with students and families, professional identity, and relationships with other counselors. This study had two primary lines of inquiry into learning more about the perceptions of clinically supervised school counselors. The first line of inquiry focused on the perceived impact of clinical supervision on the counseling work with students. The second line of inquiry was to learn how professional identity and professional relationships are perceived by clinically trained school counselors. The following research questions guided this study:

1. What are the perceived effects of clinical supervision school counselors have experienced in their work with students and families?
2. What are the perceived effects of clinical supervision school counselors have experienced on their professional identity and relationships with other school counselors?

A thorough explanation of the study is offered in the following sections, as is a rationale for the use of interpretative phenomenological analysis (IPA). “IPA is phenomenological in that it involves detailed examination of the participant’s lived experience; it attempts to explore personal experience and is concerned with individual’s
perception or account of an object or event” (Smith & Osborn, 2015, p. 25). This description is vital to recognize, as I sought to understand not just how clinically supervised school counselors experience their roles as school counselors, but also how they perceive their work differently than school counselors who have not received clinical supervision.

Qualitative Research Design

A qualitative research design was used for this study in order to explore the perceptions school counselors who had experienced clinical supervision. The study was designed to learn how clinical supervision impacted professional identity and relationships with students, families, and colleagues. As the number of clinically supervised school counselors remains relatively small as compared to the school counseling professions, a qualitative study was essential to understand the common lived experiences of this population. Qualitative research possesses inherent characteristics that afford alignment in learning about clinically supervised school counselors. The importance of context is an essential characteristic of this study (Mahoney, 1991) as most research on clinical supervision is limited to generalized supervision experiences for school counselors and not specifically geared to understanding the impact of clinical supervision on school counselors. Exploring how participants experience professional identity in their contexts (schools) provided insight into understanding to what degree clinical supervision is helpful in communicating a shared school counselor identity with colleagues, administration, students, and families.

Humanness is also a quality essential to qualitative research. Hays and Singh (2012) highlight the importance of how the researcher affects the study with their own subjective
humanness. As a researcher, I interacted with each participant regarding their experiences of clinical supervision. Clearly, I was interested in the experience of clinical supervision of school counselors, and I needed to be consistently aware of my personal bias affecting participant response.

A final characteristic described by Hays and Singh (2012) is that qualitative studies are interactive and flexible. Qualitative research calls for individual interviews between researcher and participant. An essential component of this research study is for research and participant to meet in person in order to fully experience the expression of spoken words. Given this study will use IPA as its inquiry strategy, I was afforded the opportunity to create a transparent and, in some situations, possibly vulnerable environment that may have encouraged participants to share thoughts and feelings not expressed before. In this study, I hoped to gain an understanding of the phenomena of clinical supervision of school counselors. The semi-structured interview provided the opportunity to delve into topics shared by participants in order to develop a description of their awareness and experiences.

Understanding how the relationships that clinically supervised counselors have with other school counselors and all stakeholders was an important focus of this study. Gutierrez and Rogoff (2003) acknowledged that learning is a dynamic process and cannot be divided into isolated experiences. Understanding how the perceived professional identity of clinically supervised counselors may affect the dynamic learning process of all counselors through relationship assisted in illuminating how clinical supervision might contribute to a culture of supervision amongst groups of counselors. Exploring how clinically supervised counselors
cultivate their professional identity through intentional reflection on their practice shed light on the isomorphic affect they have on their school counseling colleagues.

Interpretative Phenomenological Analysis

IPA was chosen for this study as its design creates an interview and analysis process that seeks to understand how participants make sense of their personal worlds (Smith & Osborn, 2015). The focus of IPA is more interested in learning about personal experiences and the perceptions of participants than of drawing conclusions of the phenomena being studied. IPA calls for researchers to get as close as possible to the participant’s experience. However, this level of intimacy needs to account for the researcher’s own preconceptions of the phenomena being studied.

Other examples of the use of IPA cited by Smith and Osborn (2015) include: what is the first experience of depression like; how do people in the early stage of Alzheimer’s disease perceive and manage the impact on their sense of self (Clare, 2003); and how do people make sense of possible causes for their heart attack (French, Maissi, & Marteau, 2005)? This study is similar to these examples as it will also focus on personal perceptions of individual experiences. Specifically, this study wanted to learn how clinical supervision informs participant perceptions of working with students, families, and other school counselors and on professional identity.

IPA calls for a two-stage interpretative process (Pringle, Drummond, McLafferty, & Hendry, 2011). First, participants attempt to make sense of their world and the researcher attempts to “make sense of the participants making sense of their world” (Smith & Osborn,
Of importance is for researchers to have some awareness of the field being studied in order to uncover what participants are revealing and if something in the participants’ description is being shared unintentionally. Researchers continually ask the question, “Am I aware of something being shared that is not known to the participant?”

IPA recognizes a “chain of connection between people’s talk and their thinking and emotional state” (Smith & Osborn, 2007, p. 54). However, this chain is rarely linear but more of a complex set of relationships and thought patterns requiring researchers to interpret what is being revealed by participants. Requiring a delicate touch to the interview and analysis, researchers realize there may be reasons why participants may not self-disclose, and these reasons can add to the interpretative role of researchers. To assist in the interpretation of participant experiences, Pringle et al. (2011) believed that researchers need to focus on direct quotes to substantiate findings being reported.

IPA studies are geared to illuminate both the totality of a person’s experience while preserving their individual uniqueness (Malim, Birch, & Wadeley, 1992). This framework could be viewed as both a weakness and strength in design. Given the small number of participants called for in IPA studies, it may be challenging to draw generalizations from participant descriptions. However, Caldwell (2008) suggested that through the process of interviewing an individual participant, a researcher could develop insight into a whole related organization. With regards to this study that explored the relational experiences of school counselors who have received clinical supervision, themes that emerged from participant voices possibly spoke to experiences of other clinically supervised school counselors.
The overarching goal of IPA studies is to “illustrate, inform, and master themes” (Pringle et al., 2011, p. 21) that are derived from participant descriptions and direct quotes. Smith and Osborn (2003) challenged researchers using IPA to go beyond what is initially present in participant testimonies and delve into metaphorical meaning emanating from participant descriptions. As discussed earlier, in order to maintain this level of individual focus, IPA sample sizes are relatively small. Smith and Osborn (2015) suggested the use of other forms of data collection methods in addition to participant interviews to assist in substantiating identified themes including participants reflecting on their interview to identify additional thoughts to be shared with the researcher.

IPA was selected for this study as it has been identified as a useful framework to be used with unique groups that may have a small number of members (Pringle et al., 2011). The call for a small sample size in IPA studies is consistent with its dedication to a detailed account of included cases (Smith & Osborn, 2015). Due to the existence of school counselors who have received clinical supervision remaining relatively small and not much is yet known about their experiences, IPA appears to be an appropriate fit to study their relational phenomena with other school counselors. IPA is flexible enough to capture these unique experiences as it provides opportunities that allow for enhanced creativity and freedom as opposed to other phenomenological approaches that may follow more sequential procedures in design and analysis (Willig, 2001). An example of the flexible nature of IPA is that identified themes can be carried forward from interview to interview in order to build or expand thematic material (Smith, Jarman, & Osborne, 1999).
Participants

For this study, eleven participants were interviewed. A participant sample of this size is recommended for the use of IPA due to the in depth nature of the interview and analysis process to understand participants’ personal worlds. IPA recommends a sample size of nine to twelve participants. Demographic, educational, and professional backgrounds were collected and detailed in the data analysis. In order to identify a homogenous participant group, as suggested by Smith and Osborn (2007), participants were selected by first using criterion and purposive sampling. When using purpose sampling, researchers develop participant criteria that must be met in order to be selected (Tongco, 2007). Criteria for research participants include:

1. School counselors have completed a master’s degree in counseling.
2. School counselors who have received at least two years of clinical supervision post-master’s degree.
3. School counselors who worked at least half-time or more in a school setting.
4. School counselors who work in counseling departments that have three or more school counselors.

Recruitment of Participants

I used three different streams to recruit participants. First, I sent an email (see Appendix A) to the membership of the Directors of Counseling and Student Services of Suburban Chicago. This organization represents over 150 high schools. The e-mail asked
counseling directors to share names and e-mails of any school counselors in their schools who met the selection criteria. A similar solicitation was sent to Illinois School Counselors Association membership to identify school counselors meeting criteria. I also had connections through supervision contacts I maintain that yielded eligible participants. I also used snowball sampling wherein eligible participants introduced me to other potential participants.

**Demographic Collection of Participants**

I e-mailed each identified participant a demographic form (see Appendix B) and the adult consent form (see Appendix C) to be completed prior to the scheduled interview. On the demographic form I asked about gender identity; ethnicity; race; degree; professional credentials; years in current position; length and type of supervision, received both in their graduate program and for their clinical supervision; and the number of counselors they work with in their school. Participant background information confirmed eligibility for participants and provided contextual background for data analysis purposes.

The adult consent form was used to provide full disclosure to participants of all details regarding the interview experience and follow-up directions for the reflection journal exercise (see appendix D). Participants were sent the form prior to their interview to review in full. They were asked to sign the adult consent form prior to the interview and were invited to contact the researcher with any questions or clarifications needed about the form prior to signing the document. Participants were asked to bring the demographic form and adult consent form to the interview or to e-mail them to me prior to the scheduled interview.
Data Collection

“IPA researchers wish to analyze in detail how participants perceive and make sense of things that are happening to them” (Smith & Osborn, 2015, p. 29). To peer inside the participant’s experience, several IPA studies have used a semi-structured interview. This form of interview seeks to engage participant and researcher in dialogue that can result in questions being modified based on participant responses. Researchers are also able to probe areas of inquiry that appear to add to participant experiences (Smith & Osborn, 2007).

Semi-Structured Interview

The semi-structured interview begins with a set of questions that guided the interview (see Appendix E for a list of interview questions), but is not used as a fixed script. Smith and Osborne (2015) offered the following guidelines:

1. Try not to rush too quickly. Give the respondent time to finish a questions before moving on.

2. Ask one question at a time.

3. Monitor the effect of the interview on the respondent (p. 37).

There is an assumption that the researcher possesses some background knowledge in the phenomena being studied, but that this prior knowledge is only used to enter the respondent’s world. This relationship mode assumes the participant is an experiential expert and therefore provided great flexibility to tell their own story in place of being overly supervised by a strict interview protocol (Smith & Osborn, 2003).
Interview Schedule

Even though the semi-structured interview can be a co-constructed process between the interviewer and interviewee, an interview schedule assists the researcher in identifying what they hope might be revealed in the interview. A thoughtful schedule can also help in identifying potential challenges in how questions are posed in the interview. The suggested topics for the schedule included school counselor training, school counselor identity, professional relationships, and relationships with student and families (see Appendix E).

Reflection Journal

I asked participants to complete a reflection journal following the interview. The goals of the reflection journal included (a) affording participants the opportunity explore ideas that came into their awareness post-interview that had not been shared during the interview, (b) new questions that surfaced post-interview regarding clinical supervision, and (c) a reflection on what they are aware of about their relationships with other school counselors. These reflections added to their rich descriptions. Upon receiving the reflection journal, participants were asked to return the journal to me within two weeks via e-mail.

Data Analysis

As cited previously, IPA suggests a two-stage analytical process. First, participants describe their world and draw meaning into their experiences, and second, the researcher is called to make sense of participants’ efforts in making sense of their world. Questions that
could drive analysis suggested by Smith and Osborn (2007) include: “What is the person trying to achieve here?” “Is something leaking out here that wasn’t intended?” or “Do I have a sense of something going on here that maybe the participants themselves are less aware of?” These questions capture the essence of IPA not being predetermined by design but as a highly relational and personal process (Smith & Osborn, 2007). This research disposition supports the idiographic approach to IPA analysis, as single cases are not predetermined to represent the whole population but only serve to represent unique narratives. IPA analysis recommends researchers begin with single cases and slowly work to more generalized themes (Smith & Osborn, 2015).

**Analyzing Themes in the First Case**

I read the first transcript a number of times and annotated what appeared to be interesting or significant, reading and re-reading the account to develop familiarity with the interview. This type of analysis is comparable to free textual analysis in that there are no rules that drive what evidence is cited in the script. Smith and Osborn (2003) suggested that some comments may be attempts to summarize, while others may be connections researchers attempt to draw, and in some situations, preliminary interpretations may also appear. As the researcher develops familiarity with the script, the second stage of interpretation appears as attempts are made to identify participant meaning as opposed to just what they are saying. These first comments were made in the left margin of the script.

I returned to the beginning of the script to identify emerging themes. Initial notes were synthesized into specific phrases that are charged with the true essence of what was
discovered in the text. These identified theme titles morphed into increasingly abstract ideas. Even as more developed conceptualization of participant meaning is occurring, Smith and Osborn (2015) advocated that there should always be a clear connection back to the participants actually words. For this reason, every portion of the script was handled as data.

Connecting Themes

Following the first stage of identifying participant themes directly connected to their actually words, emergent themes were transferred to a different document and I attempted to identify connections between them. While the first stage of analysis was chronological, the second stage was more analytical as I attempted to cluster emergent themes into working concepts. Smith and Osborn (2003) offered the analogy of a magnet pulling representing themes that are pulling on other themes that connect in order to make sense of the participant’s experience. Once themes are clustered, similar to the first stage, connections back to the original text are confirmed to ensure that the participant voice remains prominent in the researcher’s analysis.

At this point in the analysis, emergent themes were clustered to capture a strong correlation to the participant’s words. These major themes were named and entered into a table with subordinate themes arranged accordingly. Specific citations from the script were listed in a second column listing specific participant words that correlated with the subordinate theme. During this process, some themes were deleted that did not add to the emerging structure or were not rich with evidence in the transcript.
Subsequent Cases

The first participant interview had extensive analysis involving reading, re-reading, identifying themes, and the identification of connections between themes. To lessen researcher bias of what was discovered in the first participant interview analysis, the second participant interview analysis was treated in a manner similar to the first interview to expand the possibility of identifying different themes not found in the first participant interview. In subsequent readings of the second participant interview, themes were identified and grouped to provide a foundation of themes used with the remaining participant interview analysis.

Following the analysis of all cases, a final table of subordinate themes was identified and prioritized not necessarily based on prevalence across scripts, but by the “richness of the particular passages that highlight the themes and how the theme helps illuminate other aspects of the account” (Smith & Osborn, 2015, p. 46). The resulting master table was organized by dominate themes supported by subordinate themes with citations that tied directly to each participant. After several cases, higher level convergences surfaced causing a reprioritization of dominate and subordinate themes. The master table of themes assisted with the creation of theme convergence and prioritization decisions.

Narrative Account

In the final step of analysis, I identified inherent meanings within participant descriptions. The table of themes developed in prior steps served as the framework, as suggested by actual participant words (Smith & Osborn, 2003), to support the assumptions
being made. Smith and Osborn (2003) offered caution to researchers to be sensitive in separating participant accounts from researcher interpretations.

Trustworthiness

An essential component of qualitative research is demonstrated in the trustworthiness of collected data. Trustworthiness is present when the study explores what it intends to explore while maintaining standards for consistency, believability, and rigor. “Trustworthiness can be thought of as the ways in which qualitative researchers ensure that transferability, credibility, dependability, and confirmability are evident in their research” (Given & Saumure, 2008, p. 895). I used interview member checking and reflective journals to establish trustworthiness in this study.

IPA calls for researchers to consistently tie themes and findings back to participant’s actual words. To achieve this, I attempted to ground each participant’s experience of clinical supervision specifically to their school, the students they work with, and the counselors they collaborate with on a regular basis.

Maxwell (2013) suggested that member checks or respondent validation is the “single most important way of ruling out the possibility of misinterpreting the meaning of what participants say and do” (p. 126). The feedback provided by participants about their reflections on what they said during interviews is counted equally as evidence to add to the account of what they have experienced (Maxwell, 2013).

Reflection journals were used to supplement the ability to triangulate the data supplied by participants. Although there is caution when using participant reflection journals as their
reflections may be as biased by what they shared in the interviews (Maxwell, 2013). However, the reflection journal used in this study afforded participants an opportunity to consider what they reported in the interview, identify issues or topics that surfaced during the interview, and explore the meaning of these topics.

Role of the Researcher

In serving as the primary researcher, my professional background as a school counselor, clinical supervisor, and teacher influenced how I heard and responded to each participant and how they described their experiences of serving as school counselors with clinical counseling licenses. As I have clinical supervision training as a supervisor and supervisee and identity experiences, I was aware of being both an insider and an outsider while learning about each participant. As an insider, I have my own experiences as a clinically licensed school counselor and was influenced by my own experiences. As an outsider, my role as supervisor and administrator afforded me an arms-length distance from the participants, as I am currently not serving as a school counselor. Due to having previous professional relationships with some participants and no relationship with others, I needed to continually reflect on the potential boundary conflicts apparent during the interviews.

My Path

In 1996, I earned my master’s degree in counseling with an emphasis in school counseling. However, as a part of my internship experience, I was permitted to complete half of my internship in a school setting and the other half in a clinical mental health setting,
which found me in an adolescent facility in the Department of Corrections (DOC). I sought out this varied experience as I had become quite interested in clinical mental health during my master’s degree program but was sure I would probably continue to work in the school setting as I had already taught for eight years. The clinical supervision I received during my counseling practicum set the stage for a readiness level to fully engage in the supervision process while serving in the DOC.

My first school-related counseling position was not as a school counselor but as a student assistance program coordinator. My major responsibility during this phase of my professional career was to intervene, counsel, and provide after-care support for high school students with alcohol, tobacco, and other-drug abuse issues. I engaged in a great deal of family work during this time and became quite interested in working in the drug addiction field. Upon earning a certification in alcohol and drug counseling (CADC) I received clinical supervision in an adolescent treatment program. I have no doubt that the supervision I received in both of these counseling experiences increased my interest level in learning more about the supervision process.

As a part of my own acquisition of a clinical counseling license, I received a great deal of training in clinical supervision and now provide clinical supervision for school counselors both in my own school setting and in private practice. I am aware of how essential effective supervision can impact the professional development of school counselors. This awareness comes from developing a keen sense of the developmental stages that occur in my supervisees. This development is realized by their increasing use of intentional counseling skills differentiated to the needs of students. They are able to conceptualize student mental
needs with greater clarity. They are able to recommend and carry out appropriate interventions. I have also noticed that they become increasingly aware of how they fit in the school in relationship to other professionals.

Conversely, I have witnessed that without supervision, some school counselors can become stagnant in their counseling skills. They tend to move quickly to problem solving as opposed to relationship building through demonstration of empathy. There tends to be a withering of strength-based language when conceptualizing student cases defaulting to only speaking of student problems. In some extreme cases, I have also observed school counselors retreating into isolated practice; rarely seeking consultation with colleagues.

**Researcher Biases**

My professional experience as a supervisor, educator, and counselor has continually piqued and focused my interest in learning how clinical supervision experiences influence school counselors. Originally, I was quite interested in the experiences of school counselors having acquired a clinical license. But, as I have worked with groups of counselors both in my own school setting and in consultation, I have become aware of the unexplained phenomena between counselors having received clinical supervision and school counselors who have not.

**Summary**

This chapter described the selection and rationale for using IPA to attend to the research questions, and the process for selecting and recruiting participants was also outlined. The data collection and analysis procedures were outlined including techniques that contribute
to trustworthiness. In conclusion, I discussed my role as researcher and biases on the research topic.
CHAPTER 4
FINDINGS

The purpose of this study was designed to study the experiences of school counselors who have received clinical supervision post-master’s degree. The study had two lines of inquiry. First, the study focused on the perceptions of clinically supervised school counselors on their work with students and families. Secondly, the study explored the perceptions of clinically supervised counselors on their professional identity. Learning how clinically supervised school counselors use their clinical training to assess, conceptualize, and plan their intervention work with students differently is essential to fully understanding why clinical supervision matters for school counselors.

This chapter focuses on data collection and analysis and provides research study results. Study participant demographics are shared, analysis procedures are described, and research findings are shared that answer the research questions. The outline of the themes includes how clinical supervision and administrative supervision influence relationships between school counselors and students, families, administration, and other school counselors; how they make decisions when working as school counselors; and the perceived impact on their counseling skills. The chapter concludes with an analysis of the relationship between clinical supervision and professional identity and their impact on reflective practice and advocacy.
The eleven participant interviews ranged between 60 and 90 minutes and were conducted face-to-face. Seven participants were interviewed in their professional work space and the remaining four in locations convenient to participants. Following each interview, participants were e-mailed the reflection journal consisting of five questions that asked participants to share new thoughts that surfaced following the interview and how the interview influenced their thoughts about clinical supervision, relationships with other school counselors, and other reflections about their professional identity that were made known to them as a result of the interview.

Demographics

Eleven school counselors participated in this research study. All demographic information that would personally identify a participant has been changed including names, school names, and names of colleagues. The names used in this study are aliases chosen by the interviewee. In order to participate in this study, participants were required to have completed a master’s degree in counseling, received at least two years of clinical supervision post-master’s degree from a clinical supervisor, had been employed at least as a half-time school counselor, and finally, worked in a school with three or more school counselors. All participants met these requirements.

Three of the eleven participants received clinical supervision prior to moving into school counseling roles. Each of them shared a generalized reflection that they had not anticipated that clinical supervision would impact their work as a school counselor, as they initially believed that school counseling work would be largely focused on academic issues.
Four other participants shared that they sought out clinical supervision so they would have “something to fall back on” in case school counseling did not work out. Similar to the three school counselors who had experienced clinical supervision prior to being school counselors, the shared sentiment was that clinical supervision was mostly seen as a professional development activity specifically for clinical settings such as private practice. The remaining four participants sought out clinical supervision as they felt it would impact their work in schools and provide more tools to work with students with mental health issues. Despite the different purposes for seeking clinical supervision and the perceived impact it might have on the work of school counselors, all participants shared that clinical supervision supported their continued development as school counselors.

Table 1 documents participant demographics. Eight of the eleven study participants identified as female and the other three identified as male. Fifty-five percent of the participants were between the ages 25-35. The balance of the participant age ranges were eighteen percent for ages 36-45 and twenty-seven percent fell between 46-55 years of age. Forty-five percent of participants were Licensed Clinical Professional Counselors (LCPC) having completed their required clinical supervision hours and passed the National Clinical Mental Health Counseling Examination (NCMHCE). Fifty-five percent of the participants were Licensed Professional Counselors (LPC) having completed at least two years of clinical supervision but had not yet taken the NCMHCE exam. The average years of experience for the participant pool was 12.9 years, although five participants had only three years of experience, which skews the average number to fewer years. However, 45% of participants had ten or more years of experience as a school counselor.
Table 1

Participant Demographics

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Participant Biographies

Before interviews were completed, participants completed a demographic form that documented ethnicity, years of experience, current licensure, demographics of school and experience in clinical supervision. A summary of these findings are listed in the following biographies.
Alex

Alex has been a school counselor for three years in a public urban high school and works with eight school counselors. Alex is a Licensed Professional Counselor (LPC). He has completed the required clinical supervision hours needed to take the National Clinical Mental Health Counseling Examination (NCMHCE), which, upon receiving a passing score, will allow him the opportunity to apply to be a Licensed Clinical Professional Counselor (LCPC). Alex’s clinical supervision occurred while he was a school counselor. The primary reason Alex sought out clinical supervision was in pursuit of LCPC licensure.

Jack

Jack has been a school counselor for three years in a selective-enrollment high school. There are seven school counselors in his work environment. Jack is an LPC and has completed the required clinical supervision hours needed to take the NCMHCE exam. Jack’s clinical supervision occurred while he was a school counselor. The reasons Jack sought out clinical supervision was to further reflect on his counseling identity, improve counseling skills, build upon his treatment planning knowledge, and to collaborate with other counselors outside his workplace.

Sue

Sue has been a school counselor for two years. Sue works in a private high school with three counselors. Prior to her work as a school counselor, she worked in a treatment and
detention facility where she worked with adults. During this time, she found she really wanted to work with teenagers. She transitioned to a youth services agency where she primarily worked with children and families in schools and community agency settings. Sue completed her clinical supervision at the agency she worked at and had her LCPC before becoming a school counselor. Her major reason for seeking out clinical supervision was to increase her ability and skills in responding to mental health crisis situations.

Eisen

Eisen has been a school counselor for eleven years in a large, suburban public high school and works with seven other counselors in his setting. Eisen has completed his clinical supervision hours needed to take the NCMHCE while working as a school counselor. His interest in pursuing clinical supervision came from his awareness of the interpersonal nature of counseling relationships and his interest in learning more about the dynamics contributing to the therapeutic alliance. He was also interested in earning his LCPC to possibly work in private practice while also working as a school counselor.

Ella

Ella has worked as a school counselor for ten years. She works with nine other school counselors in a large, suburban high school. She has her LCPC and also provides clinical supervision to school counselors. Prior to working in schools, she worked in hospital and domestic violence shelters. It was in these settings that she completed her clinical supervision
hours. Her reasons for seeking out clinical supervision was to earn her clinical license and to contribute to her growth and development as a practitioner and as a person.

Claire

Claire has worked as a school counselor for three years in a suburban middle school serving grades seven and eight. She works with three school counselors at her school. She began her clinical supervision when she started her current position and has earned her hours to take the NCMHCE exam. Claire’s primary reason for seeking out clinical supervision was to pursue LCPC licensure. Initially, her reason for pursuing her LCPC was to have something to fall back on in case school counseling didn’t work out as a career path.

Amanda

Amanda has worked as a school counselor for fourteen years in a large suburban, public high school. She works with six other counselors at her school. Amanda has her LCPC and also provides supervision to other school counselors. Her reasons for pursuing clinical supervision included refining her counseling skills and to seek out support and collaboration through group supervision. Amanda completed her clinical supervision while working as a school counselor. She also maintains a private practice specializing in adolescents in addition to her work as a school counselor.
Chloe

Chloe works as a school counselor in a large, suburban, public high school with nine other counselors. She has been school counselor for three years and has completed two years of clinical supervision. Her primary reason for seeking out clinical supervision was to support her development and to earn her LCPC. She had originally worked as a college specialist and felt she needed to work on enhancing her skills in the personal counseling domain.

Nicole

Nicole has worked in two different large, suburban, high schools and has also worked as a counselor educator. She completed her clinical supervision at her second high school position. Her primary reason for seeking out clinical supervision was to be a LCPC so that she could possibly work in private practice in addition to being a school counselor.

Sarah

Sarah works in a small, private high school with three other counselors. Prior to working as a school counselor, she worked in a county agency, hospital, and in private practice. She completed her clinical supervision prior to working as a school counselor. She also provides supervision to other school counselors. Initially, her reasons for seeking out clinical supervision including consultation on cases and referral questions but realized that the scope of supervision was much broader once she was in supervision.
Celine

Celine works in a large, suburban high school as a school counselor and also supervises six school counselors. She initially pursued clinical supervision because she wanted to keep her options open to possibly work in private practice in addition to working as a school counselor. She completed her clinical supervision hours while working as a school counselor.

Supervision Experiences Essential to Counselor Development

All eleven participants expressed appreciation for the intense professional development of clinical supervision. Every participant also shared positive affirmations that clinical supervision was a career changing experience. Alex said, “I just think it’s absolutely vital . . . it’s changed my life. It’s changed my work, and I would imagine that’s true for many of the people who have the experience.” Claire reflected that, “I think if I wouldn’t have had supervision, I would not be where I am today. It’s changed who I am as a counselor and as a person.” In her reflection journal Claire wrote, “This interview allowed me to reflect on the value of supervision and how much all school counselors should participate in clinical supervision because the rewards benefit all stakeholders.”

Sue also believed that clinical supervision is an experience that all school counselors need to experience. When asked how she speaks to school counselors considering clinical supervision she said:
I would definitely encourage it. It’s almost like therapy in some ways, it just gives you a chance, I think, to really look at what’s going on and see things from different perspectives and be able to look within yourself a little bit more.

Sue went on to say, “I think it has just helped me become a better counselor and helpful in being able to be a better support and advocate for students.” Nicole, too, believed that “this will only enhance your ability to be a school counselor because you will have more information. You will have more support and resources, and you’ll have the opportunity to reflect.” Chloe found value in clinical supervision, especially vital for new counselors. She said, “I would say that it’s definitely worth having that one hour to reflect, especially if you’re a new professional. We’re dealing with such complex situations and having that time to just talk it out is extremely helpful.”

Alex’s comments about the overall benefits of clinical supervision started with, “It really helped me to understand the dot, and connect dots in ways that I didn’t know I wasn’t doing before participating in clinical supervision.” He found that clinical supervision provided a systems framework for his school counseling work:

I feel like clinical supervision was much more of a series of conceptual constructs, reframing and framing, scenario work, and theory: an analytical lens to what I do. In reflecting on the practical nature of supervision clinical supervision it felt much more like a war room, like, “Let’s talk strategy,” and, “Let’s reflect,” and, “Let’s plan,” and, “Let’s talk intention.”

Claire offered a similar reflection on how clinical supervision provided a framework for decision-making:

We would talk a lot about situations going on with our high fliers, our kids that have the most significant needs, and would kinda process the school’s aspect, the home aspect, the parent aspect, the academic piece, and try and get a whole picture to figure out what’s the best step next.
As the systems awareness continued to develop for Alex through clinical supervision, he appears to have moved from reactive practice to intentional practice. He offered the following description of this phenomena:

I think, left to my own devices, I would just be putting out fires, and I would be lost and chasing fog all the time. And clinical supervision just sort of sucked the fog out of my experience and really gave me a clear sense of what it is I’m doing; what are the obstacles that I face as a person, as a professional. It gave me a sense of system – the implication of working and existing within a system, and what that means, and the strategy necessary to navigate the system; countertransference, how to understand what hooks me, what triggers, and why it triggers me, and then what to do about that; when it’s necessary to do something, and how to stop.

Even though Alex’s reflection of clinical supervision brought to him a significant degree of clarity, he commented on what occurs in peers when clinical supervision is not present:

Ninety percent of the things I learned in clinical supervision I didn’t know I didn’t know. It was kinda like, “Oh, yeah, wait. Oh. Wait, what?” And it’s just all of these things that, working in isolation, you take for granted because you have to. There’s no check, there’s nothing holding you accountable, and that’s a lot of what I see working with other counselors.

Similar to Alex’s reflections about peers not experiencing clinical supervision, Ella wondered “how burnout, health/happiness, and self-knowledge in the field over the long term and boundaries are different between school counselors who have experienced clinical supervision versus those who haven’t.” She shared a hunch that nonclinically supervised counselors become “isolated in their practice and lose the ability to be innovative school counselors.”

Clinical Supervision Definitions

Four participants (Celine, Ella, Jack, Nicole) shared how they define clinical supervision based on their experiences. An interesting finding was that even though they
shared similar definitions of clinical supervision, which focused on the internal process of the school counselors, their clinical supervision experiences where quite different. Ella participated in clinical supervision prior to being a school counselor and worked in a clinical setting. She felt that, “individual supervision in a clinical setting is focused on you, your experiences in the process, your perceptions in the process, and your blind spots in the process.” Jack, a newer school counselor to the field, also spoke about the process of supervision as “being much more kind of exploratory, there aren’t direct answers to questions.” It appears that Ella and Jack appreciated the individualized nature of clinical supervision. They both spoke about clinical supervision focusing on the internal process of the supervisee and valuing a sometimes ambiguous process even though they received clinical supervision in different work settings.

Even though there is a common understanding of what occurs in clinical supervision in clinical settings, the definition is often not commonly understood in school settings. Celine extended the definitions offered by Jack and Ella saying that she felt that “clinical supervision is a more authentic, organic process” as compared to administrative supervision or other induction processes experienced by new school counselors. Nicole found that “clinical supervision was more collaborative and research-based” as opposed to other types of supervision. Both Celine and Nicole helped to further define clinical supervision for school counselors by offering comparisons with other supervision experiences, mentoring and coaching.
Reflection on the Developmental Process

Three participants (Sue, Claire, Ella) offered thoughts speaking to clinical supervision affording supervisees the permission to “not know the answers” and to recognize that there is a developmental process occurring post-master’s degree for school counselors. They offered specific comments on the value of embracing the developmental process of counselors through clinical supervision. Of significance is that Sue and Ella participated in clinical supervision prior to being school counselors, and Claire was a school counselor during her clinical supervision. Even though their professional careers started differently, they felt that clinical supervision played a significant role in giving permission to value the developmental process of counselors. Sue offered, “I think supervision has really helped me with my own confidence, where it’s okay to not know everything.” Similarly, Claire shared, “We are a work in progress. I am the furthest from knowing it all; I’m proud to say that. I needed to learn this because no two situations are the same.”

Sue echoed the comments of participants who offered definitions of supervision by also commenting on the internal developmental process occurring during clinical supervision:

I know it’s made me a much stronger counselor to have that supervision. I think you could know a whole lot of stuff, but nobody knows everything all the time. Especially in situations where there’s some serious issues, I think it just makes so much sense to have somebody else to bounce things off or process through or just manage your own emotional response so you can be there in a different way for someone else.

Sue’s thoughts about developing internal insight through clinical supervision is recognized as a common feature in clinical supervision for counselors working in clinical settings. An important finding was that having school counselors recognize that clinical
supervision also benefits their development, as counselors may be beneficial in advocating for all school counselors to experience clinical supervision as noted earlier by study participants. Ella summarized the focus on the internal developmental process. She said, “It’s a lot about your personal development. It’s about getting to know yourself better, because you’re using that in your work with your clients, and without it can impede your work with your clients.”

Supervisor Characteristics

Contributing to the successful development of school counselors in clinical supervision appears to be an appreciation for the intentional focus of supervisors on the individualized needs of supervisees. Five participants (Amanda, Nicole, Sue, Claire, Celine) spoke about supervisor qualities that assisted them in their growth as school counselors through consistent support and through personally challenging supervisees. Amanda shared, “He really stretched me and challenged me to go outside of my comfort zone.” Similar to Amanda, Nicole felt that her supervisor “really nourished my soul and kept me, I think, mentally sharp.” Having a trusted supervisor that would simultaneously listen with intention and support supervisees’ coming to their own conclusions was of value to Claire. She said, “I was able to process with a veteran counselor, where I’ve left supervision being like, oh, my gosh, thank God, I came today because otherwise, I would’ve not known what to do.” Finally, Sue shared, “I’ve had some great supervisors who pushed me a little bit and challenged me and would kind of encourage me to sort of look within, like so what’s that bringing up for you or what’s your reaction there?
It also appears to have been important to participants to have clinical supervisors who pay attention to and support the well-being of their supervisees. Sarah appreciated that her supervisor always had a personal check-in and asked her, “How are you dealing with this?” when the case being discussed was obviously activating a personal response on her part. Claire, too, spoke about the importance of clinical supervision assisting her in handling challenging student cases at her school. She shared, “It’s just so beneficial because of all the things we’re faced with as school counselors. I mean, it’s sad, but every year, it becomes heavier and heavier what we deal with.” Both Sarah and Claire spoke of a protective factor that they experienced as a result of clinical supervision and how their supervisors crafted clinical supervision.

Both Claire and Celine offered appreciation for their supervisors playing a significant role in not just their skills and counseling knowledge but in their personal and professional identity as well. Claire said, “I can’t speak highly enough about having the supervisor be the right one because that’s changed my whole experience. It’s a person that’s helping your professional world and your personal world at the same time.” Celine and Claire spoke about the value of having a clinical supervisor who was a school counselor and not their administrative supervisor. Claire felt that “working with a school counselor was so much more appropriate” for clinical supervision. Celine’s comments valued the opportunity to explore her professional relationships with a separate clinical supervisor who was a school counselor. Celine said, “We would discuss not only specific cases and specific counseling, but also dealing with dynamics in my department.” It appears that having clinical supervisors who focused on the developmental process of supervisees and who are cautious in offering
solutions or quick fixes to student or professional issues contribute to the value placed on clinical supervision by participants.

**Barriers to Supervision**

The extant research has cited barriers to clinical supervision experienced by school counselors. This focus of this study was more on the benefits of clinical supervision for school counselors as opposed to why school counselors were not receiving clinical supervision. However, even though there were not specific interview questions about supervision barriers for school counselors, ten of the eleven of the participants cited one or more barriers they had experienced or they had observed experienced by other school counselors.

**Lack of Supervisors**

In reflecting on the availability of clinical supervision, Alex shared, “I don’t how I would have honestly secured supervision because it wouldn’t have been possible based on the credentials of the counselors in my school” as none of them had their clinical license. As a result, Alex had to seek his supervision outside the school setting. He recognized this as a unique barrier for school counselors, as counselors working in clinical mental health settings consistently have supervision provided for them as a part of their professional development. He said, “I just wish that more school counselors had the opportunity to be enriched in the way clinical supervision has been for me. I wish it was more accessible.” This barrier even contributed to Nicole’s decision to choose one school counseling position over another one.
She said, “There was no one there to provide supervision, so that was part of what influenced me to take a different position that could offer supervision.”

School Administration Not Supporting Supervision

This barrier appears to come from a lack of understanding of school counselor roles and how clinical supervision can benefit their school counseling work. Claire shared that “They don’t understand how that relates to our school counselor role. And that could make my head explode.” In spite of having effective relationships with her administration, she felt her administration was not able to find value in clinical supervision. Celine initially was able to access supervision in her building but that changed when “The principal said that the supervisor couldn’t come in anymore. Even though the principal was in support of my work, she felt that that clinical supervision needed to be done outside of work hours.” Ella wished “the school setting supported clinical supervision more than it currently does, because right now you have to work hard to find that in most schools.”

School districts commonly structure salary schedules with consideration of how many graduate credit hours are earned. In some districts, employees receive financial support for professional development and graduate course work. However, Claire noted, “Our district doesn’t recognize a clinical license in terms of salary schedule. Even though clinical supervision has been the most valuable professional development experience I have had as a new school counselor.” Sarah questioned this administrative barrier when she asked, “How do we drive home the necessity of clinical experience in school settings, somehow requiring that training and answering the question how to pay for it? How do get school districts to buy in?”
Not a Priority to Other School Counselors

A significant barrier appears to stem from school counselors not finding value for clinical supervision or how clinical supervision might impact their school counseling work. Chloe shared, “I’ve talked to a few other counselors, and for some of them, they don’t see a clinical focus as the primary piece of their work.” Claire fleshed out this barrier further:

I guess their argument is that you don’t need a clinical license to be a school counselor, but this is the best thing for our kids. It’s not about what I need. It’s about what they [students] need. It’s not valued, which is sad, really sad. And it really breaks my heart because there are kids who could be getting what they’re not, but school counselors aren’t motivated to do this because they’re like, what’s it gonna get me? What’s in it for me?

Time

A final barrier for accessing clinical supervision was not dedicating time for the experience. Amada felt that “supervisors are often not accessible or available.” Jack spoke about the experience of school counselors dealing with a myriad of responsibilities that are often placed as a priority over supervision, “to get real supervision, consultation, collaboration, wasn’t going to be something easy just because everyone was very busy.” Claire felt that if her supervision was not a dedicated and “sacred” time. She “wouldn’t have supervision, I wouldn’t be talking about it. There’s no time.” In speaking about the frenetic pace of school counselors, Eisen shared that, “If there’s a lot on my plate, that means there’s very little room for reflection.” Chloe felt that “Clinical supervision is worth it. Although, it does take up time out of your hectic schedule.”
Clinical Supervision Increases Reflection

A significant theme that emerged from the participant interviews was how clinical supervision increased levels of self-reflection in supervisees. This level of self-reflection appears to have been present in supervision meetings but, more importantly, seems to have impacted their work with others. Jack shared that supervision has allowed him to “examine reactions I may be having to different situations and make sure my own experiences and biases aren’t negatively effecting my ability to work in the students’ best interests.”

Another piece appearing in comments shared about reflection is that the process of self-reflection at the level described by participants is not necessarily natural and only becomes apparent through the process of clinical supervision. Claire shared:

The way that I’ve been forced to reflect has been huge. I would say a lot of our time together feels like reflection time just to kind of either talk about next steps or talk about what would you have done, or should I have done something differently, just kind of taking the time to think about how can I be a better counselor too.

Sue also commented that, “I think sometimes clinical supervision was much more reflective and introspective” as opposed to other supervision experiences she had. She commented that “It’s made a difference to have supervision that says, ‘Slow it down.’” Nicole added that having clinical supervision “provided me with a safe space to reflect.” Perhaps Claire said it best regarding how reflection shows up in the supervision relationship:

I think the reflection piece is crucial, to be able to process out loud with another person who gets it about a parent, a kid, a teacher, whatever, to be able to have a sounding board and not have to just sit with your own thoughts has been very beneficial.
In addition to commenting on how reflection appears in the supervisory relationship, Nicole shared that “having the opportunity to reflect professionally, emotionally, and mentally has helped me to grow into a better school counselor and better serve my clients.” She felt that having this level of reflection “provides you with different avenues for intervention.” Jack shared a similar sentiment about how “helpful it was to continue reflecting past the reflection that occurred in supervision.”

In this section, participants’ overall reflections were about their supervision experiences, supervisor characteristics that contribute positively to supervisory relationships, and how they came to define clinical supervision. They also shared awareness of their own developmental process as counselors that became evident through supervision. Although not prompted to do so, participants commented on the barriers they have experienced when accessing clinical supervision. This section concluded with thoughts about how clinical supervision increases self-reflection within the supervisory relationship and transfers to self-reflection in their daily work as school counselors.

Findings for Research Question 1

What are the perceived effects of clinically supervised school counselors on their work with students and families?

This focus of this study was to identify the perceived effects clinical supervision has on the work of school counselors. The first research question focused on clinically supervised school counselors’ work with students and families and how extended clinical supervision post-master’s degree impacted the work of the study participants. In the extant research, there
are consistent findings that school counselors either do not believe supervision is needed for their work with students and families, or the barriers to accessing supervision are too significant. As a result, they do without a clinical supervision professional development experience. I hoped to learn more about school counselors who overcome these barriers and engage in clinical supervision to develop their skills in working with students and families.

Emerging from participant interviews were the following five themes: developing counseling relationships, relationships inform work of school counselors, ability to handle crisis response, working with student mental health issues, and awareness of counselor internal process. Each will be explored in its own section.

**Developing Counseling Relationships and Clinical Skills**

School counselors are often presented with several tasks and responsibilities that can deter counselors from being fully present with their students in a therapeutic relationship. Counselors in all settings are expected to have a level of proficiency in building rapport with students and families through their intentional use of counseling and assessment skills. Five participants brought insight into the importance of building rapport and being intentional in their counseling relationships. Celine felt that “clinical supervision provided a foundation in counseling skills and then to be able to apply skills in assessment and intervention planning.” In describing clinical supervision, she felt that “clinical supervision is working with a counselor on those general counseling techniques, and being able to speak in the hypothetical. So, if a student or a family comes in, how would you handle this sort of scenario planning?”
Through clinical supervision, participants also perceived an increased ability to slow down their thinking processes in order to build their capacity to be fully present and aware of what is occurring in their counseling relationships with students. Jack shared, “I learned to be present, but I also wander a bit. I learned to balance that a bit more effectively in my work with students.” Sue offered a similar reflection how clinical supervision trained her to be “present and be here for you [student].” Jack expressed what occurs for some school counselors when he observed, “I think if you’re kinda stuck in your school counseling bubble, you really become focused on solutions in place of process.”

Alex expanded on the reflection of needing to be present and applied it to all professional relationships. He shared that in supervision he learned “The work that I do has created such a capacity for empathy in me in my work that definitely did not exist when I started.” He said he “learned a lot about the power of an empathetic statement in supervision that would often result in giving some perspective and clarity in the counseling relationship.” Jack felt that his “ability to use empathy in all relationships changes how I communicate with parents. It changes how I communicate with teachers. It changes how I communicate to the student.”

In addition to working as a school counselor, Amanda also had supervised several counselors during her career. She offered this framework of how she supported counseling skill development in her supervisees:

To me, clinical supervision is much more like I'm sitting on one side of the mirror or the window. You're on the other. I'm hearing you. Looking for the types of open-ended questions you're asking. I'm really building your counseling skills. I'm making sure that if you were put in a situation with a student that's more anxious or a client
that has a little bit more going on, then I’m there for you and to help guide you and take you through that.

Relationships Inform Work of School Counselors

Alex believed, “If there’s nothing else that a counselor does, in my opinion, it’s build relationships.” He went on to say that “In clinical supervision I learned that there is a strong relational piece to the work that I do with students.” This core awareness of relationships and rapport appeared in all but two participant interviews, which speaks to the significance of these. More important was how participants perceived clinical supervision experiences defining their thoughts about relationships they have with students and families. Ella stated, “I am very particular about relationships and rapport, and I think that partially comes from my clinical background.” Alex went so far as to say, “Building relationships with students and all these stakeholders is in and of itself an intervention. And that was a life-changing realization [in supervision].” It appears that Alex and Ella felt their focus on relationships was intentional and a perception their relationships with students and families could serve as a vehicle to enhance intervention effectiveness.

Clinical supervision also appears to have increased the personal awareness Jack and Alex had on their understanding of how their relationships resulted in knowing what they could influence and where their limitations existed as counselors. Alex said that as a result of clinical supervision, “I know what I’m working on and focusing on in that relationship as well as the other pieces outside of that relationship that are necessary to bring out the intervention that I have in mind.” As a result of clinical supervision, Jack “came to understand my realm of
influence, understand the possibilities of our relationship, and that there were some things that we could not address.” This intentional reflection on counseling relationships will be explored through the perceived impact participants felt when working with students and families.

**Relationships with students.** Understanding how their work with students was impacted by clinical supervision was explored by all participants, but four offered comments that accurately reflected repeated concepts shared by participants. Sue shared, “I think that [supervision] has been helpful in me being able to be a better support and advocate for a student.” Eisen said:

That students can come down and talk about anything and not feel like they have to censor themselves for fear of something else. Whatever they’re censoring might not even be that, relatively, significant, but that’s the whole idea. Part of the idea is that you want them to feel pretty open.

Conversely, Jack shared that when he started as a school counselor, “I didn’t realize that seeing students periodically could be an option until supervision, especially seeing students that were going through trauma or grief or high levels of depression or anxiety.” Jack stated:

I think clinical supervision helped me to understand I can still have a role in the student going through a significant mental health issue instead of just like passing him or her along, I still have a role, but yes, it’s maybe linked to the academic success of that student at the school, but it may not be either.

Jack provided an example of this type of work with a student:

We just worked on her peer relationships at school, and at times we checked in about how her outside therapy was going and her coping skills and what she was learning at therapy, but really kind of our treatment plan was how can she kind of effectively build and nurture her peer relationships.

Jack found alignment between his relational framework and how that impacted his work with students:
Mainly because of the group supervision, I understood that I work best in relationships and I’m very relational in my approach to the work as a counselor, and in order to be relational, I really have to invest my time and energy in building those relationships, not just counseling students, not just focusing on a solution to their issues. I really have to build a relationship; I really have to know them. And, in some ways, they have to know me.

Sarah offered this reflection in her journal reflection:

I think what comes even more clear for me after our interview is the growing importance of clinical experience when working with students . . . as well as the importance of being able to provide clinical supervision to school counselors.

**Working with families.** The gap in training for school counselors in graduate programs to work with families came up as a significant issue that seven participants felt clinical supervision addressed for them. Chloe described her supervision work with families:

In supervision, we will talk not just about the student, but we’ll also talk about the families, as well. I would say similar to kids, I think sometimes parents can be very frustrating or difficult to work with. Sometimes you have more interaction with the parents than you do with the kid.

Claire said, “I talked a lot about best ways to have really challenging conversations with parents. I think just having a support person to bounce ideas off of, like how am I gonna approach this has been helpful.” Nicole shared a similar thought, saying, “I think having that supervision time allowed me to process and digest sometimes the family system’s dynamics with my supervisor.”

Nicole uncovered a hesitancy for counselors to bring up family issues when she said:

Sometimes I find in my work that I’ve seen new counselors very apprehensive to go talk about the family system because they don’t want to make it seem like there’s an issue where there’s not. And having clinical supervision provided me with that safe space to say, “Is this on the spectrum of normal?”

Jack further explained this apprehension due to a lack of training in family work:
I was almost anti-family. I thought, I’m a school counselor. The student is my client. The family is not my client. I’m not going to work with the family. I’ll do it if I have to. I’ll do it if I’m referring a student out to see another therapist or if it’s a crisis situation, but other than that, I’m not going to do it. And I kind of realized through supervision the limits of that and also the realm of possibility when you’re working with a student as a whole and with their family. So, I’ve been really open. I think I’ve really changed, shifted gears, and been extremely open to working with families. I’ve also been kind of more aware of the triangles that might happen in terms of the family work. If I’m working with a mother and son, sometimes they may try to pull me into this triad situation where I’m pulled into the family, and so sometimes I have to be aware of that and pull out of that or name it if it’s happening. I think clinical supervision has just really helped give me some more tools when working with families, and I had one class in couples and family therapy.

Ella, Sarah, and Nicole spoke about the reactions families have shared with them about their advanced level training resulting in having a clinical license. Even though some participants did not yet have the clinical license, the reaction families had to professional licensure could be helpful in understanding work with families. Ella’s reflection was that when she chooses to share her clinical background with families, they often find it helpful and value her feedback more. She has heard families, “Thank you, I really appreciate your perspective, the opinion, and the advice.” Sarah shared a similar reflection saying “that they appreciate that [clinical license] because they like initials after people’s names. Nicole’s reflection had common themes, “Oh, you have the same thing [credentials] that my child’s therapist has.”

Using a Guiding Theoretical Orientation

Clinical supervision affords the opportunity to further reflect on master’s level instruction on counseling theory and the recognition of a guiding theoretical orientation to school counseling work. Six participants (Jack, Nicole, Alex, Sue, Claire, Eisen), representing
participants with fewer years of experience as school counselors, following clinical supervision provided formative feedback on how they interact and apply their theoretical orientation. Jack shared the reflection of how supervision “connects to myself as a counselor and what type of theories I use in my practice.” Nicole found that during supervision, “We were able to have a lot of meaningful conversations. Even if I didn’t come in with a specific student or situation to talk about, we could talk about theory and practice.” Overall, Alex found that supervision provided the opportunity to “fine tune my theoretical framework and that’s really been revolutionary for me and how I work with students.”

Associated with a keen awareness of a guiding theoretical orientation is developing intention around everything a school counselor does in their work. It seems that having clinical supervision provided for advanced levels of intention to be used by participants. Alex expressed:

Clinical supervision has given me a much better sense of how to be very intentional with what I’m doing, how to stop and reflect on why I’m doing what I’m doing and, as a result, I’ve become more strategic in the work that I do.”

Sue offered a similar reflection in her reflection journal entry when she wrote, “Supervision is so important in helping me to slow down and think about why we are doing the things we are doing and be more thoughtful in that.” She commented in her interview that:

[Supervision] helps me be less reactive and be able to just sort of stay present with the person and figure out what’s going on and just think through sort of step by step, okay, what should we be doing next? Where should we be going?

An additional aspect of intention was shared by Claire. She felt that “it’s crucial to be trained to look for those things and to be trained to ask certain questions and in the right kind of way.”
Related to their level of intention, participants also spoke about continually reflecting and seeking feedback on their counseling regardless how long they had been counselors. Eisen, a counselor for several years shared, “I’m not sitting up here, hey, I got this all figured out, it’s more like, I got some ideas, and I think a lot of them are pretty valid.” Similarly, Sue, a newer school counselor shared that, “I was able to bring thoughts or perspectives to the table, or like here is what I’m doing, and kind of what do you think about that?” In a summary comment about intention, Jack spoke that supervision was “extremely helpful just to kind of further my work, my counseling skills, my interventions” and how it was “incredibly helpful to reflect on how I can approach working with students and cases.

Having a shared understanding of appropriate school counselor roles and responsibilities is often subject to a myriad of factors including administrative beliefs about school counselors, inconsistent training, and supervision of school counselors resulting in school counselors not clearly understanding how to advocate for their roles. Three participants spoke about how clinical supervision helped them to define their roles, what they are able to influence, and that their role is not necessarily designed to solve problems. Celine echoed this sentiment, “The biggest counseling piece that I learned was that my job was to listen, not to solve.” Alex shared a similar thought when he said, “I can support a lot of issues. Some, I can’t. And none of them can I fix, nor is that my role or responsibility.” Jack said, “Clinical supervision just helped me to understand my realm of influence, understand the possibilities of our relationship, and also understand the possibilities that were beyond our relationship and that there were some things that we could not address.” Alex believed, “I would say that I have a better sense of the scope of services that I provide as a counselor.”
Case Conceptualization and Diagnosis

Three of the counselors with fewer years of experience (Chloe, Jack, Claire) felt strongly about their increased ability to effectively assess student issues to account for potential mental health diagnosis. Understanding how to take all available information about a student including academic, behavioral, and social/emotional to determine appropriate interventions is a core competency for school counselors. Chloe and Claire reflected on how clinical supervision developed this skill past making immediate decisions about how students present to a more in depth analysis of presenting issues. Chloe shared:

Instead of making judgments, maybe, of how kids, certain behavior, or actions, thinking about it more from a clinical aspect like, “What is going on for this kid? Maybe there is something – We’re seeing enough signs and symptoms here, I wonder if there’s something else. Is there an underlying – is there a rebutting mental disorder there? Why do you think she’s behaving this way? What kind of treatment do you think – potential treatment plan would be?”

Chloe also shared that supervision “has helped me have a clearer lens on what might be going on for kid.” Claire also commented on how it can be easier to make quick decisions and how clinical supervision slowed down this process for her. “I think just being more aware. I think it’s so easy to – like, oh, that kid just has anxiety. But to keep what that really means in the forefront of your mind changes how you practice.” Alex reflected that other school counselors are lacking “some sort of basic diagramming and conceptualizing of situations . . . they don’t because they’ve never done it.”

Alex reported:

It’s helped me identify, what are the symptoms that the student is presenting to me? The symptoms are related to what possible clinical impairment? And then, based on
how I understand those impairments, what are some potential next steps? What are some potential interventions?

In reflecting on how clinical supervision has impacted her case conceptualization competence, Chloe said that her clinical supervision experience “definitely has helped me feel more competent when it comes to diagnoses, treatment, and best practices.” She reflected further on this skill in response:

For me, having that background of all the different diagnoses, and just all the disorders, I definitely feel much more confident in recognizing this person is showing some signs and symptoms of this particular disorder. If you think about it from their actions and behaviors, it makes sense.

Claire, too, perceived an increase in her diagnostic skills through clinical supervision, especially in her ability to understand and intervene with students having mental health needs:

I think just being more in tune to symptoms, picking up on things and seeing things that maybe a typical school counselor wouldn’t see. Well, nowadays, mental health is a major focus, but I feel like we talk about the DSM, and we talk about other characteristics of certain diagnoses. I think it just provides a little bit more background to educate everybody else around us. And whenever we have a situation going on and as a team, we’re talking about a kid, things that they’re going through or things teachers are seeing, I’m the first to think about – Should I go get my DSM? Just because I’m interested, not that I’d ever do that [diagnose] in a school setting, but just to connect more dots.

**Ability to Handle Crisis Response**

Six of the eleven participants commented on their ability to manage crisis response and, in some cases, differently than peers. They each appeared to slow the decision making-process to make sure thoughtful decisions are made. Amanda felt as if her peers will ask her, “‘What’s the crisis plan? How do we involve others?’ Things like that. So, for me it's nature, you know, second nature. We have to call the hospital. We do this.” Eisen said, “If I have a
student that comes down that is, not suicidal, but self-injury comes up and there’s that
possibility that there’s some significant depression going on, I feel much more comfortable in
those settings.”

Chloe and Sarah both felt more confident in their ability to handle crisis situations.
Chloe believed, “I definitely feel much more confident in dealing with crisis situations.”
Sarah spoke about her ability to “remain really calm” in crisis. She felt that she gained a lot of
confidence knowing that I can handle a lot of difficult situations.” Claire, Eisen, and Nicole
noticed differences between their ability to handle crisis response and the response of some
peers. Claire compared her response to a colleague:

I can’t help but think about a colleague and how I picture myself in a crisis, and I
picture her in a crisis. In a crisis, this is gonna sound bad, but I don’t do anything. I
stop. And she runs at it. And I think the supervision piece has been so focused on
reflect, stop, gather information, make a decision to the best of your ability, and then
go.

She realized in the interview that “I guess operating like that is because of supervision.” She
reflected further sharing:

But if I just run right at it, flying by the seat of my pants, I’m not gonna make a good
decision in the heat of the moment. So, I think the supervision piece has been like,
okay, we can do this.

As a result of the increased confidence of handling crisis response, Eisen said, “My
impression is I take on more than the average counselor in a crisis setting.” Working in a
school that did not have any counselors with advanced clinical supervision, Nicole described
a group of school counselors she worked with only “providing some Kleenex and that’s about
it. We sourced everything out.” Meaning, the school counselors were not equipped to offer
crisis counseling and, as a result, had to immediately refer to social workers to provide support to students.

**Working with Student Mental Health Issues**

Claire and Jack shared that they were initially surprised by the level of student mental health needs they needed to support as school counselors. Jack shared, “I just was struck by the need of the students.” He further shared that “Working with students with mental health needs was in some ways out of the scope or the realm of what a school counselor typically does in my building.” Claire stated, “I never realized how much we deal with mental health issues in a school.” She shared that “In supervision, we focus a lot more on the mental health piece than I had previously [in graduate school].” However, she felt that having a “clinical background can offer teachers, parent, administrators, everybody so much feedback and just ideas on how to work with kids with specific needs.”

Ella offered:

With the hospitalized kids, it is wickedly helpful to have my clinical background, because you’ll be sitting with a kid. You know that 100-yard stare that means you are not grounded in reality right now. I know what that is. I know when you are looking through me instead of making engaged eye contact. I know we’ve got something going on. You can tell me you’re not suicidal, and I’m delighted about that, but I’m still concerned about you.

Claire echoed how clinical supervision has helped her in working with difficult student cases. She said, “I think for me, just feeling more confident. It’s easy to shy away or kind of skirt over the issue. Now, I feel much more confident to address it [mental health] with the students.” Claire spoke further about specific challenges she has faced as a school
counselor, “We’ve talked about a lot of tough cases related to hospitalizations and navigating the hospital piece with the school piece. A lot of anxiety cases– I had one that was particularly challenging with gender identity and a school avoidance.” Claire further expressed her appreciation for how clinical supervision has been helpful in working through mental health issues. She said, “It has been time used to talk about our challenging situations, whether it’s a kid, a parent, and just how do we navigate the system from a mental health standpoint and an educational standpoint.”

Awareness of Counselor Internal Process

Research question one focused on the perceived benefits of clinical supervision for school counselors in their work with students and families. As has been documented to this point, participants spoke and wrote extensively about the perceived benefits clinical supervision had on their work with students and families. Participants also spoke about how clinical supervision assisted in developing an internal awareness of personal feelings and thoughts that occur when working with students and families. This level of “in” sight appears to have contributed significantly to participants’ effectiveness in working with students, families, and other school stakeholders.

For Sue, this level of awareness about her internal process provided the ability to suspend her own reactions especially in times of heightened emotion on the part of who she was working with. She said:

I do think a clinical background, that being able to deal with all kinds of different people and people who are upset sometimes or unhappy, is really helpful. Not that I never have any sort of reaction, but I am able to sort of take it with a grain of salt and
hear people out. Where sometimes I think other counselors have more of a tendency to personalize it or be a little bit more–reactive.

Sue went on further to say:

I think my clinical background is really helpful in terms of just being able to deal with people. And again, sort of that reflective piece, where I’m able to sort of sit back and really try to listen to people and hear them out and consider all sides without feeling like I necessarily have to push an agenda.

This ability to develop an awareness of what is occurring in personal thoughts seems to be a quality valued by other participants as well. Alex and Jack spoke about this quality in terms of “being able to stop has being really, really helpful.” Alex said, “I have been able to stop as things are happening with students within myself and name what the experience is, name what I understand about the experience, and then based on that, decide how to move forward.” Jack named this process as being able to “hit the pause button.” He appreciated the permission to not have to rush to solutions in his students work and instead focus on continued process. Jack said, “At times I felt so triggered like, ‘What do I do? I have 15 minutes and I can’t solve this.’ So let’s carve out some time to continue our work together instead of just stopping it here.” It appears that having a heightened sense of inner control over thoughts and feelings is an advanced skill achieved through clinical supervision. Sue said, “I do think over time, and perhaps with supervision and someone else who’s able to say, ‘Slow down, let’s look at this.’” She went on to share that, “Being able to just kind of be a little more comfortable just sitting with things, knowing there probably is not a solution that we can just put on right away.”

Related to an awareness of counselor internal process were three other themes that unpack this advance skill even further. Participants spoke about self-reflection regarding an
increased awareness of their feelings and thoughts, awareness of personal feelings impacting counseling work, and, observing that awareness of internal process assists in self-care. Each of these themes will be explored through participant words and writings.

**Self-Reflection**

Five participants (Eisen, Chloe, Ella, Nicole, Sue) commented on how their ability to self-reflect was enhanced through clinical supervision. These five participants come from a wide range of school counseling experiences, yet all shared similar appreciation for how their self-reflection improved their school counseling work. Eisen shared that “Supervision has played a large role in helping me spot my own issues and how they impact my work with others. . . . Supervision has taken this self-reflection to a deeper level.” He perhaps captured a significantly salient point when he shared, “I’m not sure school counselors get enough of such reflection once they get past their graduate school days.” Chloe echoed Eisen’s comment about the disappearance of supervision post-graduate school. She said, “I think it’s helped me in terms of reflecting on my own growth personally and professionally. That’s not something that I think I did a whole lot of prior to supervision.”

Chloe was especially thoughtful in her comment that “Sometimes, being able to reflect is key, ‘I could’ve handled this better, or that better.’ Just knowing that I have that time set aside to talk about those things, definitely, I think helps you grow.” Ella extended Chloe’s thoughts of growth offering the conclusion that “it’s [clinical supervision] made me a more intentional, grounded human being.”
Chloe spoke of how her self-reflection contributed to feeling more confident in high-stress scenarios. She said, “I have to lean in when things get uncomfortable. It’s helped me feel much more confident staying in that hot water.” Ella, too, found benefits experienced through clinical supervision with regards to high-stress situations. She shared, “I think it has taught me to check myself. I think it has made a huge difference in understanding burnout and making intentional decisions about what to do at certain junctures professionally.

Following thoughts shared about clinical supervision providing the development of protective factors in times of stress, it also appears to create a safe space to process when participants are not feeling confident or are somehow emotionally impaired. Sue commented, “I think back and I have learned a lot from mistakes that have subsequently been processed in supervision. Like that’s been paramount, I think, to my growth.” Nicole shared, “So having the clinical license and being able to receive supervision after crises helped me in processing because when the students are hurting, sometimes you’re hurting too.

**Awareness of Personal Feelings**

An additional dynamic of counselor internal process for clinically supervised counselors stems from an awareness of personal feelings and how they might show up unexpectedly within their counseling relationships. It appears that through the process of clinical supervision, time spent on identifying personal emotional triggers for the supervisee is beneficial in preventing personal feelings from negatively impacting the ability of school counselors to be fully present with their clients/students. Eisen shared, “When I look at the clinical, it’s more, I think, looking at myself and the issues I bring to the table as opposed to,
‘This is how you do it.’ It’s more like, ‘Hey, these are things that are getting in the way!’” He described that clinical supervision moves to a deeper level past just knowing how to do the job of a school counselor to a place of deep introspection.

Five participants representing all experience levels spoke about how clinical supervision improved their ability to recognize personal feelings and how the identified feelings can impact their counseling work. Sue reflected that she was “more introspective on my part where I could identify, ‘I’m having this reaction to something,’ or ‘I’m feeling this way.’” Chloe’s reflection was similar. She shared, “Sometimes, I’m dealing with a student, and I’ll be really anxious, and the student’s really anxious, and sometimes, I have to process ‘Why am I anxious in this moment?’ And so, having that time to sit down, and talk in supervision just helps me realize like, ‘Oh, this is why.’” Perhaps Ella spoke about this aspect best from her perspective as a supervisor. She challenged her supervisees to consider, “What about that choice was about you versus the client, and then what about that choice was about your relationship.”

A next step for participants was their ability to transfer what they learned in supervision into their student meetings. Sue shared this reflection when she said, “I’m a little bit better at sort of acknowledging what’s going on for me, what am I bringing to this, what I may be doing well, what am I maybe struggling with, or what are the things that I don’t know.” Eisen shared a similar reflection about his internal awareness, “Hey, I’m experiencing this and what might this be about and am I falling short, or am I too anxious about this or is my depression getting in the way?” Developing personal awareness through clinical supervision appeared to have benefits unique for school counselors as there are so few that
have participated in this level supervision. Sue summarized it best, “I think it is helpful, having gone through that [supervision] and being able to kind of reflect, so what’s going on for me.”

Celine and Chloe spoke about a final dynamic of being aware of internal process when they shared thoughts about suspending judgment of their own work and the work of their students while engaged in the counseling relationship. Celine shared, “I really worked on learning how to listen to students, temper my biases, and projecting my concerns onto the student. Probably my greatest area for growth was to not make assumptions regarding what the student was concerned with.” Sue was transparent in her reflection when she shared that without clinical supervision, “I think you become removed from actually just being with that person and sitting with them and what they’re going through. because then it’s like about you, and you’re more worried about your own competence.”

**Internal Process Assists in Self-Care**

Most importantly, clinical supervision built into participants a capacity for self-care as a protective factor against the toxicity of interpersonal counseling relationships. Celine shared that she is “very diligent about caring for myself emotionally so that I can do what I do every day. I think clinical supervision served as a reminder that you have to do that all the time.” Claire spoke about how the process of clinical supervision would, in some way, repair her emotional center. She shared, “I would go into supervision like, I’m going to just explode. By the end, I’m like, we can laugh, and it keeps me mentally healthy to do the job.” Chloe also spoke about the reparative effects of supervision when she reflected on a student scenario. She
said, “Anytime a student comes in and tells you that they want to kill themselves, my heart sinks to the bottom of my body. It’s been helpful to have this co-pilot with me to process things, as I tend to be pretty hard on myself.” Hearing how clinical supervision assisted these counselors in processing challenging scenarios both emotionally and cognitively provides glimpse into the protective factors occurring as a result of supervision.

**Summary of Research Question 1**

Research question one was designed to learn about the perceived effects of clinically supervised school counselors on their work with students and families. This question intended to explore the benefits participants noticed in their counseling skills and ability to handle a myriad of student and family issues. Two themes emerged from the interviews: developing counseling relationships and clinical skills and an awareness of counselor internal process. Within these two main themes were several subthemes that captured not just counseling skill development but an advanced level of self-awareness that permeated the subthemes. It appears that through the process of clinical supervision, study participants found significant growth in their awareness of their own thoughts and feelings and how to use this awareness to more effectively serve as leaders among peers, connect with other treatment providers at a deeper level than nonclinically supervised counselors, and be cognizant of how personal feeling and thoughts, due to being triggered in interpersonal relationships, can lead to impaired counseling relationships and impaired counselors.
Findings for Research Question 2

What are the perceived effects of clinical supervision on school counselors’ professional identity and professional relationships?

Effective supervision experiences can assist in counseling skill development and enhance professional relationships with colleagues and administrators. In this study, participants were asked to reflect on their professional identity and how others responded to their professional identity. One finding that emerged from the interviews is the discovery of a refined school counselor identity due to participating in clinical supervision. They are often seen as leaders, advocates, and possess more developed reflection skills in their practice and relationships. Alex spoke about this new identity saying “Well, that’s another piece of clinical supervision, is that isolation isn’t bad. It’s helped thrust me into a position to create a standalone counselor identity that I may not otherwise have.” Alex believed that:

It gave me the tools to create for myself some scope around what it means to be a professional counselor, what it means to counsel in my environment, what the differences between those two pieces are, and it gave me some direction and some empowerment around how to create an identity for myself as a counselor.

Alex went on to say:

It gave me permission to be thinking and reflecting as I was acting and understanding what’s happening around me. And that I didn’t have before. It’s given me this great paradigm for understanding how I work with students, how I understand myself, how I understand the student, and how I plan on intervening with a student.

Themes emerging from the second research question that will be explored include clinical supervision shaping the purpose of school counseling, clinical supervision defining roles for school counselors, benefits of clinical supervision informing professional identity,
professional identity differences between counselors, and clinical supervision impacts professional development.

**Clinical Supervision Shaping the Purpose of School Counseling**

Understanding the purpose of school counseling has been explored in the extant literature. A shared understanding of this purpose has not yet been commonly defined across educational stakeholders including administrators, parents, and students. However, clinical supervision appears to refine this purpose further for study participants. Alex offered:

It’s helped me understand why I counsel, why I want to counsel, why I want to continue counseling, and what makes counselors special in ways that are impossible to ignore, in ways that you can’t move forward and not be an advocate for the profession and not feel extremely powerful and extremely called to create opportunities and create change within the profession.

Alex explored the purpose of school counseling in depth as he had dedicated a significant degree of reflection on the topic. His realization that clinical supervision was more than refining skills was a theme discussed by participants in subsequent interviews. Alex said:

More than anything, I think one of the most amazing things I learned from clinical supervision is how to stop and reflect on where I am and what’s happening around me, and what that means for me as a person, but more importantly what that means for me as a counselor. And then, what am I gonna do in my role as a counselor. It definitely gave me a clear sense of identity. That was a theme.

**Clinical Supervision Defining Roles for School Counselors**

Knowing that school counselor roles are often quite varied depending on a variety of influences and learning how study participants defined their roles offered a glimpse into their daily work. Sue captured her roles when she said:
I think a lot of times just like hearing people out, and then I think I try to be very introspective about so, like, what is my role in this? Am I doing something that’s exacerbating this, or what can I do differently, or how can I maybe take responsibility for something if that will help them calm down a little bit? Like let me just model – ‘I apologize for this having happened, but here’s where we could go from here’ . . . And I think that that, just being used to sort of looking at yourself and seeing what’s coming up for you and how you react.

Sue’s introspection appeared to give her options for moving forward in handling situations.

Similar to Sue, Alex also commented that due to clinical supervision he focused on his supportive role that could change depending on the unique features of the intervention and the stakeholders involved:

It’s really given me a lot more freedom to exist as a player and support in students’ lives, and influencer in ways that don’t make me accountable for their change, growth, or development, but keep me within the system as a support player, as a touch point, as a progress monitor, and as a – depending on the situation – an influencer.

Claire’s focus was different than Jack and Sue’s, as she felt that supervision made her a better counselor because she could use her clinical lens to slow down fast moving scenarios to exercise an array of options. She said:

I think it’s [supervision] helped keep me somewhat sane amidst the stress and just everything that comes with our role. I think I’m a better counselor because of it. And I so wish my colleague who runs head on into every situation could have clinical supervision because, let’s face it, our roles as school counselors are becoming more and more clinical every day.

Both Ella and Alex felt that their roles provided opportunities to support a wider variety of students and needs due to their clinical supervision. Alex shared that he supports “students from a lot of different backgrounds, and helping them understand who they are, what’s important about who they are, how to leverage who they are to get what they want is a big piece of what I do.” Ella shared:
I perceive myself to be a clinician working in a school setting, and I definitely felt competent with academic, career, college work, and embrace that, but if I had a student in distress I was not going to immediately walk them across the hall to the social worker to be assessed. I wasn’t expecting a social worker to call those parents for me. I want to work together, but I don’t need to do that, and that was not normal here [with other counselors].

Discovering that these school counselors have pride in their expanded roles appears to shape how they identify as school counselors. They welcomed the opportunity to be the ones who slow the process down to give time for thoughtful consideration as to the best intervention to match student needs.

**Benefits of Clinical Supervision Informing Professional Identity**

In responding to the findings as to how school counselors felt their work was impacted by clinical supervision in their work with students and families, several benefits were cited related to counseling skills. Benefits of clinical supervision associated with professional identity can in some ways be seen benefitting counseling skills, but appear to speak to personal growth as well. Sue stated that through clinical supervision, “I started to develop more of my own counseling identity and had my own thoughts.”

The reflection on personal thought awareness was heard in Alex’s words as well, when he shared, “The ways in which counselors build relationships, why we build relationships, and what we can do with those relationships is really, really unique, extremely powerful, and a huge part of my identity as a counselor now.” He was not only aware of the power of the relationships he has in his work, but also that his relationships are unique due to
the insights he gained in clinical supervision. Alex also spoke about the benefits of reflecting on his internal process:

I think one of the most amazing things I learned from clinical supervision is how to stop and reflect on where I am and what’s happening around me, and what that means for me as a person, but more importantly what that means for me as a counselor. And then, what am I gonna do in my role as a counselor? It definitely gave me a clear sense of identity.

Confidence

The recognition of increased confidence as a result of clinical supervision appeared for several participants (Sue, Celine, Chloe, Eisen, Alex, Jack). Having over half of the participants across experience levels recognize that increased confidence was benefit of clinical supervision speaks to the significance of this finding. Sue said “it [supervision] helped really just with my own confidence, I think, where it’s okay to not know everything.” Celine shared:

I feel that it has helped me grow and understand how to work with families, work with staff, work with counselors on a myriad of issues, and it’s given me the confidence to say, “I feel very confident about this.” I feel that I can speak to this issue and to this situation because of my experience in supervision.

Chloe shared, “If I talk about a situation in supervision, I definitely feel like, okay, I feel much more confident in dealing with that situation again. Or if I have to go back to that situation, I feel more confident.” Eisen shared a similar reflection about increased confidence due to having clinical experience, “I feel more confident now if I’m responding to things from a clinical standpoint.” Alex expanded this reflection on confidence to include personal growth when he said, “I think clinical supervision has given me such a voice and a confidence in the
voice that I have as a person.” Jack felt his growth in confidence came from his reflection on the supervisory relationship. He shared, “I think it just helped me grow so much in confidence and perspective.”

Discovering the Unknown

Although only identified as a theme by two participants (Alex, Jack), the process of learning concepts through supervision that they would not have had access to without supervision appears to have significance. They reflected on a variety of discoveries in themselves and in their expanded awareness in their capacity to handle challenging situations. Alex spoke of his discovery of “choice” due to clinical supervision, and that with choice came a developed “voice and perspective” that he did not know existed. Jack reflected that “Clinical supervision just really helped me to hone in on my counseling identity and how that connects to myself as a person.” Understanding how professional identity connects to understanding self comes up in other discoveries. Alex spoke about, “Authenticity is a huge piece of my identity as a counselor.” Jack summarizes discovery of self when he shared, “It challenged my identity as a person, and I don’t think there’s any other way I could have had that learning experience. It’s really helped me develop as a person, a professional, and as a colleague.”

Alex felt that without clinical supervision, he would have gained knowledge in areas pertinent to school counselors. He said, “It’s really shed light on things I would never have known. For example, the idea of intentionality and how intention functions for counselors is not something that we talked about within my school environment.”
In exploring their professional identities, Alex, Claire, and Chloe also noticed how counselors who had not received clinical supervision experienced their school counselor roles. Alex observed:

I feel like counselors without supervision exist on an island, and they don’t know that they’re on an island and that they’re running out of food and water, and without supervision, their counseling is bad. It’s just a game of watching the resources dry up. Not having supervision affects the way you think, it affects what you do, it affects who you are, but you don’t know that. I feel like so many of the professionals I work with who have not had that experience don’t know that they’re running out of food and water, but they’re starving and dehydrated.

In addition to his thoughts about the consequences of not receiving supervision, Alex noticed a difference between himself and other counselors is “I tend to have a very unique perspective to understanding clinical mental health issues in students, counselor intentionality around that in ways that other counselors don’t, and they bring that up to me.” He shared that “There’s been a running comment in my department for the last few years that I’m the therapist on staff in the department.”

Claire was aware that the need to slow down your thinking is an essential complement to a school counselor working with student mental health issues. She said, “Your mind has to catch up with your body and especially for these mental health things.” Chloe noticed that some counselors ignore the social/emotional domain altogether, while she sees it as integral to her work. She said, “I’ve talked to a few other counselors, and for some of them, they don’t see that SEL as the primary piece, but for me, whether you’re talking about careers, or you’re talking about school and students’ grades, the SEL piece is integral.” Alex also spoke about
this difference as he described how he sees students entirely differently than school counselors who are more interested in solving issues quickly. He believed:

In the beginning, I thought you could walk into a school, pull off solution-focused brief therapy, and keep it moving. I thought that’s what counselors did. They listen to subclinical issues from students, throw out a miracle question or two, come up with some goals, and that was the end of the conversation. And that was an effective way of sustaining yourself as a counselor. And I still work with a few people who think that’s all you can do. That’s not at all how I understand student issues, student problems, or my role as a counselor.

Alex offered a final difference between himself and nonclinically supervised counselors when he said, “I feel very comfortable speaking on behalf of the role of a counselor to administration, to our teachers, and that is something that is not the culture in my department.”

Clinical Supervision Impacts Professional Development

It appears as if clinical supervision may also have an impact on how school counselors seek out professional development to improve their clinical skills and knowledge. Jack believed that “supervision has continued to encourage and support me in my professional development, in getting professional development.” Jack shared further:

It’s helped my desire to kind of learn, it’s strengthened my desire to learn . . . it has just again helped me to kind of widen my lens and my desire to receive professional development . . . a desire for inquiry and knowledge that I’m not sure if I would have been as open to without clinical supervision, if that makes sense.

Mental Health Professional Development

Amanda said, “I look for more professional development opportunities that might be more on the cutting edge . . . more therapeutic kind of things. I’m more of best practice.”
What's going on right now? How to work with the ADHD kid.” Chloe felt, “Having licensure, I need to attend a seminar on how to help students who self-injure. I don't think I would’ve attended as many as those seminars without this structure in place.” Claire believed, “I definitely choose things that are more mental health-based than school counselor-based for sure only because it also feels relevant. Claire justified these professional development choices as they allowed her to meet the needs of her students:

I would say I choose clinical-based professional development. I’m going to the anxiety ones. I’m going to the sessions that are mental health-based, but it's because the need is there. I think school counselors need and have to have the clinical knowledge because otherwise, how do you do your job?

**Professional Development Supporting Continued Growth**

Four participants (Amanda, Chloe, Jack, Ella) representing a wide range of years working as school counselors offered the insight that having experienced clinical supervision laid a foundation for the desire to grow professionally throughout their careers regardless of years of experience. Amanda, a counselor of several years, said:

I believe strongly in professional development and supervision experiences as we should not remain stagnant, however look for opportunities to grow. If done in a supportive, non-threatening way, we could all benefit from additional experience regardless of where we may be in our career.

Similarly, Chloe, a counselor in the first phase of her career offered, “I think it’s really important that whether you’re seeking one [clinical license] or not, you’re still getting that professional development. Amanda shared a similar sentiment:

You can always better yourself. There's nothing wrong with that. And people sometimes get stagnant. So that's why I like to kind of have my own PD and continue on and see what's out there. And get refreshed and rejuvenated and come back.
Jack offered the following to highlight the need for ongoing professional development through supervision and consultation to be important:

This idea that this needs to be part of my ongoing practice as a school counselor. It is not something that you master and then you’re done. It’s not a destination. So, I think in order to continue growing and knowing that it’s not a place that you get to and then you’re done, knowing that it’s continuing to evolve, I think it’s just really important for me and I think for the profession to continue supervision or consultation.

Ella felt that engaging in mental health professional development allowed her to increase the interventions available to her and to support interventions administrated by a therapist. She said:

I’m not gonna implement that strategy in my office here at school on a routine basis, but there are pieces of it that I will implement, or if I have a kid who’s working with someone outside, and that’s what they’re working on, if I know that, and that kid comes down wanting to avoid class, I can give some reminders in the moment that might help them move forward in a way that their therapist doesn’t have that opportunity in the moment.

Personal Growth

An additional finding discovered was the degree to which they valued personal as well as professional growth. Ella said, “I don’t think I was fully conscious of how supervision and my ongoing professional development would impact me and my work.” Jack believed, “It was a lot about my own personal growth and how supervision can support me in that.

Effects of Clinical Supervision on School Counselor Professional Relationships

All study participants, in some fashion, spoke about how their clinical supervision experience impacted the relationships they had with other school counselors. The themes
identified by participants included how they tended to provide supervision experience to peers even in the absence of formal clinical supervision. It appears that study participants have also been identified as reliable sources for consultation on cases. As other school counselors tend to seek out clinically supervised counselors for supervision and consultation, they also appear to have their professionally identity shaped by clinically supervised counselors. Jack shared that due to clinical supervision, he would give colleagues a “perspective that they are not used to.”

On school counseling teams that have clinically supervised counselors, there also seems to be an increased level of self-care present among all school counselors that shows up in their informal relationships through their use of humor and creativity. Also, in schools that may have only one clinically supervised counselor, especially if they are a recent addition to the staff, isolation occurs and a decrease of humor are evident.

A final component appearing in this research theme is that an increased level of leadership exists in their behavior. This may come from a related thought that other school counselors accord higher levels of respect for clinical supervision experiences. Clinically supervised counselors also demonstrate higher levels of competency in working with mental health treatment providers outside of the school setting.

**Providing Supervision to Peers**

All but two participants shared that they often provide supervision experiences to other school counselors sometimes without even being aware they were doing so. Alex shared, “I can’t help but instinctually sometimes fall into clinical supervision with them
[school counselors] just based on what I’ve experienced.” He felt that due to his clinical supervision, he “brought consultation and collaboration to our team. That didn’t exist before. Just talking about how you work with students and what you do with students. That was foreign to them.” Celine said she seeks out opportunities to ask her counseling colleagues to consider, “Well, what are you thinking about in this situation? How come you think that way? What is it about this situation that’s having you lean towards that?” All three participants appear to use supervision language to deepen the reflective practice of their peers.

As a result of the research interviews, participants also became aware of how supervision appears in their relationships with other school counselors. Claire revealed, “I notice that my interactions with other school counselors are focused on consultation and collaboration which mimics the supervision process.” Jack shared this specific interaction he had with a school counseling colleague who was struggling with a case:

I didn’t give her the answers. I think some of my colleagues are pretty quick to, “Just do this.” And I intently listened and sometimes would give her a statement of empathy, and at times it would just help her to feel validated and heard. Sometimes I would kind of bear witness to her own struggles as a school counselor. I think she just felt very supported, and at times I was able to give her some things, too. Not by saying, “Here, do this,” but just by inquiring what she’s done and what has worked before.

In this example, Jack avoids rushing to a solution or sharing how he is struggling as well with a similar student. His entire focus is on the process of his colleague and how he assists in her building capacity for intervention planning. Claire also found that her counseling colleagues sought her out in a similar manner as Jack’s experience. She felt her clinical supervision has “really helped our team kind of have this underlying climate of processing
and being okay with not having the answers and being okay with not knowing what to do but talking about it.”

In addition to the use of supervision language with peers, Amanda identified that she finds opportunities to assist in the skill development of her peers and how her relationships foster reflection. She shared, “Just having helped them work through issues and being supportive to them when they're frustrated, or giving them skills on how to work with a child or family. That's changed. I think it's led to more reflective practice.” Jack also identified how he has been involved in the skill development of a peer. He offered this story:

I give them [other school counselors] some perspective that they are not used to. I remember one instance where a counselor asked, “This is so complicated. I don’t know what to do.” And I just wondered out loud with her, “I wonder what would happen if you just gave kind of an empathetic statement. I wonder what that could do to your relationship with the student and the family and how it could kind of give the student a moment maybe to reflect on those thoughts and really to be heard.” And she tried it and she went, Wow.” She was really surprised, like, “How did you know that?” And that was so just empowering for the both of us to understand, “We can work on that. There’s a lot of things that you don’t have control over, a lot of things that are really stressful and impacting you right now, but let’s just talk about some of these things that you feel like you have more control over and things that are happening right here in this building.” I know I wouldn’t know that language or that route unless I had clinical supervision, just because I think a lot of my colleagues without supervision are just so apt to give solutions.

Through his intentional use of reflection and empathy, his colleague felt empowered to intervene more effectively with their student. Jack’s appreciation for how clinical supervision gave him the ability to work in this paradigm appears to be a benefit not only for his own work but for the work of his colleague.

Participants were also aware of how they are sought out for supervision. They were also aware how their clinical supervision experiences, when shared with other school
counselors, begin to build a supervision culture. Alex felt that he is “perceived as a change agent” by other school counselors due to his willingness to process issues to “bring about whatever change they’re looking for.” Amanda felt that due to the clinical supervision experience of her and two other school counselors, they have “built a culture of shared values where they appreciate differences. It has really resulted in a cohesive group, which is almost unheard of in other schools I have worked in.” Sue found this shared value for reflection to be extremely helpful in times of crisis. She said, “I think it’s always more helpful to have somebody who’s gonna say, ‘So what is going on? What do you think it is? What is causing you to be upset?’” Sarah spoke about this dynamic of openness for feedback and support among counselors when she shared, “It is important to know our limitations and to know when we need help. I appreciate that with our group we are not afraid to say, ‘I’ve got this kid in my office. Could you please step in?’”

Ella identified that in her school the “School counselors with more clinical experience would go to each other or their social worker to process cases. This was not true among the counselors that did not have clinical supervision experience.” She recognized that supervision had not yet “developed into a shared experience among all school counselors.” She reflected in her journal that she is more aware that the conversation traffic between counselors can be “quite negative instead of more positive, instead of focusing on mutual support that moves to counselors to resolution and the recognition of personal feelings. I would like to be more intentional in how use language to support my peers.”
Modeling Supervision for Peers

Related to providing supervision to peers, five participants felt that how they modeled supervision behaviors had a parallel effect on the reflection behavior of their school counseling colleagues. Due to a shared value for supervision, Amanda felt her team had “built a stronger unity. We work really well as a team. So, just as much as people come to me and ask for my thoughts and ideas, I go to them just as often.” She explained this dynamic further sharing:

I need to be open and able to help them. Let them know that it's a comfortable place to come and land. Because I want them to feel safe there. To show me where they're vulnerable. Because I'm also vulnerable. And that's how we work well as a team. We have to be in these trenches together. It has to be a two-way street. And they have to feel just as comfortable in seeing my weaknesses and where I'm stuck. And if I just was the one who sat up here — like I'm all knowing. I screw up all the time!

Claire too found value in reaching out to other counselors to “not get answers but feedback. I think they see me as someone who’s not gonna make a quick decision, I’m always happy to consult. I think my team approach has really grown because they know I’m gonna reflect.”

Eisen shared, “Whenever I have any doubt in my head, it’s always – ‘I wanna go and talk and get another perspective.’” Sarah concluded that “Through my supervision experience I have developed the skills to consistently work with a mindset of curiosity, collaboration, and reflection.” She also articulated this value for reflection, “I gained an awful lot from listening to other people talking about different things that they were doing or trying, or how they were struggling with something. Those things were always really helpful to me.” Claire echoed these thoughts sharing that her supervision behavior had “trickled over to my teammates.”
Providing Consultation to Peers

Similar to supervision, six participants found they provided consultation with more prevalence than other school counselors due to being sought out for their clinical backgrounds. Ella spoke about a counselor who was not comfortable working with students who had mental health issues, but he would seek her out for consultation when mental health issues might impact their college choice. Sue had a similar experience to Ella; she said, “Some of the other counselors who didn’t have the clinical background would seek me out and would ask for my opinion about mental health issues, or would ask me to meet with their students.” Sue also felt as if she was sought out even by seasoned counselors who had been there for a long time. She shared, “They would be very receptive if I had thoughts regarding what outside services might be available for students.”

Sue and Sarah felt that due to their “collaborative approach,” they communicated a message that, as Sue said, “I want to learn from you and you tell me your perspective.” Sarah felt this level of collaboration as a result of clinical supervision was also helpful in working with teachers who weren’t familiar with mental issues. She said, “I help them with knowing what do without overly accommodating students.”

However, Chloe and Jack felt other counselors did “not consult with others” and were often very independent.” In spite of the culture she worked in that did not value consultation, Chloe felt that she would “seek out consultation all the time.” Jack often felt that the counselors he worked with were “lone rangers” and did not seek out professional consultation. Both had only been in their school for a couple of years, and they were the only
school counselors with clinical supervision backgrounds, which may be a contributing factor for a lack of culture that valued consultation.

**Modeling Identity for Peers**

Possessing a school counseling identity that values the implementation of comprehensive and developmental counseling model, which implies school counselors are equally skilled across the three school counseling domains, was an inconsistent experience for participants. For some participants, they felt that they were seen as models for other school counselors, while others felt isolated due to their professional identity. Alex felt positive about the respect he was accorded due to his professional identity. He offered this reflection as to how other school counselors experienced him: “You are a counselor to counselors. You remind us how a counselor should exist regardless of the issue. You remind us what it means to be a counselor.”

Amanda felt that “We do a really good job with the developmental model and how we meet the needs of our kids.” Amanda’s positive experience about her counseling team has been reflected earlier in the findings as a culture that fostered a culture for supervision. She felt, “It took us a couple years to get to a place of shared identity.” Amanda shared one scenario when “A counselor came to our building because they were forced to and [it] wasn’t a good fit as they did not share the same identity as other counselors.”

Even though Alex felt that other counselors looked at him as a leader among the counselors, he still felt that “we still struggle with the philosophical differences between why we do what we do, because I think if you really stepped back and looked at our identities as
counselors, we’d find that they’re very different.” Alex also was aware that “With the lack of a lot of formal supervision and accountability, there are a lot of different ways to counsel that are seen as acceptable. As a result, it’s very difficult to hold each other accountable.” Similar to Alex, Jack recognized, “This isn’t a solo-man mission. I’m not going to the moon by myself. I have a team and we need to work together” even though as he shared earlier that the group of counselors he worked with did not share this identity.

**Self-Care Present Between Counselors**

It appears that clinically supervised counselors are aware of the importance of self-care but instead of focusing on this as an individual practice, they seek out others for the protective factors of self-care. Sarah found value in continual daily contact with other counselors. She shared, “We checked in with each other when we know that it’s been a tough day or there are tough parents coming in. We just want to check in.” In reflecting on the relationships between counselors she works with, Sue was aware that “Some counselors do a lot of talking to each other, sharing, informal supervision, and just stopping by each other’s office a lot.”

In highly effective relationships, humor often appears as a significant dynamic to support self-care. Participants were asked how humor appears in their relationships with other counselors to see if this was a factor appearing with variance depending on the prevalence of a culture of supervision. Alex was aware that “Some of us use humor often as a way of self-care.” But that “It was not a present characteristic in all counselors,” which could be reflective of the inconsistent culture of supervision he has already described. However, Amanda having
commented on a highly effective and relational group of school counselors, felt that, “I would say that our cohesiveness, and our humor, is important. We like to have fun when we can and make light of things. So, humor is a big piece of it. Especially after a crisis.” Claire, too, previously identified her counseling team as supportive. She shared, “We laugh a lot. We have to.” Similarly, Sarah felt, “With each other, we use humor a lot just kind of to take the edge off of some days.” Sue found value “in having a little humor when things don’t go the way you planned them or how you wanted it to, or just to be able to laugh about it without being too hard on yourself.”

Even though only Ella identified this factor, it seemed important to note that compared to nonclinically supervised counselors, clinically supervised counselors “laughed more and they were more connected in long engaged conversations.” She felt that in general, clinically supervised counselors were able “to handle a greater prevalence of challenging student scenarios due to a shared experience of self-care found in the occurrence of humor.”

**Lack of Supervision and Consultation Effects**

Having described the benefits clinical supervision has on building cultures of supervision that value collaboration and consultation of equal importance was learning what occurs for school counselors when there are not such cultures in place. Four participants, having come from schools that lacked a shared appreciation for clinical supervision, spoke about the consequences of not having a prevalence of clinical supervision experiences. In general, Alex finds in his school, “It’s a lot of putting out fires. It’s extremely reactive. There’s not a lot of formal support around decision-making models and the reflection on
decisions.” He goes on to say in a reflective comment about a lack of a comprehensive school counseling model, “They don’t see the priority in creating system wide intervention and closing gaps.”

Alex, Ella, and Claire shared recognition that nonclinically supervised counselors were often cautious in relationships with other counselors. Alex said, “There’s a real lack of vulnerability. They are unable to use their counseling skills in relationships with other school counselors.” Ella felt, “They are very reticent to share some of their most creative ideas with each other, because they’re concerned they’re going to get shot down publicly, because sometimes that happens in these counselor meetings.” It’s not surprising that when counselors do not feel safe in their professional environments, they can recoil and perpetuate cultures of isolation. Claire shared that one of her colleagues is only “motivated by task completion, as opposed to engaging in processing and relationship,” thus creating experiences of disconnection with the other counselors.

Both Ella and Alex recognized that they seek out school social workers and psychologists for collaboration on social-emotional student issues instead of working with nonclinically supervised counselors. Both have shared that the value of supervision is only shared by a few counselors in their settings. Due to the social workers and psychologists having participated in clinical supervision, they are able to provide supervision and consultation needed to effectively intervene with students. Alex shared, “I am able to speak to the shared support of a student with them in ways that I’ve never heard counselors in my environment speak.”
Jack admitted he experiences a degree of frustration with nonclinically supervised counselors. He said, “I’m receiving supervision, they’re not, they could give a damn. I don’t want to be associated with them in some ways. I challenge myself to identity moments of connection that I can capitalize on.” He has attempted to connect in professional development opportunities but he feels the other “counselors only seek out professional development when it’s required.”

**Isolation From Peers**

Also occurring in schools without prevalent supervision cultures in place are school counselors who have received clinical supervision working in isolation. Five counselors (Alex, Chloe, Jack, Ella, and Nicole) spoke about this experience. It appears to stem from other school counselors possibly not valuing clinical supervision for school counselors. Chloe shared, “I don’t really talk too much about my specific supervision experiences with other counselors.” In commenting further about the school counselors she works with she shared, “Most of us often multitask lunch and work alone in our offices, it can sometimes feel like an isolating career.” Jack felt that “maybe a consequence of supervision is sometimes I feel a bit isolated at work. I sometimes wish my colleagues would have received supervision. I wish we had that similar buy-in.” This disconnect between clinically supervised and nonclinically supervised counselors shows up in Alex’s experience due to the discrepancy in supervision experiences between himself and other counselors. He felt, “I will not be able to get within my environment that sort of affirmation and validation because that’s just not who they are [other school counselors], and that’s not the experience that they’ve had.”
Ella and Nicole felt that their isolation came more from how they did their work due to having clinical backgrounds. Ella shared, “I was one of the only counselors that facilitated social-emotional groups. I felt like I had to fight to be able to fully use my clinical experience here.” Some more experienced school counselors without clinical backgrounds commented to Ella, “Oh, honey. You don’t have time to do that. I noticed you spending a lot of time with this kid. I noticed the parent coming to your office. The social workers do that here.” Nicole felt that her work in the personal counseling domain “painted a little bit of a bull’s eye on my back at one point because some of the more senior counselors became very nervous.” She explained, “They felt they were going to be required to get clinical supervision as well, and they did not feel as if they needed to.”

Clinical Experience Valued

Five of the participants shared experiences when their clinical backgrounds were valued by other counselors and parents. This was especially evident in participants being able to handle more complex student issues. Alex was often questioned by his colleagues:

“Why do these kids have all these problems? It’s only your caseload that has the problems.” And I think none of that is true, but it does speak to my ability to exist in some of these really difficult, challenging situations in ways that I know make other counselors uncomfortable, but they do respect and value in me.

Even though questions sometimes came from colleagues, Alex perceived that other counselors valued Alex’s expertise, especially in his ability in working with multicultural student concerns. He shared, “I’m the point of contact for all clinical mental health issues, for all LGBTQ issues, for diversity issues, and for closing the gap issues.” Amanda had mixed
feelings about nonclinically supervised counselors depending on her. She shared, “I'm relied upon more, but I think it's a blessing and a curse. Because if there's a crisis, they ask me, ‘What's the crisis plan? How do we involve others?’”

In working with student mental health issues, clinically supervised counselors appear to possess the ability to look beyond just the crisis and instead focus on building trust in their relationships with students, families, and other professionals. Ella felt that she often serves as a leading voice in understanding student issues. She shared that for some, “Your mind can start spinning with what it means in our setting, but when you know a little bit more clinically, you’re like, ‘Dude, this is legit. The treatment for that is not quick and easy.’” Nicole believed that outside treatment providers depended on her due to her clinical background. She said, “You’re going to be the person that’s seen in the department as someone they want to communicate with. They’re going to trust and value your opinion.” Eisen felt that the “school social worker respects my clinical skills. I feel more comfortable talking to her about my own viewpoint and if I disagree with her about a clinical issue.”

A final aspect perceived by Alex and Jack as demonstrating value in clinical supervision was their emergence as leaders in their schools as opposed to other school counselors. Alex reflected, “I see myself as a leader in ways that I never thought possible for me as a person or professional. I see myself as a communicator and a connector in ways that other members of my school team aren’t.” Jack shared a feeling of confidence in being able to shape the views other school counselors may have about supervision. He said:

I feel more empowered to influence my colleagues in what supervision or consultation looks like or can look like. I think clinical supervision just really helped me to better
understand the realm of possibilities as a school counselor and just kind of opened up my eyes to the level of influence and possibility.

**Collaboration with Treatment Providers**

Counselors are called upon to liaise with outside-of-school treatment providers on a more consistent basis as a result of the increase in students presenting with mental health issues. The ability to use clinical mental health language and terminology with treatment providers appears to be a skill valued by clinically supervised counselors. The five participants who appear to have developed their clinical skills to advanced levels offered the most insightful comments regarding this topic. Alex felt, “It’s [clinical supervision] made the work that I do with outside providers so much more efficient.” He shared that he was “able to engage with and support outside clinical mental health professionals in ways that my teammates don’t feel comfortable doing or don’t feel empowered to do.” Amanda shared a specific application of a counseling skill to assist in establishing relationships with treatment providers. She shared, “You always start with an empathetic statement. And then you kind of build that rapport with them. A little bit of throwing out the lingo builds my cred with them.”

It appears that Amanda, Claire, Ella, and Nicole all believed that due to their developed relationships with outside treatment providers, students benefited due to enhanced collaboration and fluid intervention implementation between hospitals and school. Amanda felt that “rapport builds pretty quickly. And that collaboration's pretty strong. Because I also get their world.” Claire felt that the stronger relationships with treatment providers resulted in better services for students. She shared, “I feel like I have a stronger connection to that
clinical counseling role. If I talk to a psychologist, and they say, we’re working on this intervention, I’m happy to carry it over. I feel more fluid.” Ella also found benefits of her clinical background with working with outside treatment providers. She believed, “It helps a lot when I’m working with the hospital providers and clinicians. I’ve worked really hard for us to get to know each other, and I think I can say things and have them heard.” At Nicole’s school, she was often the point person to work with the hospital staff. She shared, “I was sent pretty regularly from our office to be the person working with them because I knew the language strongly.” Alex’s reflection offered a comprehensive summary of this clinical supervision benefit:

I understand the system in which I work, the school, the family, and the community as a system, and all the different systems at play in the work that we do; how I understand clinical mental health issues, and how I can support clinical mental health issues, how my school can support clinical mental health issues, how I can partner with outside clinical mental health professionals to support students’ needs.

The group of counselors speaking to this ability to work with outside treatment providers appears to not only contain effectiveness factors for working with students and families but also contains personal pride in being able to serve in this clinical role within the school setting.

Summary

I identified five themes that surfaced as a result of the data analysis process. The first theme was supervision experiences are essential to counselor development to be more effective. All participants overwhelmingly confirmed that supervision post-master’s was a “career changing experience.” The consistent focus of this study on clinical supervision as
opposed to just supervision afforded participants to speak directly to the specific features of clinical supervision. As a result of their clinical supervision experiences, participants defined clinical supervision through their lived experiences. Participants also spoke about the role clinical supervision serves in the developmental process of school counselors. Participants identified supervisor characteristics that contribute significantly to their growth in clinical supervision and the relationships they had with supervisors. Participants identified barriers they and other school counselors have experienced in accessing clinical supervision. Finally, participants shared that clinical supervision increases the ability to reflect on the practice of being a school counselor.

The second theme was developing counseling relationships and clinical skills. Every participant contributed to this theme. As a result of clinical supervision, participants felt that their professional relationships with colleagues, students, and families defined their work as school counselors. Participants also shared that through clinical supervision they were more intentional in applying a guiding theoretical orientation to all aspects of their work. Participants identified that their skills in case conceptualization and diagnosis developed significantly in clinical supervision. Participants also found they had advanced skills in handling crisis situations in their schools. Finally, participants shared their increased ability in working with student with mental health issues.

The third theme explored identifying the awareness of the counselor internal process. The participants shared three factors that contributed significantly to being aware of their internal process as a school counselors. Even though participants came from a wide range of experiential backgrounds with varied paths to school counseling they shared that self-
reflection, awareness of personal feelings, and self-care were core components to having this level of increased self-awareness in their school counseling practice.

The fourth theme was the effects of clinical supervision on school counselor professional identity. Participants shared their thoughts of how clinical supervision shaped the purpose of school counseling. Participants also shared that clinical supervision defines their school counselor roles. Participants identified benefits of clinical supervision on their professional identity such as confidence and discovering the unknown. In other words, being continually curious about all facets of their school counseling work. Participants were also aware of the differences between their professional identity and the professional identity of school counselors who had not been through clinical supervision. Finally, participants shared that clinical supervision has impacted their professional development specifically in the areas of mental health and valuing professional development.

The last theme was the effects of clinical supervision on school counselor professional relationships. Almost all participants shared that they often provide clinical supervision experiences to peers. Participants were also aware that they model supervision behavior for peers. In addition to supervision experiences, participants were also aware that they are often sought out for consultation by peers and that through their participation in these professional dialogues, participants felt their professional identity served as a model for their peers. Participants were also aware of not only their own self-care but the degree to how self-care shows up between counselors when clinical supervision experiences are present. Participants also shared consequences they noticed in their peers who had not participated in clinical supervision. Participants were also aware that they experienced isolation from the peers as a
results of their professional identity. Overall, participants felt that their professional identity, informed by clinical supervision, was valued by families and also by outside treatment providers.
CHAPTER 5
DISCUSSION

This study focused on clinically supervised school counselors and their perceptions of how clinical supervision impacted their work with students and families and how clinical supervision influenced their professional identity and relationships with other counselors. Through interviews and journal reflections, participants provided perceptions of how their clinical supervision experiences set themselves apart from nonclinically supervised counselors. Participants shared that their school counselor identity differed from their nonclinically supervised counseling colleagues, and also found that they performed at higher levels of competency. Five themes surfaced as a result of this study: supervision experiences are essential to (a) counselor development, (b) developing counseling relationships and clinical skills, (c) awareness of counselor internal process, (d) school counselor professional identity, and (e) school counselor professional relationships.

Based on the identified themes, clinical supervision matters for school counselors. These findings challenge the prevailing notion that clinical supervision for school counselors post-master’s degree is only for those wanting to work in clinical mental health settings (i.e., private practice, community mental health, hospital mental health, etc.). Participants spoke extensively about the direct impact clinical supervision had on their work with students and families, especially those experiencing mental health issues.
Every participant, regardless of years of experience, shared perceptions that other school counselors viewed them as leaders, especially in times of crisis. Participants also believed that other school counselors also sought them out for consultation and supervision conversations more frequently than nonclinically supervised counselors. Many participants shared characteristics of a supervision culture that existed in their schools due to how they modeled supervision language and self-reflection. These factors suggest that school counselors, administrators, and school boards need to seriously consider promoting viable pathways for school counselors to experience clinical supervision. State boards of education should also consider requiring clinical supervision for school counselors in their first few years as practicing school counselors. This chapter focuses on a discussion of the findings, as well as implications for school counselors, study limitations, and recommendations for continued research.

Supervision Experiences are Essential to Counselor Development

Understanding how clinical supervision positively impacted their work as school counselors was a consistent theme heard from all eleven participants. Their perceptions informed an understanding of how clinical supervision’s benefits can be attributed to the following factors: (a) a clear definition of clinical supervision for school counselors, (b) enhanced reflection on school counselor development, (c) supervisor characteristics that contribute to meaningful clinical supervision, (d) speaking to the barriers they and other school counselors experience when seeking out clinical supervision, and (e) valuing how self-reflection led them to be more effective counselors.
Valuing Clinical Supervision for School Counselors

Previous school counseling supervision studies (Page et al., 2001, Perera-Diltz & Mason, 2012, Roberts & Borders, 1994) found a slight increase in the number of school counselors receiving clinical supervision, but school counselors remain far behind counselors receiving clinical supervision in mental health settings (Black et al., 2011). The experiences of this study’s participants also reflected that disparity. In most cases, they were the only counselor in their school who had received clinical supervision post-master’s degree. Three participants worked with at least one other counselor who had experienced clinical supervision. However, this study, similar to Cook et al. (2012), found that school counselors placed greater value on clinical supervision once they had experienced it. In all cases, participants became advocates for clinical supervision and communicated this message to other school counselors they worked with in their schools.

Emerging Advocacy for Clinical Supervision of School Counselors

Even though a few research studies (e.g., Bultsma, 2012) have documented the benefits of clinical supervision for school counselors, a tipping point for the majority of school counselors seeking clinical supervision has not yet occurred. However, several school counseling graduate programs are now aligned with CACREP, which opens the door for school counselors to seek out clinical supervision for the purpose of receiving a clinical mental health license.
Participants in this study revealed the benefits of clinical supervision and advocated strongly for school counselors to participate in clinical supervision. Alex shared, “It’s absolutely vital, and it’s changed my life.” Sue believed that all school counselors should receive clinical supervision and Chloe felt that clinical supervision has been extremely helpful in dealing with “complex situations.” Clearly, with such a level of advocacy for school counselors to experience clinical supervision, the prevailing question must be why are so many school counselors not seeking this professional experience?

Black et al. (2011) and Dollarhide and Miller (2006) attributed the lack of a common definition of clinical school counseling supervision to the paucity of studies on the subject. Results of not having a clear definition can be attributed to inconsistent language about supervision and in supervision practices. Four participants representing a wide range in years of services as school counselors addressed this gap in definition. Each spoke about clinical supervision as having a focus on “the experiences in the process of supervision” and “not having direct answers to questions.” They also spoke about clinical supervision “focusing on the internal process” and “valuing ambiguity.” Learning how these participants defined clinical supervision assists in understanding the importance of a trusted relationship between supervisor and supervisee that gave permission to participants to ponder, explore, question, and suspend knowing the answers.

The Internal Process of Clinical Supervision

Focusing on the internal process of clinical supervision was a significant theme for several participants. Sue spoke about “developing internal insight” as a common feature in
clinical supervision. Three participants (Sue, Ella, Sarah) received their clinical supervision prior to being school counselors. Each shared that when they became school counselors, they did not see the same level of personal awareness in nonclinically supervised school counselors as they had found when working with counselors in clinical mental health settings. They were each initially curious why school counselors were not receiving this same level of professional development through clinical supervision.

Clinical and Administrative Supervision Components

Definitions of supervision often speak to an experienced professional working with a less experienced professional to develop their skills and competencies (Bernard & Goodyear, 2013). One challenge I have noticed for school counselors to understand clinical supervision has been the blurring of lines between definitions of administrative and clinical supervision. In this study, an attempt was made to tease out the differences between clinical and administrative supervision based on the perceptions of participants as in the school setting. To assist this effort, specific interview questions were asked about both types of supervision and how participants defined clinical and administrative supervision experiences. Even though participant definitions focused on different aspects of each supervision modality, they tended reflect on the relational capacities of each type of supervision. Prevalent themes included: (a) clinical supervision is more relational than administrative, (b) clinical supervision provided a safe place to reflect on their practice, (c) clinical supervision gave permission to not know the right counseling decision, (d) administrative supervision focused on the how to do the job of a
counselor, and (e) who provided the supervision, regardless of type was an important consideration as well.

**Clinical Versus Administrative Supervision**

A lack of understanding of differences between clinical and administrative supervision and who provides each is often at the crux of the issues preventing consistent clinical supervision for school counselors. Celine shared that “Clinical supervision is a more organic process” as compared to administrative supervision. Nicole found clinical supervision to be more “collaborative.” Future research regarding school counselor supervision must always be clear as to whether administrative or clinical supervision is being studied. Hopefully, as a more clear definition of clinical supervision emerges for school counselors, administrators may be more proactive in eliminating barriers to clinical supervision as they will know exactly what they are advocating for in order to support their school counselors professional development.

**Relationship Key to All Supervision Experiences**

In order to fully implement the factors that contribute to meaningful clinical supervision for school counselors, supervisors and administrators must understand that clinical supervision work is in large part relational in its design as opposed to administrative supervision that focuses on the task, responsibilities, and evaluation of the school counselor. Cook et al. (2010) found that support, accessibility, advocacy, feedback, and teamwork were core components needed for successful clinical supervision. Five participants (Amanda,
Nicole, Sue, Claire, Celine) shared what characteristics they found most valuable in their supervisors. They shared that “consistent support” and “being stretched professionally” were the most important qualities in their supervisors. They also felt that having a “trusted supervisor that did not provide answers” was sometimes challenging but, looking back, felt that because they were given permission to struggle, they developed more confidence in their counseling skills. Participants also felt that their clinical supervisors were personally invested in their growth and development as school counselors and checked in with them often. Based on these findings, I believe that unless school counseling supervisors have the time and training allocated to provide effective clinical supervision, school counselors will continue to experience inconsistent supervision and as a result diminishing skills and effectiveness.

**Barriers to Clinical Supervision**

As training for clinical supervision specific for school counselors develops, supervisors of school counselors need to be aware of and can demonstrate the qualities found to be most helpful to supervisees. Conversely, supervisors and administrators also need to address barriers to school counselors seeking clinical supervision and supporting a culture that increases school counselors receiving clinical supervision. Participants identified similar barriers to clinical supervision as Agnew et al. (2000). Participants cited: (a) a lack of trained supervisors, (b) clinical supervision not being supported by administrators, (c) school counselors not prioritizing clinical supervision, and (d) a lack of dedicated time for clinical supervision as major barriers for counselors.
If barriers to clinical supervision for school counselors are not addressed, the consequences can be pronounced. Moyer (2011) shared that inconsistent or nonexistent clinical supervision for school counselors can lead to deleterious results effecting their ability to engage with students across the academic, career, and personal/social school counseling domains. Not having clinical supervision has also been shown to be a predictor of school counselor burnout, leaving school counselors dissatisfied with their roles, wondering if they are really making a difference in addressing so many student needs (Crutchfield & Borders, 1997; Herlihy et al., 2002).

Consequences of Not Receiving Clinical Supervision

I am aware that many school counselors attempt to be everything to everyone and to address issues outside of their scope of practice. Crutchfield and Borders (1997) described such a dynamic saying that school counselors who do not receive clinical supervision stagnate and regress in counseling skills. Black et al. (2011) cautioned that without clinical supervision, counselors may not be able to accurately assess student needs. I imagine counselors who do not have advanced assessment skills developed through clinical supervision may also implement incorrect interventions. Conversely, not receiving clinical supervision may have consequences that possibly limit school counselor effectiveness in all three school counseling domains.
Lack of Clinical Supervision Model

An additional finding related to helpful supervisor qualities was the complete omission of any mention of supervisors using an identified school counselor supervision model. Even participants who have served as clinical supervisors did not mention a framework for their supervision work nor any model of research-based supervision, even though several models for supervision specific to school counselors can be found in extant research (Blakely et al., 2009; Cook et al., 2012; Luke et al., 2011; Oberman, 2005; Somody et al., 2008; Thompson & Moffett, 2010). Walsh-Rock et al. (2017) found only 10.1% of participants surveyed had received specific training in how to provide supervision and, as a result, relied on personal supervision experiences to inform how to provide supervision. Eliminating barriers to accessing clinical supervision is crucial in supporting the professional development of school counselors. However, just providing supervision is not enough. Training supervisors in clinical supervision models and supervisory relationships will lead to avoiding poor or ineffective clinical supervision experiences and break the cycle of poor supervision being passed on to new counselors.

Clearly, in comparing Agnew et al. (2000) findings with this study, little progress seems to have been made in eliminating barriers for school counselors to receive clinical supervision. To address this lack of movement, a large scale implementation plan needs to be formulated starting with ASCA supporting a position statement advocating for clinical supervision for all school counselors. State counseling associations could then advocate from a recognized national position for increased levels of professional recognition that clinical
supervision matters for school counselors to realize their full potential. Once practicing school counselors readily understand the benefits of clinical supervision, including monetary and professional recognition, an increase in this phenomenon may occur that results in school counselors having the skills to address systemic and individual student prevention and intervention issues. For example, as more school counselors experience clinical supervision, they will be more apt to address a myriad of mental health issues resulting in an increased continuum of care between school- and community-based support.

**Developing Counseling Relationships and Clinical Skills**

Even though clinical supervision has not been a professional development priority to develop counseling skills in school counselors (Dollarhide & Miller, 2006), a great deal of support for clinical supervision has been documented in the extant research. Benefits having been documented in past studies include: enhanced effectiveness and accountability, improved counseling skills, encouragement of professional development, increased confidence, and job comfort (Agnew et al., 2000; Benshoff & Paisley, 1996; Borders, 1991; Crutchfield & Borders, 1997). Participant perceptions of how clinical supervision has benefitted their school counseling practice adds another item to previous research. Celine shared that “Clinical supervision provided a foundation in counseling skills,” and this skill development extended into “assessment skills and intervention planning.” In other words, Celine believed that clinical supervision improved her counseling technique beyond the basic skills she had learned in her master’s program. She believed that clinical supervision provided refined skills in determining student needs and matching interventions to meet student
specific needs. An interesting note is that aligning interventions to client needs is one of the skills assessed on the National Clinical Mental Health Counseling Examination (NCMHCE), which is taken to qualify for a clinical mental health license.

**Being Fully Present with Students**

Also extending beyond previous research was a shared understanding by several participants that through clinical supervision, they learned to “slow down their thinking processes” and develop their capacity to “be present” with students and families. This reflection was important to participants as the school environment is often not conducive to “slowing down” and instead calls for counselors to generate quick responses to get students back to class. Participants also noted nonclinically supervised counselors often “rushed to solutions and answers” instead of taking time for assessment and intervention planning.

**School Counselors Using Empathy**

Jack shared an additional finding of importance. He reflected that clinical supervision provided an opportunity to develop his skills using empathy in his counseling work. He believed he became much more intentional in using “empathy in all relationships.” Doing so changed how he communicated with parents, teachers, and students. Without clinical supervision he experienced confusion by the purpose of empathetic statements as he thought he did not have the time to do so nor fully understood what empathy actually sounded like. This was a troubling finding. Expressing empathy is at the core of counseling work as it calls for counselors to feel as if they are walking in the shoes of their clients. In other words, being
able to experience the emotions of clients and to share with clients what emotions they are experiencing can unlock significant relational development between counselors and clients. The same holds true for school counselors and students. If the expression of empathy is impaired in school counselors, relationships between counselors and students are diminished resulting in students not seeking school counselors out for support in working through academic concerns, challenges in post-secondary planning, or addressing personal concerns.

Cashwell and Dooley (2001) and Pérusse et al. (2004) also found that without clinical supervision, the expression of empathy is not a prevalent skill for school counselors. They also found that when counselors do not use empathy with intention, students, parents, and administrators’ view of school counselors is reduced. I am concerned that with ASCA’s call for school counselors to market their programs and show results of their work to demonstrate their value, are school counselors being given the opportunity to actually be empathetic counselors in place of cheerleaders for school counseling programs? Accountability measures need to be in place for all school staff including counselors; however, such measures should not be used to detract from the work of school counseling.

Relationships with Students and Families

Recognizing how relationships define the work of school counselors was a prevalent concept for several participants. Alex stated, “If there’s nothing else that a counselor does, it’s build relationships.” Ella felt that her focus on relationships came from her clinical background prior to being a school counselor. She shared, “I am very particular about relationships and rapport.” Several participants discussed this intentional focus on
relationships, specifically regarding students and families. Eisen believed that through clinical supervision he came to value how he has been a “better support and advocate for students.” Eisen, Ella, and Jack speak about placing their counseling relationships with students as a priority in place of requiring school counselors to implement quick solutions and fixes that are counselor driven. Such models can result in decreased student ownership in intervention plans developed with school counselors.

Seven participants spoke about how clinical supervision assisted them in working with parents. They consistently recognized that “the student is the client,” but there is a need to incorporate parents into support and intervention planning. They felt that graduate school did not prepare them for family work and that, as a result, nonclinically supervised counselors were “often hesitant to engage with families.” Ella and Sarah shared an insight that parents often accorded them a higher level of respect because they had clinical experience. As a result, they were seen as being on a level playing field with community mental health support, which assisted in parents trusting school counselors to work effectively with therapists.

**Supervision Leads to Increased Intention**

Another significant theme identified in participant perceptions pertained to clinical supervision bringing greater intention to their counseling work through an awareness and implementation of a guiding theoretical counseling orientation. Often, having an understanding of a counseling theoretical orientation is ascribed to clinical mental health counselors as school counselors would not necessarily have time or therapeutic need to use a theoretical framework due to scope of services for school counselors not including treatment
of mental health disorders. This study’s result suggest otherwise. More than half of the participants shared how important clinical supervision was in developing their intention during counseling sessions. Sue shared that had been so helpful to “think about why we are doing the things we are doing.” Related to this level of intention was participants reflecting on choices they had made in counseling sessions. Eisen said, “I’m not sitting here, I got this all figured out.” Sue echoed a similar openness to continual growth sharing that she would ask her supervisor, “Here is what I’m doing, and what do you think about that?”

Having a theoretical orientation assisted participants by increasing their levels of intention (knowing why they are doing what they are doing) and levels of reflection in supervision. Finally, they shared that having a theoretical orientation helped them to understand, as Jack said, “their realm of influence.” Alex referred to this awareness of “scope and practice.” These participant reflections speak to an additional need for clinical supervision for school counselors. Through increased intention in their work, they were more effective implementing an array of counseling techniques and strategies.

**Case Conceptualization Enhanced by Supervision**

Three participants explored case conceptualization and diagnosis. Chloe and Claire felt clinical supervision advanced their skills past needing to make immediate decisions based on limited information to seeking more in depth analysis of presenting issues. This reflection confirms Perera-Diltz and Mason’s (2012) finding that clinical supervision can help school counselors to bridge gaps in counseling skills learned in graduate school and advanced skills needed to be a highly effective school counselor. Especially when working with a prevalence
of students with mental health needs, school counselors who have been clinically supervised may be more apt to recognize signs and symptoms of trauma in students and may be able to provide more appropriate interventions specific to student needs (Catania et al., 2017).

**Supervision Impacting Competency in Working with Mental Health and Crisis**

Several studies found school counselors are often left to skills they learned in graduate school even though a prevalence of students with mental health issues has increased, in many cases requiring clinical supervision to support counselors. (Borders & Drury, 1992; Crutchfield & Borders, 1997; Luke & Bernard, 2006; Page et al., 2001; Perera-Diltz & Mason, 2012; Somody et al., 2008; Swank & Tyson, 2012). Participants believed that due to their clinical supervision, they were equipped to more effectively work with students with mental health issues and crisis situations and often differently than their school counseling colleagues.

Amanda often felt she was the “go-to counselor” when crisis situations occurred. Eisen shared he just felt “more comfortable with students presenting with mental issues and knowing what to do” as a result of his clinical supervision. Several participants shared how they are perceived by others in crisis situations. Chloe and Sarah shared they “felt more confident” and had an ability to “remain calm.” Nicole shared that in one school she worked in, counselors were not equipped to offer support in crisis situations and always had to seek support outside of school. These examples offered a glimpse of how participants impacted
their schools in times of crisis. Having counselors with this level of confidence and expertise are more able to minimize student risk in times of crisis.

In working with students with mental health needs, Jack was surprised by other counselors he worked with who did not believe “students with mental health needs fell within their scope of practice.” Claire believed that her clinical background was instrumental in working with teachers, parents, and administrators in “providing ideas on how to work with kids with specific mental health needs.” She also shared that she just “feels more confident with mental health issues.” Understanding how mental health impacts a student’s education experience increased participants’ ability to advocate appropriately for their students to insure applicable levels of support were put into place.

Learning how participants perceive their effectiveness as school counselors as a result of clinical supervision adds to mounting evidence that clinically supervised counselors experience greater confidence in crisis situations, in working with mental health issues, and bring a greater level of intention and reflection to their counseling relationships. It also appears that having clinically supervised counselors on staff may increase abilities of all stakeholders to experience greater confidence in school counselors and come to rely on them to be leaders in an area that is often misunderstood due to a prevalence of administrators making decisions based on their own personal experience or limited awareness of appropriate mental health interventions.
Awareness of Counselor Internal Process

Participants spoke on several occasions about how clinical supervision builds capacity for reflection and how an increased level of reflection afforded them ability to experience growth in their counseling skills and framework for decision-making. Previously, a few participants shared that through clinical supervision they learn to slow processes down in order to focus on relationships as opposed to generating quick fixes to problems. Herlihy et al. (2002) found that school counselors who do not receive clinical supervision often experience higher levels of burnout and job dissatisfaction. It appears that through increasing reflection on internal processes of school counselors, their awareness of what they are doing and why they are doing it in their counseling work provides a degree of protection from burnout and quite likely leads to higher degree of job dissatisfaction.

Increasing Levels of Self-Awareness

Study participants spoke about their internal process consisting of awareness of their personal feelings and thoughts that occur when working with students and families. When counselors do not have this level of insight, they can damage relationships and be ineffective in their work due to their own personal issues impacting choices they make in counseling sessions. This dynamic, often referred to as countertransference has been documented in supervision literature as an important component for supervisors to identify and intervene in when present in their supervisees.
An example of an increased level of awareness about counseling internal process came from Sue. She felt that she learned to suspend her own immediate emotional and thought reactions when students or families display heightened emotions. Sue found that “Other counselors have more of a tendency to personalize intense emotions and, as a result, be more reactive.” Alex described this process, “I have been able to stop as things are happening with students within myself, name what is the experience is, name what I understand about the experience, and then decide how to move forward.” Jack shared that sometimes he felt “so triggered, what do I do? I have 15 minutes and can’t solve this.”

**Self-Reflection Enhances Self-Care**

Participants perceived that self-reflection and awareness of personal feelings contributed to their own self-care. Being able to simultaneously be aware of what is occurring in relationship with students, while also being aware of what is occurring internally, is an advanced skill that can be developed through clinical supervision. Eisen felt that clinical supervision “helped spot my own issues and how they impact my work with others.” Chloe appreciated allowing herself to set aside her reactions until she had her next supervision meeting. She went so far as to say clinical supervision “made me a more intentional and grounded human being.” Ella, who has also provided clinical supervision for counselors, felt that clinical supervision “has taught me to check myself. It has made a huge difference in understanding burnout.” Understanding how enhanced self-reflection provides a protective layer to the emotional onslaught of school counseling work is an essential connection for school counselors to make to benefit themselves and students they serve.
Recognizing Personal Feelings

Five participants encompassing all experience levels perceived that clinical supervision improved their ability to recognize personal feelings that could impact their work. Chloe shared sometimes feeling anxious when students display anxiety. She brings this experience to supervision to understand why anxious feelings come up for her in the presence of student anxiety. Ella said she continually challenges her supervisees to reflect on counseling choices they make and to what degree these choices benefit students or are a personal reaction related to a personal supervisee issues. Especially in high stress school settings where a counselor may be on their own or experiencing several students needing immediate attention, a conclusion can be drawn that school counselors who are more grounded in their own internal processes may be more apt to provide effective counseling services in times of high need. Celine’s thoughts summarize this finding: “Without clinical supervision, you can become removed from experiencing the person sitting in front of you and become more worried about your own experience.”

As a result of clinical supervision, participants perceived an increased level of self-awareness of their thoughts and feelings. This heightened level of self-awareness also served as a protective self-care device that insulated participants from interpersonal work. Participants believed that due to their developed self-reflection skills, they were able to be more present with students, families, and colleagues as they had developed tools that attenuated their personal reactions from impacting their counseling relationships in unpredictable ways; for instance, becoming anxious when working with anxious students. As
a result, they perceived higher levels of professional respect for their skills by other counselors.

**School Counselor Professional Identity**

In this study, I asked participants to share their perceptions of how other school counselors responded to them due to their professional identities being influenced by clinical supervision. They believed other counselors view them as leaders, they effectively advocate for students, and they possess more advanced reflection skills in comparison to their peers who do not receive clinical supervision. Holland et al.’s (1998) concept of cultural worlds and how cultural worlds are impacted by environment illuminates findings in this theme pertaining to professional identity as well as how school cultures also shape professional identity of nonclinically supervised counselors.

**Supervision Provides Clarity for School Counselor Identity**

Healey and Hays (2012) conceptualized three components making up school counselor professional identity: perceived competency in the field (“I make a difference in the lives of others”), beliefs and values (“How I think and make decisions aligned with a common framework of understanding with other counselors”), and sociocultural expectations (“How my identities influence my work with other identities is a significant component of my work”). Participant reflections confirmed these three components. Alex reflected that supervision “helped me understand why I counsel and what makes counselors special in ways that are impossible to ignore.” He went on to say that clinical supervision “definitely gave me
a clear sense of identity.” Alex went on to reveal that clinical supervision “gave me permission to be thinking, reflecting, and understanding what’s happening around me. And I didn’t have that before.” In reflecting on how supervision has impacted his views of the school counseling profession, Alex stated, “I want to continue finding out what makes school counselors special. . . and feel extremely called to create opportunities and create change in the profession.”

Moyer (2011) found that school counselors experience role and identity confusion when they are not guided by supervision and when they are required to assume tasks that do not align with their training as school counselors. Examples of noncounseling related tasks include: (a) coordinating paperwork and data entry of all new students, (b) coordinating cognitive, aptitude, and achievement testing programs, (c) signing excuses for students who are tardy or absent, (d) performing disciplinary actions or assigning discipline consequences, (e) teaching classes when teachers are absent, and (f) supervising common areas (ASCA, 2012).

Borders and Usher (1992) offered an explanation as to why this dynamic occurs. They shared that school administrators believe school counselors do not have expertise to provide comprehensive counseling services. However, six participants who felt their roles were influenced by clinical supervision expressed pride in their expanded roles to serve as leaders in their school to not only address mental health issues but to be leaders in program development and evaluation as well. Chloe shared, “If I talk about a situation in supervision, I feel more confident in dealing with that situation again.” Alex and Eisen both shared that due to clinical supervision, their confidence had increased in asserting a leadership voice of
leadership in times of crisis or in processing complex situations. Clinical supervision appears to provide a pathway to traverse barriers that school counselors often find in their schools when administrators do not know how they are supposed to use school counselors. School administrators providing administrative or clinical supervision are rarely experienced counselors themselves and often have limited awareness of school counselor roles (Oberman, 2005). A continued call for school administrators to receive training about school counselors is essential to support movement for more school counselors to participate in clinical supervision.

**Professional Identity Between School Counselors with Different Supervision**

Three participants shared differences they perceived between themselves and other counselors and how those differences defined their roles and the decisions they made in their school counseling practice. Alex felt that school counselors without supervision “exist on an island and they’re running out of food and water.” This metaphor speaks to Page et al. (2001) finding’s, citing that less than half of school counselors see a need for clinical supervision. Herlihy et al. (2002) found a similar finding that school counselors do not believe they have the same level of need for supervision as clinical mental health counselors. Jack, Alex, Chloe, and Claire noticed a similar dynamic in school counselors they worked with in their buildings, as in some cases, due to differences in supervision experienced, they felt isolated from other counselors.
Alex shared that “In the last few years, I am seen as the therapist on staff.” Chloe noticed that other school counselors “ignore the social/emotional domain altogether.” Jack found that the counseling work of other counselors was very brief and formulaic; not accounting for individual differences of students nor for counseling relationships. Participant reflections on this topic were also found in Cook et al. (2012)’s study, which stated that when school counselors are not provided clinical supervision, consequences can result in students not receiving effective school counseling support. An additional consequence identified by Cook et al. (2012) found that a lack of supervision can lead to isolated practice and diminished counseling skills. Clearly, participant reflections of other nonclinically supervised counselors adds to previous research and confirms that clinical supervision enhances school counselor abilities to address a variety of student needs. Also, hearing how participants were recognized as a having a unique identity that set themselves apart from other counselors speaks to clinically supervised counselors not being prevalent in many schools.

Clinical Supervision Impacts Professional Development Choices

A final concept participants identified was the degree to which clinical supervision influenced their professional development choices. Five participants spoke about their decisions for professional growth. Jack shared that clinical supervision, “helped my desire for inquiry and knowledge.” Claire and Chloe both felt they tend to seek out professional development more in the social/emotional domain due to clinical supervision to increase available techniques and strategies they have available to them. Amanda, a counselor with
several years of experience, felt she “never wanted to be stagnant and should always be looking for areas to grow professional competence.” Ella felt she just wanted to continually grow her skills so she could address any student situation that came into her office. Too often, school counselors are either directed or feel as if they need to refer students to social workers or psychologists when mentioning any issue falling in the social/emotional domain. Such practices can delay students in accessing school-based supportive services or, in more serious cases, could result in students not receiving any support services with possible deleterious effects.

Even though school counselors receive training in graduate school in counseling skills and counseling theory, it appears that in some schools, cultures that relegate school counselors to noncounseling duties or limit their scope of service to academic and college/career planning which impedes and, in some cases, may extinguish school counselors’ abilities to handle mental health or social/emotional issues. School counselors need to be equipped to handle issues effectively to prevent harm to students, especially with an increase in mental health needs. A professional identity influenced by clinical supervision appeared to provide protective factors for participants to advocate for professional development to increase their competence to address a myriad of student issues and emerge as leaders in addressing student mental health issues. If the number of school counselors with clinical supervision backgrounds increases, schools will be able to rely on them to provide leadership in prevention and intervention creation, evaluation, and monitoring of effectiveness across all three domains of school counseling. Having counselors work effectively across all three
counseling domains is a core component of the ASCA National model (2012) which calls for school counselors to spend 80% of their time in direct service with students.

**School Counselor Professional Relationships**

The final theme explores how clinically supervised counselors relate with other school counselors and mental health professionals. All participants believed that their clinical supervision background impacted their professional relationships. Their reflections lead to a hypothesis that school counselors experiencing clinical supervision can create cultures of supervision as defined by intentional collegial support, a prevalence of consultation, and in some counseling teams, environments of group self-care occur. These findings confirm Cook et al. (2012)’s finding that school counselors value and seek out professional connections regardless of setting, background, and professional training. When professional connections are not realized, school counselors experience isolation.

**Applying Relational Cultural Therapy to School Counselor Experiences**

Fletcher’s (1999) relational cultural therapy (RCT) was used in this study to explain why some counseling teams tended to function more effectively than other counseling teams. Core factors of RCT include how well-being, mutual empathy, use of relational skills to increase effectiveness, and an atmosphere of collegiality can lead to positive outcomes over the career span. Participant reflections suggest that due to clinical supervision influencing professional identity of participants, they also had an effect on counselors they worked with
and how counselors worked with each other. Adding to this theme is a brief description of each participants experience and reflections illuminating core factors outlined in RCT.

Nine participants shared that they often provide supervision experiences for their colleagues. They define supervision experiences as having features of active listening, empathy, and empowerment, while avoiding decisions to offer solutions or quick fixes to problems. As an example of empowerment, Celine would encourage counselors she works with to consider, “How come you think this way?” or “What is it about this situation that’s leaning you to lean towards that decision?” Claire felt that consultation and supervision she provides to colleagues mimics supervision meetings she has with her supervisor. Jack provided an example in reflecting on an interaction with a colleague wherein he “didn’t give her answers.” Amanda felt that relationships she has fostered with her colleagues “help her to assist them in working through issues and being supportive when they are frustrated.”

Qualities of Supervision Cultures

All participants shared that they were sought out for supervision or consultation more frequently than other counselors. Amanda spoke most favorably about counselors she works with and how they seek her out and others when they need to process scenarios. Amanda shared that there are two other clinically supervised school counselors on her team. Together they have fostered a very cohesive group that relies on each other resulting in a highly effective team of ten school counselors. Conversely, even though Jack felt that a few counselors sought him out to work through issues, he was very aware that the group of counselors he worked with did not foster a similar environment as shared by Amanda. Jack
shared that counselors tended to work in “isolation and rarely shared ideas with each other,” although he did share that his clinical supervision perspective was opening up one of his colleagues to be more reflective in their practice.

Ella fell somewhere in between Jack and Amanda’s experience. She was aware that few counselors and social workers with clinical backgrounds would seek each other out for supervision, but counselors without a clinical background tended to be more isolated in their practice. She has seen some growth in a culture of supervision in her school, but she wrote in her reflection journal, “Counselors can be quite negative instead of positive, instead of focusing on mutual support.”

Ella’s reflections speak to school counseling cultures that at times appear very traditional in roles assigned to student support personnel. In this type of environment, social workers and psychologists tend to handle most of the social/emotional and personal counseling work, and counselors are relegated to academic and post-secondary planning domains. Ella’s comments are reflective of counselors who experience isolation in this type of culture and, as a result, turn inward to work through issues in place of seeking support of other school counselors. For Ella, clinical supervision made her aware of dynamics contributing to mutual collaboration for those with clinical backgrounds and isolation for those who do not have clinical backgrounds. In her school, she found the second experience appearing in school counselors.

Alex, Sue, Eisen, Claire, and Sarah shared similar reflections as Amanda about the capacity of their counseling teams. One behavior cited by this group that aided in developing a supervision culture was that they modeled reflection and supervision language for others.
Amanda shared that even though she is sought out by others, she is very intentional in seeking out others to process her counseling work as well. She shared, “We have to be in these trenches together. They have to feel just as comfortable in seeing my weaknesses and where I’m stuck.” Claire also shared that she seeks out others to get “feedback, not answers.” She felt her team “has really grown because they know I’m gonna reflect.” Sarah believed that she always tries to have a mindset of “curiosity and reflection.” Claire thought that her reflective behavior had “trickled over to my teammates.”

In describing less effective teams, Jack and Chloe did not believe other counselors consulted with each other much at all. Jack felt that counselors he worked with were “lone rangers” and rarely sought out support from each other. Jack felt that due to differences in professional identity between himself and other counselors, there were often philosophical conflicts about school counseling. Alex found these conflicts as well, but felt as if his team had responded reasonably well to perspectives he brought to his team and were beginning to become more reflective in their work. These two experiences describe different school counseling cultures. In Jack and Chloe’s environments, they felt isolated as they were the only counselors with clinical supervision experience and, as a result, felt they knew collaboration and supervision would benefit their practice, but this interest was not reciprocated by other school counselors. Alex, however, believed that his school counseling group had responded to his identity informed by clinical supervision and, as a result, began to show glimmers of seeking out consultation and supervision on a more consistent basis.

A significant reflection shared with participants was that in highly functioning counseling teams, self-care behaviors between counselors occur with more frequency. Sarah
shared that there was “daily contact between all counselors.” Amanda felt that humor was an important characteristic that added to how well her team functions. “We like to have fun, especially after a crisis.” Claire also felt humor was an important characteristic of her team to keep things in perspective and avoid becoming overwhelmed by intense emotions. Ella shared that when she worked in a clinical setting, there was a lot more laughter and “connected long conversations.” She does not see this same characteristic showing up on her counseling team yet.

An additional characteristic showing up in less effective counseling teams according to participant perceptions was a lack of vulnerability. Alex, Claire, and Ella felt that nonclinically supervised counselors were often “cautious” in their relationships with each other. They spoke about counselors not feeling “safe in expressing ideas” and only motivated by “task completion in place of relationship building.” In the highly effective teams of Amanda, Eisen, Sue, Nicole, and Sarah, all counselors were much more open to being vulnerable and did not feel pressure of needing to know what to do in every situation. Their cultures were much more reflection and supportive of each other.

Clinical Supervision Appreciated by Clinical Mental Health Counselors

A final reflection shared by participants was that their clinical supervision experiences were largely appreciated by outside treatment providers. Alex even noticed that he is able to “engage with and support outside clinical mental health professionals in ways that my teammates don’t feel comfortable doing or don’t feel empowered to do.” Five
participants echoed Alex’s reflection saying they build rapport quickly and commented that collaboration was often very strong. Amanda put it best saying, “I get their world.” Having school counselors being able to speak and work with outside support treatment providers helps to ensure a smooth continuum of services between school-based support and treatment facilities.

**Supervision Cultures**

A supervision culture construct emerged from participants’ comments about what they experienced in relations with other school counselors, support personal, and community clinical mental health counselors. Following the first analyzed interview with Alex, supervision culture was an area I wanted to explore with other participants as they reflected on how they worked with other school counselors and also how other school counselors worked with each other. Bringing depth to understanding the components making up supervision cultures were participant reflections that described when these cultures exist. These qualities include: (a) mutual empathy, (b) supervision experiences provided to each other, (c) consistently valuing consultation, (d) mutual self-care occurring as a protective factor, (e) and a clear identity of school counselors on a continuum of care with clinical mental health counselors.

Participants identifying qualities of functioning supervision cultures (Sue, Amanda, Nicole, Sarah) shared that they consistently experience consultation and collaboration in all facets of their work with school counselors. They provided models of supervision language that permeated language of their school counseling colleagues. They tended to see their
counseling groups fully implementing comprehensive school counseling models resulting in data-driven intervention models that were creative and flexible in design.

Participants who spoke about a lack of supervision culture in their schools (Jack, Chloe, Nicole, Celine) desired the collaborative connections identified by the first group of counselors but were met with opposition and isolation in many cases. As a result, there schools were not implementing comprehensive counseling models, defaulting to more traditional guidance models. Most significantly, they shared that counselors where supervision cultures where not present resisted working in the personal counseling domain and, in many cases, felt that the counseling skills of their peers had withered due to not being used nor being fed through professional development opportunities.

Four participants (Alex, Claire, Eisen, Ella) described a supervision culture middle ground that appeared to be developing in large part to how they approached their relationships with other school counselors due to their clinical supervision experiences. Each identified supervision culture elements being expressed but not with consistency. They spoke about how relationships between counselors were improving due to collaboration, consistent consultation, and the modeling of supervision language.

Viewing a supervision culture through a development construct offers opportunities to identify when the core factors exist and when they do not. More importantly, viewing supervision cultures as a developmental process provides opportunities for school counselors and supervisors to evaluate where they are on a supervision culture continuum and the steps needing to be taken to foster fully realized supervision cultures. Based on participant descriptions, supervision cultures matter in developing school counselors’ abilities to address
a myriad of student needs, foster mutual empathy among counselors as a protective factor, and form a group identity that can effectively impact student gaps in achievement in all students.

Conclusions

The use of interpretive phenomenological analysis in this study provided the opportunity to identify benefits of clinical supervision for participants and the people they work with based on their perceptions. Adding to the understanding of this phenomena were the perceptions shared by participants about the work of nonclinically supervised counselors. As a result of the analysis a number of benefits and consequences were evident.

Clinical Supervision Increased Competency

The first benefit is that clinical supervision resulted in greater competency in counseling skills, especially in the areas of mental health symptom recognition and diagnosis, demonstrating empathy, being aware of their own internal process (thoughts, beliefs, feelings), and how to slow processes down in order for reflective thinking to occur. A result of clinical supervision is the ability to maintain a dual focus in counseling sessions, paying attention to occurs with their student or family (being present), and paying attention to what occurs internally. Clinical supervision affords the opportunity to attend to personal thoughts and feelings and address how thoughts and feelings prevent school counselors from being fully present in their work. This results in school counselors having improved relationships with all stakeholders due to being experts in building relationships.
This finding is important as it adds to the understanding that school counselors actually can and do perform counseling similar to that in clinical mental health settings. One major differences between the two is time, as in some clinical mental health settings sessions are longer. Clinical mental health counselors also see fewer clients compared to the caseloads carried by school counselors. Finally, learning how clinically supervised counselors used their clinical training in not just the personal counseling domain but also in the academic and college and career planning domains sheds light on the versatility of school counselors.

**Clinical Supervision Increased Level of Intention**

A second benefit of clinical supervision is increased intention in counseling work. In other words, knowing what you are doing or saying in counseling relationships. This degree of intention comes from an awareness of being grounded in a counseling theoretical orientation and basing clinical decisions in counseling theory. This level of intention allows school counselors opportunities to be fully present with students and families, while avoiding distractions inherent in the frenetic pace of schools. Due to having a clinical background, school counselors are also able to maintain a grounded presence in high stress situations. Doing so affords them the opportunity to serve as leaders among peers and to make accurate assessments of student issues and implement appropriate intervention decisions. School counselors who are able to process scenarios and their own internal processes related to crisis experiences are able to maintain a balanced professional disposition that positively influences other school counselors.
As school counselors are challenged by increasing numbers of students with mental health issues and school crisis, clinically supervised school counselors are better equipped to maintain professional competency in the face of adversity. They seek out supervision and consultation with greater frequency as they value reflection and its protective factors against burnout. They seek to develop the ability to know why they are doing or saying things in every situation. When they experience confusion or are stuck in knowing how to handle situations, they seek out consultation and supervision to work through their blind spots, build upon their strengths, and feel refreshed to handle complex student issues.

**Clinical Supervision Contributes to Shared Professional Identity**

The third benefit of clinical supervision extends into their relationships with other counselors with regard to their professional identity. Healy and Hays (2000) identified three components that define school counseling identity. First, school counselors have a perceived competency in the field (a belief I make a difference in the lives of others). Secondly, they have shared beliefs and values with other counselors (how I think and make decisions aligned with a common framework of understanding with other counselors). Finally, they are aware of sociocultural expectations (how my identities influence my work with other identities is a significant component of my work). As found in the first benefit, counselors perceive increased levels of confidence and competency in counseling work due to clinical supervision, which speaks to the first component of Healy and Hays’ (2000) definition of school counseling identity. The second and third components of the Healy and Hays (2000) definition is impacted to a significant degree by the third benefit. School counselors with
clinical supervision backgrounds impact other school counselors. School counselors experience increased professional expectations, supervision and consultation conversations are more prevalent, self-reflection is expected by all counselors, and a community of self-care behaviors is present.

As school counselors increase the belief that they impact students, especially those with a variety of needs, they pass this belief on to their colleagues and, as a result, a shared understanding of how decisions are made in collaborative and thoughtful manners arises. When school counselors do not experience shared beliefs and values with counseling colleagues, school counselors experience isolated practice in themselves and others. They also are sought out for supervision and consultation, but only on a limited basis. Other school counselors in these schools do not recognize clinical supervision as needed by school counselors and do not ascribe a high level of value to the professional development experience. These and other related factors are listed in Table 2. Participants are listed in the supervision culture they described in their reflections on their own skills and identities and the skills and identities of nonclinically supervised counselors.

Clinical Supervision Enhances Relationships with Community Mental Health

A fourth benefit of clinical supervision is how school counselors engage with community-based treatment/support professionals. Clinically supervised school counselors have a greater awareness of providing a continuum of support services, especially for students.
### Supervision Culture Characteristics

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<th>Non-Existent Supervision Culture</th>
<th>Emerging Supervision culture</th>
<th>Supervision Culture</th>
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<tbody>
<tr>
<td>Factors occurring in</td>
<td>Both CSC and NCSC tend to work in isolation.</td>
<td>CSC and NCSC experience isolation, but collaboration is present in some cases.</td>
<td>CSC and NCSC experience high levels of collaboration. CSC experience a limited degree of isolation due to being accorded a high degree of respect by NCSC.</td>
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<td>relationships between</td>
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<td>CSC and NCSC</td>
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<td>Humor</td>
<td>Humor is not consistently apparent among counselors.</td>
<td>Humor is present but is limited to personal anecdotes.</td>
<td>Humor is present and is used as a self-care tool in processing school counseling work, including crisis situations.</td>
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<td>Factors occurring in</td>
<td>NCSC reluctant to address social/emotional student needs and refer to other school-based support.</td>
<td>NCSC reluctant to address social/emotional issues on limited basis. Will often refer to CSC</td>
<td>Both CSC and NCSC confident in addressing social/emotional concerns. Consistently seek out opportunities to process complex situations.</td>
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<td>counseling skills for</td>
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<td>CSC and NCSC</td>
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<td>NCSC tend to focus on</td>
<td>NCSC tend to be problem-solving focused but engage in processing discussions. Recognizes that student relationships with CSC are different and perceived to be more therapeutic.</td>
<td>NCSC tend to be problem-solving focused but respond positively to the value of student relationships modeled by CSC that are focused on process in place of solution.</td>
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<td>fixing student problems</td>
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<td>with quick decisions.</td>
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<td>NCSC views student</td>
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<td>relationships with CSC</td>
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<td>as threatening to their</td>
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<td>professional identity.</td>
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<th>NonExistent Supervision Culture</th>
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<td>NCSC and CSC often assigned tasks and responsibilities not aligned with the ASCA model resulting in burnout and disillusionment about school counseling. Student needs can go unaddressed or not addressed in a timely fashion.</td>
<td>NCSC and CSC assigned some tasks and responsibilities not aligned with the ASCA model that tend to be administrative. Most counselors seek ways to address all responsibilities with student needs being addressed as a primary concern.</td>
<td>NCSC and CSC assigned counseling related tasks and responsibilities resulting in 80% direct service as recommended by ASCA. Counselors focus on school and student needs and seek opportunities to revise practice and strategies to address gaps in student performance.</td>
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Factors occurring in professional identity and development for CSC and NCSC

| NCSC tends not to be consistently engaged in professional development or only seeks out professional development based on personal interest. |
| NCSC and CSC seek out professional development based on identified student needs sometimes specific to personal interest. |
| CSC and NCSC seek out professional development specific to addressing student needs and department goals. |

Professional identity of NCSC tends to be viewed as a traditional guidance model focusing on academic and post-secondary planning. CSC professional identity not shared by NCSC.

Professional identity of NCSC retains some traditional guidance components but engage in data collection, analysis, and monitoring to address student needs across school counseling domains. Some components of CSC professional identity are shared by NCSC.

Professional identity is shared between CSC and NCSC. Their identity is grounded in the implementation of a comprehensive school counseling model.

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Note: CSC = Clinically-supervised counselors; NCSC = Nonclinically supervised counselors.

*Nicole is listed in two boxes as she worked in two different schools and described her experiences in each school.*
with mental health needs. They are also more confident in speaking the language of mental
health with community mental health professionals and feel they are accorded a higher degree
of respect due to having a clinical background. Most importantly, due to having a clinical
background, school counselors are capable and intentional in supporting the treatment goals
of community-based treatment providers and, as a result, provide a smoother transition
between school- and nonschool-based supports when students are most at risk.

Clinical Supervision Builds Capacity to Handle Crisis

The final benefit identifies how school counselors handle crisis situations in their
schools. Clinically supervised school counselors are seen as leaders in crisis situations and are
often relied upon to facilitate decision-making in crisis situations. They tend to be more
attentive to the needs of colleagues and would initiate processing conversations post-crisis as
a self-care strategy through the use of empathy. This benefit also adds to the possibility that
having clinically supervised counselors in schools may help to alleviate some of the stress
school counselors, administrators, and teachers experience when working with the increase of
students with mental health needs.

Clinically supervised school counselors were also sought out by other counselors and
administrators as leaders in times of crisis. They are able to maintain a calm disposition,
allowing them the opportunity to accurately assess student needs in times of crisis. Clinically
supervised counselors also feel confident in making recommendations to families in distress
and can serve in support roles regardless of their own personal impact. Most importantly, they
value self-care and can identify impairment in other counselors during crises that may impede
effectiveness. Due to their reflectivity, they readily accept support when they are emotionally overwhelmed and know when to seek out supervision for themselves. Their presence in times of crisis impacts other school counselors as well and builds high functioning teams during times of crisis that are simultaneously able to care for students and each other.

The importance of this benefit cannot be underestimated. With the increase of students experiencing mental health issues, difficulty with emotional regulation, and the resulting student crisis occurring during the school day, clinical supervised school counselors are able to negotiate crisis assessment, craft intentional interventions, and manage crisis teams. It is also reasonable to assume that clinically supervised school counselors would also be able to support students experiencing anxiety and fear due to the prevalence and publicity of school violence incidents.

Students are sharing with increasing frequency that they do not feel safe at school due to the perceived threat of school violence. Clinically supervised school counselors are able to identify this level of impairment and provide school-based support to alleviate anxiety and afford students the opportunity to access educational experiences. Knowing that clinically supervised school counselors have this unique training, school administrators would be more apt to provide clinical supervision experiences for school counselors or hire counselors with this advanced level of training.

Implications

I propose recommendations based on the findings, analysis, and conclusions of the study. The recommendations that follow are for (a) school counselors, (b) supervisors and
administrators, (c) counselor educators, (d) local and state boards of education, and (e) state and national school counseling leadership organizations.

School Counselors

Seeking out clinical supervision appears to have benefits that are far reaching for school counselors. Even if licensure is not the goal, just participating in an extended clinical supervision relationship for two to three years as a professional development activity has benefits for working with students and families and also shapes school counselor identity and can impact the work of other school counselors. School counselors participating in clinical supervision may find growth in their counseling skills, in relationship building with students and families, assessment of student needs, diagnosis and symptom recognition, and case conceptualization.

Additional projects with clinically supervised school counselors are needed as this remains a small subset of school counselors. Due to the scarcity of clinically supervised school counselors, qualitative research would assist in building on the findings of this study to add more narratives to understand the phenomena experienced by this group of school counselors. In this study, the school counselors interviewed represented ten different schools with 62 school counselors. Outside of the eleven participants, only 5% of the other school counselors in all ten schools had participated in clinical supervision.

Clinical supervision for school counselors can also enhance professional identity by expanding the array of student needs that can be addressed and contributing to a shared understanding of beliefs and values among school counselor colleagues. Clinical supervision
may also increase school counselor effectiveness in crisis response and they can serve as leaders in addressing gaps in student performance, prevention initiatives, and building positive school cultures.

Fletcher (1999) shared how RCT, when applied to organizations, can assist in understanding how well-being, mutual empathy, use of relational skills to increase effectiveness, and an atmosphere of collegiality can lead to positive outcomes for long-term organizational work. Clinical supervision was shown in this study to impact school counselor relationships with colleagues through the modeling of reflection, seeking out consultation, and offering reflections similar to supervision when colleagues appear to be struggling in their counseling work. This recommendation is for counseling teams to engage in group reflection activities and to assess their culture as defined by the factors contributing to a supervision culture in Table 2. The factors identified for an implemented supervision culture align with the qualities outlined in RCT.

As recommended by ASCA and many state counseling associations, the implementation of a comprehensive model of counseling that is data-driven and reflective in practice is essential for school counselors to maximize their effectiveness. ASCA’s Recognized ASCA Model Program (RAMP) certification provides the framework and structure for counseling teams to align their practices with a comprehensive model of counseling. A few states have also developed counseling models that mirror RAMP. A significant component of a RAMP-certified school is that school counselors spend 80% of their time in direct service with students in classrooms, groups, or individual work. Schools
with RAMP certification status have been through a collegial process that mirrors the benefits seen when working with counselors having been through clinical supervision.

**Supervisors and Administrators**

Supervisors of school counselors and school administrators need to understand the benefits of having school counselors with clinical supervision backgrounds due to the myriad benefits clinically supervised school counselors shared in this study. More importantly, knowing how to use school counselors effectively puts them in a position to implement comprehensive school counseling models that are preventive, data-driven, and have counselors working in direct service with students 80% of their time. Graduate programs for school administrators need to build in training for how to effectively use school-based support including school counselors. Continuing education for school administrators in the effective supervision and evaluation of school counselors also needs to be offered.

Supervisors providing clinical supervision for school counselors need to understand the multilayered unique training needs of school counselors. Bultsma (2012) believed that clinical supervision experiences for school counselors need to extend beyond just counseling skills to include supervision for program development, data-informed practice, and professional development through the collaboration with other school counselors. An additional recommendation is that when possible, school counselors should provide supervision for school counselors as opposed to administrators or other school-based support professionals in order to support the specific training of school counselors.
School administrators need to be actively involved in eliminating barriers to school counselors accessing clinical supervision as the same barriers continue to appear across research studies. This lack of movement could be indicative of not valuing clinical supervision, but it also could be attributed to simply not knowing about the benefits of clinical supervision for counselors and how they can positively impact schools. School administrators need to value dedicated time for clinical supervision meetings. In some schools, where there may not be a counselor with a mental health license, it may be necessary to provide professional development funds to support clinical supervision from a private vendor. Currently, school counselors in this situation must personally pay for their clinical supervision.

School counselors provide the majority of supervision for school counseling interns. Ensuring that supervision contains clinical supervision components when working with interns will assist in having more counselors advocating for clinical supervision post-master’s degree. To support the increase in school graduates from CACREP programs who are eligible for licensure, embedding clinical supervision into their experiences builds a core value for how this type of clinical supervision can significantly enhance their competence and, as a result, impact the work of other school counselors as well. A concise definition of clinical supervision recognized among school counselors is also needed.

When identifying school improvement initiatives, school administrators need to involve school counselors as they bring a unique perspective to such initiatives that tends to be more strength-based and focused on student growth. There has been a recent push in school counseling for school counselors to carry the load in school improvement effort; for
example, to improve attendance, decrease discipline infractions, increase students having post-secondary plans, and increasing the number of students with identified career pathways. These are only a few examples of initiatives school counselors have led in their schools. However, administrators are urged to not rely solely on school counselors to assume responsibility for school improvement efforts but to build teams that include a variety of school stakeholders with counselors being members and leaders.

Counselor Educators

Graduate schools with school counseling program have made a number of decisions that have shaped the professional identity of school counselors. There has been an increase in programs that are aligned with CACREP and thus open the door for school counselors to pursue clinical license. An essential component to build the capacity for valuing clinical supervision would be to teach a course or embed material in a counseling skills course about clinical supervision.

A suggested framework for a course could entail teaching components of clinical supervision from the perspective of “how to get the most out of your supervision.” Preparing for supervision, goals of supervision, and supervision models would be helpful for graduate counseling students pre-internship to assist them in identifying an internship location and supervisor that may more closely match their developmental needs and theoretical orientation. Such a course or experience for graduate students would also inform students about due process and what they can do as supervisees when their supervision is not effective or helpful. Providing all counseling graduate students an instructional experience in clinical supervision
would perpetuate a model for clinical supervision that would ensure a more consistent experience for graduate and post-master’s students.

Counseling master’s programs also need to consider enhancing the clinical experience of school counselors. This includes receiving similar training as clinical mental health counselors in the areas of assessment, family work, case conceptualization, intervention planning, and therapeutic relationships. Providing this level of training gives school counselors the tools to effectively address ever-increasing mental health needs of students. School counselors with enhanced clinical training in graduate school can also be leaders in assisting schools in becoming trauma-informed schools that are sensitive to student needs in the classroom.

**Local and State Boards of Education**

Currently, in most cases, seeking clinical supervision is left to the personal and professional interest of school counselors. Clinical supervision for school counselors needs to be seen as a viable professional development activity and recognized similarly as other opportunities such as graduate course work, trainings, workshops, and conferences. Recognition of clinical supervision could include monetary benefits (similar to completing graduate course work) or as a component of a required induction process for new educators. For example, in one midwestern state, new educators are required to participate two years in a mentoring program as a component of the induction process. Perhaps having school counselors participate in clinical supervision in place of mentoring could be a concept to explore. Administrators and school boards need to understand that school counselor training
needs are different from new teachers and require sustained supervision relationships in order for school counselors to fully develop their counseling skills, internal awareness, capacity for self-reflection, and school counselor identity. Providing financial resources and dedicated time for clinical supervision experiences will pave the path for school counselors to fully realize their potential.

State and National School Counseling Leadership Organizations

Advocating for school counselors to receive clinical supervision has been a consistent theme throughout the research (Black et al., 2011; Bultsma, 2012). It appears that only when ASCA, state counselor organizations, and counselor training programs embed clinical supervision into the expectations for school counselors will a commonly shared belief that clinical supervision matters for school counselors be realized. According to ASCA (2016) and CACREP (2016) supervision is a core experience for the training of counselors. However, even though there is agreement that supervision for all counseling interns is required, clinical supervision for school counselors post-master’s degree is not a current expectation.

To address this issue, an ACES School Counseling Interest Network focusing on school counseling supervision has been formed. Recently, counselor educators and supervisors from across the country have met on three occasions to write a position statement on the value of clinical supervision for school counselors to be submitted to ACES and ASCA for consideration and adoption. This interest group also plans to distribute a nationwide survey to school counseling association state presidents to solicit feedback about work
occurring (training, workshops, conferences) specific to clinical supervision for school counselors specific to each state.

Bultsma (2012) called for new counselors to participate in professional development to advocate for counseling organizations to develop guidelines and standards for supervision commensurate with other mental health professions. Hopefully, the work of the ACES School Counseling Interest Network will open doors for school counselors to advocate at state and local levels for increased access to clinical supervision and, as a result, foster a shared belief that clinical supervision is beneficial for school counselors. Clearly this study challenges the assumption that school counselors are educators first and counselors second. Providing access to clinical supervision for school counselors is a significant step in recognizing that school counselors are counselors first and educators second.
Limitations

The three limitations of this study were researcher bias, sample of convenience, and lack of diversity.

Researcher Bias

I am aware that my bias that there are benefits of clinical supervision for school counselors was evident in this study. This in part comes from my own professional training and experience. I have participated in clinical supervision with seven supervisors over the course of 23 years of professional practice in schools, graduate programs, and community counseling agencies. I have slowly become aware of how these experiences have benefitted my practice and, to some degree, how they have influenced other school counselors I have worked with and supervised in my career.

Throughout the interview and analysis process, I retained a consistent reflective lens consisting of memos that documented my personal experience after every interview. The memos helped to clarify for me where I was getting stuck in the interviews and helped to identify whether I was guiding participants to the conclusions I thought may emerge from the interviews. During the interviews, I would also paraphrase and summarize participant comments to ensure my full understanding of what had been said by each participant. Finally, I followed each interview by sending a reflection journal to each participant that asked them to identify further thoughts or points of reflection that surfaced after their interview. I also checked my findings with colleagues periodically to see if what I was identifying was coming
from the participants’ words or my own assumptions. I encouraged direct feedback about the conclusions I was drawing and forced myself to always connect a conclusion or theme identified back to interview text. Regardless of these efforts, I am sure there are biases I did not identify and may have affected the results of this study.

Sample of Convenience

I initially sent an e-mail soliciting participants to a network of urban and suburban school counselor supervisors and to members of a state counseling association. From this initial solicitation, I received five replies and three of the respondents did not meet the criteria for participation. The two other responses led me to counselors they supervised or counselors they knew had participated in clinical supervision. I also knew three counselors who met the study criteria who participated in the study. From these initial interviews, I asked if they knew of other school counselors who met the criteria resulting in names and contact information being shared with me. This process led to the identification of eleven study participants. Having participants that had an initial or referred connection to me may have resulted in a narrow description of the phenomena being explored. This concern may have been attenuated due to ten schools being represented by participants consisting of a range of school counseling experience.

Lack of Diversity

An additional concern was the lack of racial and ethnic diversity in the participants. Only one identified as African American and one as Asian. The other nine participants
identified their race as White. The gender balance of seven women and four men was reflective of what I have seen in the school counseling profession. Even though neither race nor gender surfaced as a compelling reflection point for participants, I was not able to make any inferences as to how racial or ethnic identity may impact clinical supervision experience, especially in terms of sharing racial or ethnic identity with a supervisor or not sharing this identity. Similarly, due to the extensive focus on the relationships between counselors in this study, understanding how racial and ethnic identity impacts relationships between counselors would provide another lens to view this phenomena.

Future Research Recommendations

As the number of clinically supervised school counselors remains relatively small in number, and in spite of past research studies recommending clinical supervision, future research will not only need to extend the findings of this study to learn more about the benefits clinical supervision has for school counselor but also why school counselors are still not seeking out supervision with greater frequency. Common barriers to clinical supervision have been identified over the course of two decades of research with little movement in schools to provide resources to access clinical supervision. Exploring attitudes and beliefs of school administrators about clinical supervision and school counseling as a profession could be a beneficial research strand to assist in understanding this phenomena.

An additional recommendation is to develop an evaluation instrument for school counseling teams to identify components of a supervision culture. When I have consulted with school counseling teams on the RAMP process, I am aware that teams have different
capacities for change, and these capacities are influenced by their professional identity. Being able to identify factors occurring or not occurring that support a supervision culture could assist in team self-reflection about their work culture and school impact how they identify as counselors. I believe this is one of the areas where teams get stuck in the process of implementing a comprehensive counseling model, as they do not perceive having the agency to perpetuate such a change, nor do they see the value in doing so. Such an assessment tool would also be helpful to supervisors in creating team environments that demonstrate empathy, well-being, use of relational skills to increase effectiveness, and an atmosphere of collegiality.

Future research that differentiates between types of supervision and compares the experiences of clinically and nonclinically supervised counselors would increase the understanding of how these two professional identities interact with each other and the benefits both may have in providing counseling services to students. There is often confusion in professional circles consisting of school administrators and school counselors where the term “supervision” is used indiscriminately and without specific reference to what type of supervision is being discussed. A similar dynamic has occurred in some research studies that only speak about “supervision” without naming it clinical supervision, if appropriate to do so. I believe the unintentional use of supervision terms, or in situations using it as a broad-brush term to encompass all supervision, has, in some cases, given permission for supervisors to not adhere specifically to the tenets of clinical or administrative supervision. For these types of supervisors, the supervision they provide is seen as a random assortment of supervision activities causing confusion to supervisees and resulting in supervisees missing out on this foundational professional development experience.
Summary

The purpose of this study was to learn how clinical supervision impacts the work of school counselors. Two lines of inquiry were used to learn about this phenomena. First, participants were asked to share their perceptions as to how clinical supervision influenced their work with students and families. Second, they were asked to share their perceptions as to how clinical supervision shaped their professional identity and the relationships they had with other school counselors. Eleven school counselors participated in 60-90 minutes interviews and followed up their interview by completing a reflection journal regarding their interview experience.

From the analysis, five benefits were identified of clinical supervision for school counselors. The first benefit is that clinical supervision shared by participants resulted in greater competency in their counseling skills followed by increased intention in their counseling work. Next, a model of a supervision culture emerged that detailed factors occurring for participants in their schools in their relationships and collaboration with other school counselors. Finally, participants experienced efficiency in their relationships with community treatment providers and a recognition that they are effective in handling school crisis situations.

The results of this study confirm past studies’ call for school counselors to participate in clinical supervision. The study specifically identified benefits of clinical supervision in counseling work and challenged the notion that school counselors do not need this level of training. The study also found that clinically supervised counselors are sought out by other
counselors for consultation and supervision more frequently and, as a result, create supervision cultures that enhance professional identity with mutual benefits for all school counselors.
REFERENCES


Education Trust. (1997). Transforming school counseling initiative. Retrieved from https://edtrust.org/search/?q=Transforming%20school%20counseling%20initiative&f li ters=%5B%5B%22location%3ANational%22%5D%5D


French, D., Maissi, E., & Marteau, T. M. (2005). The purpose of attributing cause: Beliefs about the causes of myocardial infarction. Social Science and Medicine, 60(7), 1411-1421.


APPENDIX A

RECRUITMENT EMAIL
Hello, my name is Vince Walsh-Rock and I am a doctoral candidate at Northern Illinois University. I am conducting research to learn how school counselors who have experienced clinical supervision perceive their professional identity, development, relationships with other counselors, and work with student and families differently that non-clinically supervised school counselors. My study is called, Understanding the Perceived Impact of Clinical Supervision Experiences for School Counselors: Pathways for Professional Identity and Development. This study is an attempt to understand the benefits of clinical supervision for school counselors and how clinical supervision enhances the abilities of school counselor work with students, especially those students with mental health needs.

There are several potential benefits to participation:

- You will provide understanding into how clinical supervision has impacted your work with students, families, and colleagues.
- You will contribute to a professional development model based on clinical supervision that provide opportunities for school counselors to advocate for access to clinical supervision.
- Your reflections on clinical supervision will deepen your awareness of your professional development and shape how you may provide clinical supervision yourself in the future.

I am seeking participants to interview, who are current school counselors who have previously engaged in clinical supervision. If you or someone you know may be interested in participating, please contact me directly to discuss criteria. I can be reached at vwalsh-rock@csd99.org or via phone at (630) 461-7006.

Please forward this email to prospective school counselors who may be interested participating in the study.

Questions regarding the study can be directed to the researcher at vwalsh-rock@csd99.org or my dissertation co-chairs, Dr. Toni Tollerud at tollerud@niu.edu or Dr. Scott Wickman at swickman@niu.edu.

Sincerely,
Vincent J. Walsh-Rock, LCPC, MS in ed, PEL: School Counseling & School Administration
APPENDIX B

DEMOGRAPHIC FORM
Please complete this form prior to participating in the scheduled interview.

Age: ______25-35 ______36-45 ______46-55 ______56-65 ______66+

Gender Identity: ____________________________________________________________

Gender Pronouns used: ______________________________________________________

Race identification: __________________________________________________________

Are you a current school counselor? ______Yes ______No

How many years have you been a school counselor? __________

What is your highest degree? (please circle one)

Ph.D. Ed.D. Masters Other ________________________________

What professional licenses/certificates do you hold? ____________________________

What professional organizations do you belong to? ______________________________

What type of school do you currently work in?

______Rural ______Urban ______Suburban

______Private ______Public ______Charter ______Other

(Please explain if other") ________________________________________________________________________________

What grade levels do you primarily work with at your school? ____K-5 ____6-8 ____9-12

Are your working as a school counselor: _____ Full-time _____ Part-time

Approximately how many hours of clinical supervision have you received?

______0-1,000 ______1000-2000 ______2,000-3,000 ______more than 3,000

How have you received clinical supervision? _____ Individual _____ Group _____ Triadic

How often do you meet with your clinical supervisor?

_____ Once a week _____ Once every other week _____ Once a month _____ As needed
How long were your supervision sessions?

______ Less than one hour _______ 1 to 2 hours _______ More than 2 hours _______ Other

What was your primary reason(s) for seeking out clinical supervision?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Have you received training in providing clinical supervision? _____Yes _____No

If yes, what professional training have you received in clinical supervision?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Have you provided clinical supervision for a counselor in training? _____Yes _____No

**Contact Information**

Please provide the best contact number and email address for appointment scheduling purposes and possible follow up.

Name: _________________________________________________________________

Phone number: __________________________________________________________________

Email address: __________________________________________________________________
APPENDIX C

ADULT CONSENT FORM
I agree to participate in a research project titled, *Understanding the Perceived Impact of Clinical Supervision Experiences for School Counselors: Pathways for Professional Identity and Development*, being conducted by Vincent J. Walsh-Rock, a doctoral candidate at Northern Illinois University. I have been informed that the purpose of this study is to a) learn about the perceptions clinically supervised counselors have about how they approach school counseling differently than non-clinically supervised counselors, b) identify the benefits of clinical supervision for school counselors, c) explore how clinically supervised school counselors shape professional relationships with other school counselors, and d) learn how clinically supervised school counselors work with students, especially those with mental health needs.

I understand if I agree to participate in this study, I will be asked to provide brief demographic and professional information such as my education, work setting, supervision training, and the benefits of clinical supervision for school counselors. I am aware that an individual interview will last for 60-90 minutes. I also understand that I will be asked to reflect on the interview and submit reflections of the interview within 2 weeks of the initial scheduled interview. I am aware that participation is voluntary and may be withdrawn at any time without penalty or prejudice, and that if I have any additional questions concerning this study, I may contact Vince Walsh-Rock at vwalsh-rock@csd99.org or (630) 461-7006 or Dr. Tollerud at tollerud@niu.edu or (815) 501-4784, or Dr. Wickman at swickman@niu.edu or (815) 753-9324. I understand that if I wish to gather further information regarding my rights as a research subject, I may contact the Office of Research Compliance at Northern Illinois University at (815) 753-8588.
I understand that the intended benefits of this study include the opportunity to provide valuable perceptions about clinical supervision, school counselor identity, professional development, and the impact clinical supervision has on working with students with mental health needs. Additionally, the findings of this study will contribute to a gap in understanding the benefits of clinical supervision on post master’s degree school counselors. I have been informed that potential risks of participation are minimal and are related to potential limits of confidentiality. I understand that all information gathered during this study will be kept confidential. I also understand that steps will be taken to protect my identity. I have been informed that I will have an option to use a pseudonym. However, my clinical supervision experiences and school counseling experiences will be described. All transcripts and associated records will be maintained on a password-protected computer. However, I understand that another researcher who will help with data analysis may access the transcript of my account. In this case, my identification will be removed from the transcript. Finally, I understand that my consent to participation in this project does not constitute a waiver of any legal rights or redress I might have as result of my participation, and I acknowledge that I have received a copy of this consent form.

Participant’s Name (please print) & Date: ____________________________________________

Participant’s Signature for Research Participation: ______________________________________

Participant’s Signature for Consent for Audio Recording: ________________________________

Contact Number & Email Address: ___________________________________________________
APPENDIX D

REFLECTION JOURNAL
First, thank you for participating in the interview. I appreciated your openness and willingness to share your supervision experiences and the impact they have had on your professional identity, relationships with colleagues, and how you work and support students. Knowing that after such a lengthy interview other thoughts, ideas, and feelings often surface about words and questions said and those that were unsaid. I am curious what your reflections are about the interview. Your comments will be used to add to the data gathered to paint a fuller picture of the participant experience. If you could please type responses to the following prompts and e-mail back to me within 2 weeks, I would greatly appreciate your additional time.

1. In reflecting on the interview, share your thoughts about ideas or feelings that became clearer for you regarding your work as a school counselor.

2. Share what new questions have surfaced for you in reflecting on the interview that you would like to explore.

3. Looking back on the interview, is there anything you would like to add to any of the thoughts or comments that you shared?

4. Is there anything else you would like to share about the interview experience or thoughts about clinical supervision for school counselors?
APPENDIX E

INTERVIEW SCHEDULE
Interview Questions

A. Training

1. Could you share a brief history of how you came to be a school counselor who participated in clinical supervision?

2. How would you describe your supervision experiences both as a master’s level student and a post master’s student?

3. Share what you believe to be the differences between administrative supervision and clinical supervision.

4. Describe ways in which administrative supervision has supported your development as a school counselor.

5. Describe ways in which clinical supervision has supported your development as a school counselor.

6. How do you perceive your professional competence has changed as a result of your clinical supervision experiences?

7. How have your clinical supervision experiences impacted your work with students?

8. How have your clinical supervision experiences impacted your work with student who have mental health needs?

B. Identity

9. How does having an increased amount of clinical supervision impacted your thoughts and feeling about being a school counselor?
10. Describe your school counselor identity and how it has evolved as a result of having receiving clinical supervision?

11. Explore how your counseling identity is perceived by other school counselors, specifically those that have not participated in clinical supervision post master’s degree?

12. How has clinical supervision changed you as a person and as a counselor?

13. What do you notice that is different in your counseling identity in comparison to school counselors without a clinical license?

14. In what ways does clinical supervision impact your choices for professional development?

C. Relationships

15. Describe the relationships you have with school counselor colleagues.

16. How have your clinical supervision informed these relationships?

17. How would you describe the relationships counselors have with each other in your school?

18. Describe your use of consultation and how is it similar or different than other school counselors?

19. How would you describe the presence of creativity amongst the counselors you work with?

20. How does the use of humor appear amongst the group of counselors you work with?
21. To what degree do other school counselors seek you out for consultation and supervision with more frequency?

22. How have your clinical supervision experiences impacted your work with families?

23. Why do you believe are the benefits for school counselors in receiving clinical supervision?