

**A National Survey of School Counselor Supervision Practices:
Administrative, Clinical, Peer, and Technology Mediated Supervision**

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Abstract

Supervision is vital for personal and professional development of counselors. Practicing school counselors ($n = 1557$) across the nation were surveyed to explore current supervision practices. Results indicated that 41.1% of school counselors provide supervision. Although 89% receive some type of supervision, only 10.3% of school counselors receive weekly supervision from another school counselor. Most school counselors receive supervision from principals (62.8%). Approximately 32% engage in supervision with other mental health professionals. Only 5.1% of school counselors engage in technology-mediated supervision. Implications, limitations, and future directions for research are provided.

**A National Survey of School Counselor Supervision Practices:
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Supervision, essential for personal and professional development of counselors (Council for Accreditation of Counseling and Related Education Programs [CACREP], 2009; Culbreth, Scarborough, Banks-John, & Solomon, 2005; Bernard & Goodyear, 2009; McMahon & Patton, 2000), may be an effective strategy in updating knowledge and skills needed by school counselors working in a field that is ever changing and expanding (Herlihy, Gray, & McCollum, 2002). School counseling is a multifaceted service which involves guidance, advisement, crisis response, and system support (American School Counseling Association [ASCA], 2005) as well as other evolving duties deemed necessary by the school district and academic level served by a school counselor (Erford, 2007). With such a variance in job duties, supervision is deemed vital for leading to effective school counseling services to all stakeholders (Herlihy et al., 2002) in any given school. However, it is not explicitly included in the ASCA (2005) national model's four basic components (i.e., Foundation, Delivery System, Management, and Accountability) and is not a strong focus in the Ethical Standards for School Counselor (ASCA, 2010). Nevertheless, providing quality clinical supervision for professional school counselors in pre-K-12 school setting is considered "both a responsibility and a challenge for professionals in the field" (Murphy & Kaffenberger, 2007, p.1).

Supervision is defined as a process in which an experienced professional holding appropriate preparation, degree, licensure, and/or certification provides consistent support, instruction, and feedback to an inexperienced counselor, fostering his or her

psychological, professional, and skill development while evaluating his or her delivery of ethical services (Bernard & Goodyear, 2009; Studer, 2005). There are two main types of supervision: clinical and administrative. While clinical supervision is focused on the professional development and evaluation of the counselor in providing services to stakeholders (Bernard & Goodyear, 2009; Studer, 2005), administrative supervision is focused on job performance in relation to the organization's goals (Bradley & Kottler, 2001; Dollarhide & Miller, 2006).

Clinical supervision is a process in which an experienced counselor may provide consistent support, instruction, and feedback to foster a non-experienced counselor's psychological and professional development while evaluating his or her delivery of clinical and ethical services (Bernard & Goodyear, 2009; Studer, 2005). Due to the specialized nature of school counselor services from other counselor services (Studer, 2005), the authors defined clinical supervision as supervision received from other school counselors. Such clinical supervision provides on-the-job training for a job that varies from school to school (Erford, 2007); a medium through which gaps in formal education are remedied (Constantine, 2002; McEachern, 2003; Milsom & Akos, 2003; Murphy, Rawlings, & Howe, 2002); the process through which professional identity is developed (Agnew, Vaught, Getz, & Fortune, 2000; Rutter, 2006); and the means through which better outcomes are secured (Agnew et al., 2000; Burkard, Knox, Schultz, & Hess, 2009; Gainor & Constantine, 2002; Rutter, 2006). Clinical supervision may serve to facilitate knowledge and skills in school counselors trained prior to many skills needed to address today's problems such as working with students with disabilities (Milsom & Akos, 2003), working with exceptional students (McEachern,

2003), and/or addressing the specific mental health needs of culturally diverse students (Constanine, 2002). Conversely, lack of clinical supervision is linked to compromised outcomes, including ineffective services (Burkard et al., 2009), role stress (Culbreth et al., 2005; Herlihy et al., 2002), lack of professional identity development (Kirchner & Setchfield, 2005; Perusse, Goodnaugh, Donegan, & Jones, 2004; McMohan & Patton, 2000), job dissatisfaction (DeMato & Curcio, 2004; Herlihy et al., 2002), and/or eventual burnout (Baggerly & Osborn, 2006; Herlihy et al., 2002; Wilkerson & Bellini, 2006). Therefore, clinical supervision appears a crucial training tool for school counselors.

Administrative supervision entails job performance evaluation, compliance with laws and policies, attendance, and staff relations (Dollarhide & Miller, 2006) and may typically be provided by a principal (Herlihy et al., 2002). This type of supervision focuses on the school counselor's goal development and attainment, attitude development, compliance with professional school counseling standards and practice, applications of professional judgment, work schedule, record keeping and documentation, relationships with co-workers, work habits, and the counselor's own mental and physical health (Dollarhide & Miller, 2006; Henderson & Gybers, 2006; Nelson & Johnson, 1999; Robert & Borders, 1994). Administrative supervision is intended to benefit the organization rather than for the clinical development of a supervisee (Bradley & Kottler, 2001).

There is a sentiment that school counselors are less likely than other counselors to receive clinical supervision (Borders & Usher, 1992). This opinion is based on several reasons. First, the availability of school counselors willing to supervise other school counselors is limited (Borders & Usher, 1992; Dollarhide & Miller, 2006; Herlihy et al.,

2002; Oberman, 2005; Page, Pietrzak, & Sutton, 2001; Portman, 2002; Studer, 2005). Second, there is limited access to supervisors in a field where most often there is only one school counselor per school (Culbreth et al., 2005; Page et al., 2001). Third, access to quality supervision can be a challenge because master's level school counselors may not have the skill to supervise due to lack of training in supervision (Bakes, 2007; CACREP, 2009; Herlihy et al., 2002; Murphy & Kaffenberger, 2007; Studer & Oberman, 2006). Finally, some school counselors do not see a need for supervision (Dollarhide & Miller, 2006).

Existent literature on the actual practices of school counselor supervision indicates that clinical supervision may be becoming sparser. Survey results (Page et al., 2001; Roberts & Borders, 1992; Sutton & Page, 1994) indicated that although a majority of school counselors desire some form of clinical supervision, relatively few actually receive it. Roberts & Borders (1992) concluded that most school counselors received some administrative supervision, but a much smaller percentage received clinical supervision. Borders & Usher (1992) concluded that school counselors received less supervision than counselors in other settings. Results from two state level surveys in the 1990's indicated that between 37% (Roberts & Borders, 1992) and 20% (Sutton & Page, 1994) of school counselors received clinical supervision. Results from the most recent national survey (Page et al., 2001) indicated only 13% of school counselors received individual clinical supervision; another 11% received group supervision; and seven percent of school counselors provided supervision. Therefore, with each study, it appears that clinical supervision of school counselors is becoming sparser.

Recognizing both the decrease in or lack of availability of clinical supervision and the importance of supervision for school counselor development, alternatives to traditional clinical supervision have been proposed. One proposed solution is peer supervision, which takes place between or among professionals (e.g., Agnew et al., 2000; Benshoff & Paisley, 1996; Thomas, 2005; Wilkerson, 2006). The other solution is the use of available technology to secure clinical supervision (Benshoff & Paisley, 1996; Sutton & Page, 1994) from available and qualified personnel outside of the job setting.

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 (Wilkerson, 2006, p. 62).

Benefits include facilitating case conceptualization, providing support and encouragement as needed (Rutter, 2006), and developing multicultural competence (Butler, 2003; Gainor & Constantine, 2002). Peer supervision, however, may lack the teaching and evaluating component present in traditional clinical supervision (Benshoff & Paisley, 1996).

Technology-mediated supervision can be used flexibly as a supplement to (Conn, Roberts, & Powell, 2009; Olson, Russell, & White, 2001) or in place of traditional clinical supervision. Technology-mediated supervision may include synchronous (i.e., Skype, social networking, Second Life, instant messaging, Wikis, and podcast) and/or asynchronous (i.e., email, bulletin boards) formats. Benefits include improved opportunities for case reflection (Butler & Constantine, 2006; Gainor & Constantine,

2002), increased opportunities for feedback from both supervisor and peers (Conn et al., 2009), increased availability of supervisors, additional choice of supervisors, and more flexibility of time of supervision. Limitations of technology-mediated supervision are contingent on the type of technology medium utilized and the personal characteristics of supervisor and supervisee. These limitations may include, limited relationship cues (Butler & Constantine, 2006; Conn et al., 2009; Gainor & Constantine, 2002) dependent on technology medium utilized; limited sharing due to fear of technology (Wilczenski & Coomey, 2006); and mindful attention to ethics on professional competence, confidentiality, and informed consent (Wilczenski & Coomey, 2006). Although some believe that technology-mediated supervision may not be ideal for school counselor trainees (Chapman, 2008) due to limitations outlined above, others indicated (Conn et al., 2009) experiencing more satisfying supervision experiences than in traditional supervision.

Purpose of the Study

Considering the importance of clinical supervision for school counselors (Herlihy et al., 2002; Murphy & Kaffenberger, 2007), the dated sources available on school counselor supervision practices (i.e., Borders & Usher, 1992; Page, et al., 2001; Roberts & Borders, 1994; Sutton & Page, 1994), and the advances in technology (Chapman, 2008; Conn et al., 2009; Wilczenski & Coomey, 2006), this study was conducted to determine the current supervision practices of practicing school counselors. We explored supervision practices from both the perspectives of those providing and those receiving supervision. Specifically, we explored: 1) if practicing professional school counselors provided supervision; 2) how often they provided

supervision; 3) if practicing school counselors received supervision; 4) how often they received supervision; 5) who provided their supervision; 6) if practicing school counselors considered technology-mediated supervision; 7) what types of technology was considered for supervision; 8) if practicing school counselors used technology-mediated supervision; and 9) what types of technology was used for supervision. We also inquired on the barriers to securing clinical supervision. Finally, we inquired certain demographics (i.e., age and number of years of service) to determine if these variables influence supervision practices.

Method

Participants

The participants ($n = 1,557$) for this study is a sub sample from a larger study that surveyed school counselors on duties performed by them. This sample included 16.6% ($n = 258$) males and 83.4% ($n = 1, 299$) females. The ethnic composition included 83.4% ($n = 1,298$) Caucasian American, 6.2% ($n = 96$) African American, 6% ($n = 93$) Hispanic American, 1.1% ($n = 17$) Asian American, 0.7% ($n = 11$) Native American, and 2.7% ($n = 42$) who identified themselves by their country of origin. The mean age was 40.94 ($SD = 11.37$, range = 46). The mean number of years providing services as a school counselor was 7.08 ($SD = 7.31$, range = 40). Among the participants, 27% ($n = 421$) worked at the elementary school level, 22.7% ($n = 354$) worked at the middle school level, 34.9% ($n = 543$) worked at the high, and 15.4% ($n = 239$) worked at mixed school levels.

The School Counselor Survey

The School Counselor Survey was designed to gather information related to a

variety of areas relevant to practicing school counselors. These areas included, but not limited to, ideal to real duties, accountability, consultation, and supervision. In addition to the main content of the survey, we gathered relevant demographics to describe our sample. More information on ideal to real duties (Author and colleague, 2008) and accountability practice (Author and colleague, 2009) derived from this survey are available in the literature.

The survey was developed by the first author based on literature and anecdotal comments from interns. The survey was reviewed by the second author who worked as a school counselor. Once the survey was loaded to Zoomerang, prior to launch, both authors completed the survey for accuracy, for ambiguity, and to determine the time required to complete the survey.

There were ten questions pertinent to school counselor supervision on The School Counselor Survey. These questions sought to understand practicing school counselor supervision practices related to both providing and receiving supervision. Forced choices of "yes" and "no" were provided for the question on if they provided supervision (question 1), if they received supervision (question 3), if technology was considered (question 6), and if technology was used (question 8). Questions on frequency of supervision provided and received (questions 2 and 5) were provided with forced choice answers of weekly, bi-weekly, monthly, quarterly, semi-annually, annually, and "other". Question 4, on who provided supervision, included forced choice answers of school counselor, mental health/professional counselor, principal, superintendent, and "other". Possible technology-mediated avenues through email, instant messaging, chat, AV, and "other" were provided for questions 7 and 9. In addition to these choices,

we provided "none" as an option for question 7. We provided an open ended qualitative question to determine any difficulties encountered in securing supervision. In addition, demographic data were collected.

Procedure

Upon approval of first author's university Human Subjects' Review Board, school counselors belonging to the ASCA whose emails were accessible through the membership page ($N = 13,805$) were emailed an introductory letter with authors' information and intent. This letter explained eligibility criterion to participate as well as the method to remove self from potential further emails related to this research. Willing potential participants were directed to follow the Zoomerang online survey link provided in the email which opened to the first question (i.e., consent). If either the consent or eligibility (second) question were answered negatively, the survey was set to end with a thank you screen. A reminder was sent two weeks from initial invitation to those who did not remove themselves from the mailing list and had not begun the survey. The survey was closed two weeks after the reminder email as indicated in the initial invitation. The return rate for this sample is 11.3%.

Results

Results indicate that 41.1% ($n = 640$) of school counselor provide clinical supervision. The frequency of providing supervision include 17.1% ($n = 266$) weekly, 4.8% ($n = 75$) bi-weekly, 2.4% ($n = 38$) monthly, 1.7% ($n = 27$) quarterly, 1% ($n = 15$) semi-annually, 2.2% ($n = 34$) annually, and 11.9% ($n = 185$) on a different schedule than choices provided.

Eighty-nine percent ($n = 1385$) of school counselors received some type of supervision. Table 1 provides information on the frequency of services received from each group of providers. Some highlights include that most school counselors receive supervision from principals (62.8%, $n = 978$), followed by other school counselors (28.3%, $n = 440$), and other mental health professionals (27.6%, $n = 430$). Slightly above 10% ($n = 161$) of school counselors receive weekly supervision from other school counselors and a slightly higher percentage (11.4%, $n = 178$) receive weekly supervision from principals. A total of 31.7% ($n = 493$) engage in peer supervision; that is supervision provided by other mental health providers. At least 15.5% ($n = 242$) receive such supervision on a monthly or on a more frequent schedule. Such supervision was available from school psychologists, social workers, or mental health/professional counselors.

Only 5.1% ($n = 79$) of school counselors had considered technology-mediated supervision. The avenues of technology-mediated supervision included email (4.6%, $n = 72$), instant messaging (1.3%, $n = 21$), chat (0.8%, $n = 13$), and some form of audio-visual technology (0.8%, $n = 13$). Note that participants indicated more than one form that they considered. Similar number (5.1%, $n = 79$) of participants indicated engaging in technology-mediated supervision. Email (1.1%, $n = 17$) was the majority choice among these handful of participants. Other forms included chat (0.3%, $n = 4$), instant messaging (0.1%, $n = 2$), audio-visual technology (0.06%, $n = 1$), and other non-specified technology (0.06%, $n = 1$). Again, participants were allowed to indicate more than one form they used for supervision.

Table1*Frequency of supervision received by school counselors (n = 1557)*

	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	Irregular	Total
School Counselor	161 10.3%	49 3.2%	52 3.3%	39 2.5%	29 1.1%	26 1.7%	84 5.4%	440 28.3%
Mental Health/Professional Counselor	21 1.3%	9 0.6%	13 0.8%	7 0.5%	3 0.2%	1 .06%	9 0.6%	63 4.1%
Principal	178 11.4%	54 3.5%	108 6.9%	97 6.2%	134 8.6%	207 13.2%	200 12.8%	978 62.8%
Superintendent	25 1.6%	4 0.3%	16 1%	14 0.9%	22 1.4%	18 1.2%	22 1.4%	131 8.4%
Other	92 5.9%	38 2.4%	69 4.4%	42 2.7%	47 3%	51 3.3%	91 5.8%	430 27.6%
Total	477 30.6%	154 9.9%	258 16.6%	199 12.8%	235 15.1%	303 19.5%	406 26%	--

Note. Total does not add up to 100% because participants were allowed to select as many supervisors and supervision schedules as applied.

Two themes emerged from the qualitative responses in both authors independent analysis of the qualitative data (Patton, 2002). The first theme indicated that there were no barriers to securing clinical supervision (12.1%, $n = 189$). The other indicated two main difficulties in securing clinical supervision: the lack of availability of a qualified supervisor 22.1% ($n = 344$) and the lack of time to receive supervision 15.7% ($n = 244$).

Post Hoc Chi Square Analysis

Chi square test of independence was conducted to determine if a relationship existed between age of the school counselor as well as the number of years of service as a school counselor on providing and receiving clinical supervision. These demographic variables were chosen because we assumed that the older counselor with more experience may provide more clinical supervision and the younger counselors with less experience may receive more supervision.

Years of service as a school counselor was a factor in both providing [$\chi^2(59, n = 1,557) = 381.414, p < .000^*$] and receiving [$\chi^2(59, n = 1,557) = 271.490, p < .000^*$] supervision. Similarly, age of the school counselor was a factor in both providing [$\chi^2(45, n = 1,557) = 216.341, p < .001^*$] and receiving [$\chi^2(45, n = 1,557) = 207.195, p < .001^*$] supervision. While the years of service on providing supervision generated a medium effect size (Cramer's $V = .5$) years of service on receiving supervision generated a small (Cramer's $V = .4$) effect size. Age of the school counselor both on providing and receiving supervision yielded a small (Cramer's $V = .4$) effect size. These effect sizes are determined based on Cohen's (1992) rubric.

Discussion

Supervision practices of school counselors appear to have improved in the last decade. First, the number of school counselors providing supervision has improved. Our findings indicate that over one third (41.1%, $n = 640$) of the school counselors provide supervision at some frequency. These numbers decrease (17.1%, $n = 266$) when the frequency of supervision is considered, although still remain higher than that reported by Page et al. (2001). Perhaps the increase in providing supervision may be due to some graduate programs in counseling (e.g., the University of New Orleans and other universities following CACREP standards) including training in supervision at the master's level, increasing the availability of school counselors with supervision training (Herlihy et al., 2002; Studer & Oberman, 2006). Given that school counselors often find themselves in the position of supervisor without having previously received any formal training in supervision (Studer, 2005) and school counselors continue to want qualified clinical supervisors (Page et al., 2001; Roberts & Borders, 1992; Sutton & Page, 1994), it may be necessary to integrate supervision throughout school counselor graduate training (Miller & Dollarhide, 2006). This suggestion is based on the assumption that competence in supervision may increase the number of school counselors willing to provide clinical supervision.

Next, the number of school counselors receiving clinical supervision has improved. The number of school counselors receiving supervision from another school counselor at varying schedules of supervision is slightly above a quarter (28.3%, $n = 440$). This number decreases when considering weekly clinical supervision (10.3%, $n = 161$). However, in comparing our findings to that reported by Page et al. (2001), there is

an increase in the total number of school counselors receiving clinical supervision as well as in the number of school counselors receiving clinical supervision weekly, bi-weekly, and monthly. In comparing to state level survey results from the 1990's, the engagement in clinical supervision at varying schedules is slightly above in our sample than that reported by Sutton & Page (1994) and slightly below than that reported by Roberts & Borders (1992). In comparing to other fields of counseling, fewer school counselors appear to receive supervision than college counselors (Coll, 1995) and licensed chemical dependency counselors (Schmidt & Barrett, 2002). These comparisons indicate that although clinical supervision has improved in the last decade, yet fewer school counselors receive clinical supervision compared to counselors in other mental health fields. It may be necessary for school counseling professionals to determine how to make clinical supervision more accessible to and perhaps a requirement for school counselors if clinical supervision for school counselors is to continue to improve.

Third, the number of school counselors receiving administrative supervision (i.e., supervision from an administrator such as principal or superintendent) has increased. Approximately 71% ($n = 1109$) of school counselors receive supervision from either from a principal or superintendent. Some (13%, $n = 203$) school counselors receive such supervision weekly. This finding is higher than reported by Page et al. (2001). The finding that the principal is the most common administrative supervisor for school counselors (62.8%, $n = 978$) is consistent with previous findings (Kirchner & Setchfield, 2005; Perera-Diltz & Mason, 2008; Perusse et al., 2004). Knowledge that principals continue be the number one provider of supervision to school counselors is significant in

that literature indicates that administrators may lack an understanding on current school counselor training (Mason & Perera-Diltz, 2010) and the need for clinical supervision (Oberman, 2005). Counselor educators may be in the best position to advocate for changes in the administrative curriculum related to school counselor training, to facilitate more appropriate supervision of school counselors by principals and perhaps even more availability of clinical supervisors for school counselors.

In analyzing the data for use of alternatives to clinical supervision, findings indicate that about 31.7% ($n = 493$) engage in peer supervision by related mental health providers. Approximately 7% ($n = 113$) of school counselors engage in peer supervision on a weekly basis. It appears that peer supervision, which is a proposed alternative to clinical supervision, is utilized by a reasonable percentage of school counselors. Given the current budget issues in education and/or lack of qualified clinical supervisors for school counselor (e.g., Agnew et al., 2000; Benschhoff & Paisley, 1996; Thomas, 2005; Wilkerson, 2006) it appears that school counselors are finding peers to engage in supervision.

Conversely, the use of technology is minimal (5.7%), although it is proposed as a viable option to supplement or replace traditional clinical supervision (Dickens, 2010) with advantages and disadvantages (Watson, 2003) as well as ethical considerations (Wilczenski & Coomey, 2006) discussed in the literature. The limited use of technology-mediated supervision, although most schools have computers and Internet access (Holcomb-McCoy, 2005), may be due to a lack of knowledge on what program and how to use such for technology-mediated supervision. This assumption of lack of knowledge is based on results that indicate that even among those who engage in or considered

technology mediated clinical supervision (5.1%, $n = 79$), most use email (4.6%, $n = 72$) which has a time delay and lacks body language cues outside of emoticons. This finding was not surprising since email, which is one of the first forms of computer mediated technology (Web 1.0), is probably the most readily available and commonly used form of technology. In addition, email is available with no fee. However, the current Web 2.0 tools (i.e., bug in the eye, Second Life, Skype, Wimba, OnSync, Cisco Webex) which appear to be less preferred perhaps due to limited availability, time constraints, expense, and/or lack of knowledge, may provide a better medium for technology-mediated clinical supervision. Assuming that technology-mediated clinical supervision is an acceptable solution for lack of clinical supervision or to supplement clinical supervision, counselor educators, assuming that they have the competence, comfort, and desire, may be in the best position to facilitate technology-mediated supervision by exposing, demonstrating, and modeling clinical supervision through different mediums of technological. Unfortunately, we are unable to compare our findings due to lack of information in the literature on the frequency of use of technology-mediated supervision. We are hopeful that our initial findings will provide this reference point for future researchers and add to the discussion on technology-mediated clinical supervision for school counselors.

Our qualitative data yielded two opposing themes. Approximately 12% of school counselors found no barriers in securing clinical supervision. Although we want to applaud these school systems, some individual responses cast a doubt on the accuracy of this data. Some participants wrote "I am not a clinical counselor to receive clinical supervision," "school counselors don't require clinical supervision," "clinical supervision

is not applicable," and "clinical supervision not sought." The lack of understanding about the purpose and benefits of clinical supervision for school counselors (Dollarhide & Miller, 2006; Herlihy et al., 2002; Portman, 2002) indicated by these statements may have confounded our qualitative findings. It is possible that some of the school counselors in this study did not see a need to seek clinical supervision (Dollarhide & Miller, 2006) or lacked the understanding of the purpose of clinical supervision and assumed that if they needed it, there were barriers to obtaining such.

The second theme indicated a lack of time and a lack of access to qualified school counselors as the barrier to securing clinical supervision. We assume that the lack of time to receive clinical supervision indicated by our participants is due to the increase in the breadth and depth of services required from school counselors (ASCA, 2005). The lack of access to qualified clinical supervisors supports other research (Culbreth et al., 2005; Page et al., 2001) findings. The lack of access was mainly indicated as due to limited availability of qualified personnel ($n = 349$) and money ($n = 41$) to pay for supervision outside of the job setting. It is understandable that in a school setting in which there is one school counselor, there is a lack of availability of another school counselor who is qualified to provide supervision. In such cases, supervision can be sought from another school counselor outside of the work setting, but it appears there is a fee for such services. We have discussed the use of peer and/or technology-mediated supervisors to increase the opportunity to find qualified clinical supervisors. Further investigation into how to make clinical supervision available to school counselors free of charge or at an affordable price may shed light on how to alleviate the issue of lack of access to clinical supervision. Also, investigating how related mental

health professionals secure clinical supervision may provide avenues for school counselors to secure clinical supervision.

The post hoc analyses indicate that years of service has a moderate influence on a school counselor providing supervision but has a smaller influence on a school counselor receiving supervision. In other words, results indicate that more seasoned school counselors are more likely to provide supervision than the newer school counselors. This finding supports literature that indicate beginning counselors rely on experts at the beginning of their counseling experience and the more experience counselors gain the more confident they become in disseminating their knowledge, skills, and abilities (Skovholt & Ronnestad, 1992).

Post hoc analyses also indicate that the age of the school counselor has a small influence on receiving or providing supervision. That is, the younger school counselor is more likely to seek out and receive supervision than an older school counselor. Conversely, the older school counselor is more likely to provide supervision than a younger school counselor. In addition to the most obvious explanation that younger school counselors are likely to be inexperienced than the older school counselors, these relationships between years of service and age with providing and receiving supervision may be present because some states have implemented an induction year for school counselors with the changes in the school counseling credentials (e.g., Ohio). The induction year requires an experienced school counselor to supervise the recently graduated school counselor. It is necessary to further investigate the influence of the changing status of school counselor credentials on clinical supervision prior to drawing conclusions on such a relationship.

Limitations and Future Directions

Replicating our research is needed. First, there are some limitations that are inherent to the design of this research. The method of participant recruitment limited our participants to those who have email addresses and who are members of ASCA. We are unable to determine an accurate return rate due to inability to ascertain how many actually received the invitation. In addition, the return rate reported is small although our sample size is bigger than the 375 recommended by Krejcie and Morgan (1970) for a population of 15,000. Next, we did not provide a definition for clinical supervision. Therefore, our qualitative data may not be accurate. We would also like to note that the return rate may have been affected by school testing due to the survey being distributed during March. Third, we defined clinical supervision as supervision provided by school counselors and peer supervision as supervision provided by other mental health professionals. However, it is possible that some school counselors are engaging in peer supervision as opposed to providing clinical supervision. Therefore, our conclusions on the number of school counselors receiving clinical supervision and engaging in peer supervision may not be accurate. Future research on school counselor benefits from receiving quality clinical supervision may provide meaningful direction for future research on school counselor clinical supervision needs.

Conclusion

Clinical supervision practices of school counselors have improved in the last 10 years. However, clinical supervision is not as utilized as in other mental health fields. School counselors are engaging in administrative and peer supervision which may compensate somewhat for the lack of clinical supervision. The current use of

technology-mediated supervision, as a solution in the absence of or as a supplement to clinical supervision, is almost non-existent. In the face of the evolving nature of school counseling, a dialogue on the benefits of clinical supervision for school counselors and methods to make available more qualified clinical supervisor may be necessary.

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