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FIRST-TIME PRACTICUM STUDENTS' LIVED EXPERIENCES OF CASE PRESENTATIONS IN GROUP SUPERVISION: A PHENOMENOLOGICAL STUDY

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FIRST-TIME PRACTICUM STUDENTS' LIVED EXPERIENCES OF CASE PRESENTATIONS IN GROUP SUPERVISION: A PHENOMENOLOGICAL STUDY

A

DISSERTATION

Presented to the Faculty of the Graduate School of

St. Mary's University in Partial Fulfillment

of the Requirements

for the Degree of

DOCTOR OF PHILOSOPHY

in

Counseling

by

Jason B. Fischer

San Antonio, Texas

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Abstract

First-Time Practicum Students' Lived Experiences of Case Presentations in Group Supervision: A Phenomenological Study

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Although best practices of group supervision advise that supervisory methods match the developmental level of supervisees, research has shown that novices typically receive group supervision in the same manner as more experienced trainees. The prevalent use of case presentations in group supervision regardless of learners' level of clinical experience suggests contemporary practicum courses may be overlooking beginning students' unique, developmental characteristics and needs. Fifteen counseling students enrolled in CACREP-accredited master's degree programs across the United States were interviewed for a phenomenological study exploring their experiences of case presentations in practicum. Synchronous interviews conducted over video conferencing examined participants' emotional experiences throughout practicum, perceptions of the value of case presentations' structural components (i.e., write-ups, recordings, feedback processes), and recommendations for improvement. Findings showed that participants shared similar emotions throughout practicum and appreciated the value of informal discussions and check-ins. Perceptions of the value of formal case presentations varied dramatically. Three conclusions emerged from the study: (a) practicum group supervision would

be improved by maximizing the use of informal discussions; (b) formal case presentations may not be developmentally ideal for practicum due to problems relating to students' clinical inexperience, time management, and quality of feedback exchange; and (c) practicum group supervision may be improved by developing students' ability to provide and receive meaningful feedback. These conclusions have implications for counselor educators, supervisors, counseling programs, and practicum students. Modifications to practicum group supervision that are based on the findings of this study may improve students' experiences and the outcomes of counselor training.

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Chapter I

Rationale and Justification of the Study

Holloway and Johnston (1985), as well as Prieto (1996), described group supervision within counselor training as widely practiced but poorly understood. Little has changed in the many years since. Mastoras and Andrews (2011) reviewed studies exploring supervisees' experiences of group supervision and concluded that more research is needed to optimize this central component of counselor training. Best practices of clinical supervision direct supervisors to select pedagogical methods that are tailored to match the developmental level of trainees (Association of Counselor Education and Supervision [ACES], 2011; Borders, 2014).

Research has shown that beginning practicum students typically receive group supervision in the same manner as more experienced trainees (Howard et al., 2006; Prieto, 1998; Prieto & Altmaier, 1997). Most group supervision follows a case presentation model regardless of learners' level of clinical experience and competency (Riva & Cornish, 2008). However, case presentation as a pedagogical method of counselor training has received minimal research attention despite its widespread usage (Hadjistavropoulos et al., 2010). As such, optimal ways to implement case presentations within the context of group supervision have not yet been determined; nor has it been determined how methods of case presentation may best be tailored to match the developmental characteristics of clinically inexperienced beginning counselors.

In light of these gaps in knowledge, the current study focused on the instructional use of case presentations in group supervision with clinically inexperienced counseling trainees (i.e., first-time practicum students). The purpose of this study was to understand how practicum students experience the process of orally presenting cases within a group setting. Counselor

educators may benefit from this study by gaining empirical evidence upon which to anchor future practices of case presentation in practicum group supervision.

Current literature about supervision practice does not make a firm distinction between case presentation and case conceptualization. Several authors seem to use the two terms interchangeably (e.g., Edwards & Heshmati, 2003; Russell-Chapin et al., 2016). However, some models of case presentation methods emphasize session recordings and do not focus on case conceptualization (Borders, 1991; Wilbur et al., 1994), while others propose formats that include case conceptualization as one component among several in the case presentation (Cheston, 1992; Russell-Chapin et al., 2016).

While there is no clear consensus about definitions, case conceptualization generally refers to a way of organizing information about the client to focus treatment (Sperry & Sperry, 2012). Case presentations can focus on case conceptualization about the client and the treatment, or focus on other dimensions such as the counselor's theoretical orientation, therapeutic behaviors, internal reflections, or interpersonal style (Borders, 1991; Loganbill and Stoltenberg, 1983; Wilbur et al., 1994). Case presentations may be delivered orally or written; may utilize videotape, audiotape, or self-report; may follow a formal, prescribed format or be informal and less structured. For the purpose of the current study, case presentation in the most general sense is defined in keeping with Holloway and Johnston's (1985) definition of the case presentation approach to group supervision as "the use of a group format to discuss trainee cases and clinical issues" (p. 335).

Supervisors face a multitude of options when deciding how to incorporate case presentations into group supervision. For instance, supervisors must decide (a) whether case presentations will be formalized according to a pre-determined structure, conducted solely by

way of informal discussions, or some combination of both formal and informal approaches; (b) whether case presentations will be presented orally to the group, submitted in writing, or via a hybrid of both formats; (c) what information students are to include within presentations; (d) how much supervision class time to dedicate to the performance of case presentations; (e) how early in the term to ask students to present clinical cases; (f) how many case presentations to require each student to perform; (g) whether case presentations will be formally graded and, if so, by what criteria and measures; and (h) what percentage of students' final evaluation and assessment to attribute to their performance of case presentations.

Supervisors adopting a formalized (i.e., structured) approach face additional decisions relating to (a) whether and/or how to include session recordings, (b) whether and/or how to include case conceptualizations, and (c) organizing the feedback exchange process. If recordings are to be included, supervisors must determine whether the role of these is to provide the group information about the presented client, information about the presenting counselor's therapeutic behaviors, or both simultaneously (i.e., on what should the peer group be focused when reviewing recordings). Supervisors must decide between audio and video, what duration of recordings to use, and whether recordings should be contiguous or queued to specific moments deemed clinically relevant by the presenter.

If case conceptualizations are utilized, supervisors must predetermine (a) the extensiveness of their contents viz-a-viz the client's background information, the counselor's theoretical orientation, diagnostic formulation, and treatment planning (Sperry & Sperry, 2012); (b) how detailed an outline to provide presenters, if any (e.g., Cheston, 1992; Loganbill & Stoltenberg, 1983; Stevens & Morris, 1995); (c) whether conceptualizations should be written up and/or submitted to either the peer group, supervisor, or both; (d) when write-ups should be

submitted (e.g., at the time of the presentation, prior to the presentation); (e) whether conceptualizations will be graded; and (f) if graded, by what criteria and measures.

Supervisors must also decide how to structure the feedback exchange process in a way that is anticipated to be most helpful to the presenter and peer group. For example, peer members may be encouraged to ask questions and provide comments throughout the presentation (e.g., Edwards & Heshmati, 2003); may be directed to withhold feedback until after the presentation is concluded (e.g., Wilbur et al., 1994); may be assigned specific, individual roles/tasks in the feedback process (e.g., Borders, 1991); or may be instructed to refrain from providing feedback in favor of sharing internal thoughts and reactions (e.g., Berman & Berger, 2007). Given the paucity of research conducted into case presentations to date, counselor educators have remained insufficiently aided by empirical evidence upon which to base these many decisions.

An operational definition for formal case presentation has yet to appear in the literature of counselor education. Holloway and Johnston (1985) were the first to specifically identify the case presentation approach to group supervision, describing this in general terms as any use of a group supervision format to discuss trainee cases and clinical issues. Case presentation as a pedagogical activity in group supervision grew increasingly formalized, however, as multiple theorists (e.g., Biggs, 1988; Borders, 1991; Cheston, 1992; Loganbill & Stoltenberg, 1983; Wilbur et al., 1994) proposed models structuring the manner in which students present case-related material within a group setting. For instance, Loganbill and Stoltenberg (1983) introduced a case conceptualization format to be used by students as a framework for case presentations. This format was designed to help students complete a thorough conceptualization of the client by covering six basic content areas: Identifying Data, Presenting Problem, Relevant History, Interpersonal Style, Environmental Factors, and Personality Dynamics. Subsequent

authors (e.g., Biggs, 1988; Cheston, 1992; Stevens & Morris, 1995) furthered Loganbill and Stoltenberg's focusing of case presentations on the enhancement of trainees' case conceptualization skills, proposing alternative formats for doing so.

Biggs's (1988) model for case presentation comprised of three components: (a) a case conceptualization format (e.g., Loganbill & Stoltenberg, 1983), (b) consideration of the counseling relationship, and (c) the counselor's rationale/conceptual reasoning for treatment choices. Biggs specified that the goal of this approach was to enhance supervisees' conceptual reasoning. Biggs viewed the supervisor's role as that of facilitator rather than expert; the goal of the supervisor was not to help trainees better understand clients and cases, but to more thoroughly consider their own clinical judgments and function at higher levels of cognitive complexity. Biggs's model, presented without empirical support, was published alongside critical responses from Prichard (1988), Holloway (1988), and Ellis (1988).

Prichard (1988) cautioned that the expert-to-novice model may be more developmentally appropriate for beginning trainees due to the fact that novice students may lack sufficient cognitive skills to benefit from Biggs's approach. Holloway (1988) suggested Biggs's (1988) approach was poorly rooted in the literature of cognitive complexity, failed to elaborate on how the approach achieved its stated goals, and over-relied on self-report (versus direct observation or the use of recordings). Ellis (1988) criticized Biggs for overemphasizing case conceptualization skills over concurrent and more vital developmental tasks (e.g., building therapeutic behaviors). Ellis additionally noted that the model, if incorporated into group supervision, might excessively imitate individual supervision and fail to take advantage of group therapeutic factors (e.g., cohesion, altruism) that may, according to Ellis, more effectively promote counselor development.

Cheston (1992) proposed a case presentation model structured around a case conceptualization format organized into four major parts: characterological analysis, system analysis, goal analysis, and analysis of therapeutic intervention. Cheston claimed that the model was developmentally responsive in that beginners could be asked to complete only the first and last sections. Cheston's case presentation process included: (a) a written case conceptualization distributed to the group a week prior to the presentation, (b) 10-15 minutes of audio or videotape displaying the interactions between counselor and client, and (c) a period for questions and feedback from group members. Cheston's model was presented without support from empirical evidence.

Stevens and Morris (1995) proposed a case conceptualization format that was recommended for use by students presenting cases in practicum seminars and individual supervision. The format included 14 components: background data, presenting concerns, verbal content, verbal style, non verbal behavior, client's emotional experience, counselor's experience of the client, client-counselor interaction, test data and supporting materials, diagnosis, inferences and assumptions, goals of treatment, interventions, and evaluation of outcomes. Stevens and Morris suggested that the format be written and distributed prior to presentations to give group members time to prepare. Stevens and Morris however warned that the format could be cumbersome, time-consuming, and potentially overwhelming to practicum students. Supervisors were further encouraged to implement the format creatively and tailor its use to the needs of beginners in order to prevent feelings of discouragement, boredom, and threat. Because no empirical research accompanied the proposed model, the extent to which these unintended consequences (i.e., discouragement, boredom, threat) resulted from use of the format was not determined.

Alternative approaches have been proposed that neither include structured case conceptualizations nor emphasize the enhancement of conceptualization skills as a primary goal for case presentations (e.g., Borders, 1991; Wilbur et al., 1994). Such models rely mainly on session recordings to address presenters' therapeutic behaviors and internal experiences with the counseling process (i.e., supervisory emphasis is on the counselor rather than client). In fact, Bernard and Goodyear's (2014) classic supervision text outlines four primary models of group supervision: Structured Peer Group Supervision (Borders, 1991), Structured Group Supervision (Wilbur et al., 1994), Collective Group Reverie (Berman & Berger, 2007), and Edwards and Heshmati's (2003) model, none of which emphasize case conceptualization. Borders's (1991) Structured Peer Group Supervision model entails a six-step process in which (a) the supervisee articulates what he or she hopes to gain from the presentation, (b) peers choose or are assigned roles/tasks (e.g., observing nonverbal behavior; assuming the role of counselor, client, or person connected to the client; viewing the case from the viewpoint of a specific theory), (c) a session recording is viewed, (d) peers provide feedback from the position of their task/role, (e) the supervisor observes and moderates the process, and (f) the supervisor summarizes the feedback and discussion.

Wilbur et al.'s (1994) Structured Group Supervision describes a method of case presentation lasting approximately 1 hour that consists of four phases: (a) the supervisee requests specific assistance from the group and provides case information (including a recording); (b) group members ask questions to obtain new information and clarify understandings; (c) peers provide feedback to the supervisee, who remains silent; and (d) after a 10- to 15-minute break during which the supervisee reflects on the feedback received, the supervisee provides feedback to the peer group regarding which statements were most/least helpful and why. After each

presentation, the supervisor may elect to submit written feedback to the presenter. Collective Group Reverie (Berman & Berger, 2007) endorses a process by which group members, instead of providing feedback to one another, turn their attention inward, listen to themselves, then share their personal reactions with the group to evoke a collective exchange of shared experiences. Edwards and Heshmati's (2003) model includes steps of: Checking in (10 minutes), Case Presentation (15 minutes), Questions from the Audience (30 minutes), Video Review (30 minutes), Commentator Reflections (10 minutes), Audience Reflections (25 minutes), and Post-Supervision Supervisor Reflections provided to the supervisee in writing. Of these four models, only Edwards and Heshmati's incorporates a specified case conceptualization component, which is described as a brief, written description of the client provided to the peer group at the time of the presentation. Noteworthy is Edward and Heshmati's use of the term *case presentation* as a synonym for *case conceptualization*. Such ambiguity, which exists elsewhere (e.g., Russell-Chapin, Sherman, & Ivey, 2016), points to an ongoing lack of consensus among counselor educators about what is meant by the term *case presentation.* This ambiguity underscores a need for case presentations to be better clarified, understood, and defined.

Recently published practicum and internship manuals/handbooks used to guide counseling students through their fieldwork experience (e.g., Baird & Mollen, 2019; Faiver et al., 2004; Hodges, 2016; Russell-Chapin et al., 2016; Scott et al., 2015) further illustrate the lack of consensus surrounding case presentations. Baird and Mollen (2019) and Scott et al. (2016) exclusively reference Borders's (1991) and Wilbur et al.'s (1994) approaches as methods by which students typically present their work in group supervision. Both of these approaches exclude usage of structured case conceptualizations.

Scott et al. (2016) provide a sample practicum syllabus in which students conduct a *Clinical case presentation* that includes the viewing of a video- or audiotaped session segment as well as an eight- to 10-page case conceptualization paper (i.e., a pedagogical method included in neither Borders's nor Wilbur et al.'s approaches). A sample practicum syllabus provided by Hodges (2016) includes *Student video presentation* as a weekly assignment in group supervision, with no reference to case conceptualizations. Meanwhile, Russell-Chapin et al. (2016) recommend an approach that includes both the presentation of self-assessed recordings using the Counselor Interview Rating Form (CIRF; Russell-Chapin & Sherman, 2000) as well as an extensive, formalized case conceptualization paper. While it is clear that case presentations are widely used in group supervision, it is equally clear that counselor educators lack agreement as to the most effective way to implement case presentations within the context of practicum group supervision. Given the scant research that has been conducted into case presentations to date, it remains unknown which approaches to case presentation, or aspects thereof, may be most effective as a method of counselor training.

Few articles have been published specifically addressing case presentations. An extensive search of counselor education and supervision literature located nine articles containing the term *case presentation* in their title (e.g., Biggs, 1988; Cheston, 1992; Ellis, 1988; Glickauf-Hughes & Campbell, 1991; Hadjistavropoulos et al., 2010; Maione, 2011; McAuliffe, 1992; Petti, 2008; Prichard, 1988). Additional articles excluding the term *case presentation* in the title may nonetheless be considered seminal to the evolution and advancement of case presentations in counselor training (i.e., Borders, 1991; Edwards & Heshmati, 2003; Holloway, 1988; Loganbill & Stoltenberg, 1983; Stevens & Morris, 1995; Wilbur et al., 1994). These two collections of articles constitute the current state of literature on the topic of case presentations. Reviewing the

articles not previously discussed (i.e., Glickauf-Hughes & Campbell, 1991; Hadjistavropoulos et al., 2010; Maione, 2011; McAuliffe, 1992; Petti, 2008) reveals that the instructional use of case presentations within counselor training had yet to be empirically researched prior to the current study.

Glickauf-Hughes and Campbell (1991) considered how various pitfalls of group supervision (e.g., competitiveness among supervisees, feelings of shame, increased defensiveness, nonfacilitative group norms, differential ability levels of supervisees) interfere with the performance of case presentations. The use of five experiential techniques (i.e., parallel process, Socratic dialogue, use-of-self, role-play, and supervisor as therapist) was recommended to mitigate problems that potentially arise as a result of group supervision. Though Glickauf-Hughes and Campbell called important attention to influential factors relevant to the use of case presentations within group supervision, little was added to the conversation about the definition, structure, purpose, or execution of case presentations as a distinct training method within counselor training. Other than recognizing case presentation as a highly popular supervisory method at the time and briefly referencing Biggs's (1988) format, no attention was given to articulating what case presentations specifically entailed, nor was empirical research conducted.

McAuliffe (1992) described a process by which small group supervision involving case presentations had improved services at a campus counseling clinic. Developed over the course of 10 years in response to a variety of observed problems (e.g., mishandled cases, counselor-reported feelings of isolation, the questionable reputation of the program's services within the local community), weekly small group meetings were instituted and attended by three types of participants: counselors (on average five in number), a clinical consultant (supervisor), and an administrator (usually the Director of Counseling). Case presentations followed a traditional

SOAP (i.e., Subjective, Objective, Assessment, Plan) notes format, with each counselor presenting roughly six cases per semester. Because most of the participating counselors were non-student clinicians, implications of the model for the purposes of counselor training were not explored. Evidence supporting the model's efficacy was anecdotal (i.e., observed improvements in clinical outcomes).

Petti (2008) described the use of the Clinical Proficiency Progress Review (CPPR) at the California School of Professional Psychology-San Francisco Campus of Alliant International University (CSPP-SF). The CPPR, designed to evaluate the clinical competencies of third-year practicum students, required students to present a case, orally and in writing, to a two-person committee comprised of faculty members. While Petti's article elucidated the potential of formalized case presentations to provide a framework for the assessment of trainees' clinical competencies at the completion of training, it did not attend to pedagogical applications of case presentations, nor consider issues related to the evaluative use of case presentations for students at earlier stages of training.

Hadjistavropoulos et al. (2010), like Petti (2008), solely considered the evaluative function of case presentations. In a survey of 20 (of 28) Canadian professional psychology programs, Hadjistavropoulos et al. investigated how commonly, and in what manner, case presentations were being utilized to evaluate the core competencies of counseling trainees. They found that 70% of programs reported that students completed at least one oral case presentation throughout the course of training, while 55% cited case presentations as a required element of the counseling program. In programs that reported use of case presentations, less than half stated that students were provided formal guidelines for the performance of these, while less than a quarter used formal guidelines for the evaluation of student presentations. Most presentations were

evaluated by individual instructors or supervisors, while 15% were assessed by a committee as a component of comprehensive exams. While Hadjistavropoulos et al. recommended use of a single, summative case presentation to occur toward the end of students' studies (after all courses have been completed), it was suggested that oral case presentations may be educationally valuable experiences throughout the clinical training process, primarily by identifying areas of deficiency to inform future development.

Hadjistavropoulos et al. (2010) noted several flaws in how the oral case presentation was being incorporated into clinical training. They suggested that (a) students were not being provided adequate guidelines to aid the presentation of cases, (b) that a standardized method for evaluating core competencies remained lacking, and (c) there remained a need to establish interrater reliability in the evaluation of competencies using case presentations. They also questioned how ratings may compare across individuals of differing theoretical orientations, how evaluations of competencies via case presentations correlate to alternative methods of evaluation, and whether high ratings on case presentations would be predictive of later professional performance. Additionally, the authors recognized that students' difficulties in presentation and expressive skills (e.g., memory recall, public speaking anxiety) may not be indicative of deficits in core competencies. Although multiple suggestions were provided for the implementation of case presentations, none were supported by empirical research.

Maione's (2011) informal essay "Help me help you: Suggested guidelines for case presentation" presented six guidelines to help supervisors train supervisees to ask better questions (of supervisors) throughout dyadic supervision. Maione spoke from personal supervisory experience, admitting his frustration with supervisees who present a terse summary of their case and then ask, “What should I do?”. Maione suggested that supervisees often feel

intimidated by supervision and pressured to perform well for supervisors. He urged supervisors to adopt an informal, simplified approach to case presentation to help ease supervisees' angst. Maione's guidelines included: (a) keep content brief, (b) structure of therapy (pertinent to family counseling), (c) customership (i.e., identified client and goals), (d) supervisee's therapeutic approach, (e) progress (i.e., what's working), and (f) specific feedback requests. Although Maione reported that his conversational approach to the informal presentation of case material was positively supported by affirmative statements from supervisees, no empirical research was conducted. Because Maione's approach solely addressed dyadic supervision, no consideration was provided for its application to a group format.

Even though group supervision is thought to offer benefits in terms of efficiency, vicarious learning, and access to multiple perspectives and topics, the format presents unique disadvantages as well (Bernard & Goodyear, 2014); group members bring diverse personalities, communication styles, cultural backgrounds, and differential counseling abilities to the collective that often result in competitiveness, defensiveness, hostility, resentment, and interpersonal conflict (Enyedy et al., 2003; Glickauf-Hughes & Campbell, 1991). Preexisting relationships between peers, supervisee incompatibility, and nonfacilitative peer interactions can undermine participants' sense of safety and compel individuals to disengage from the supervisory process (Bogo et al., 2004; Hein et al., 2011).

In a grounded theory of group supervision, Fleming et al. (2010) found that supervisees' experience of trust and safety was the central determinant of supervision outcomes. Because the oral delivery of case presentations within a group setting, regardless of approach, exposes supervisees to public evaluation from their peers and supervisor, Fleming et al.'s finding supports a need for counselor educators to better understand how disparate methods, approaches, or

components of case presentations may be preferable to others in terms of supervisees' experience of safety and/or threat. This appears to be especially relevant in the case of first-time practicum students who have little or no previous experience with either performing counseling or receiving supervision in a group setting.

Practicum students typically demonstrate stage-appropriate characteristics reflective of their inexperience and unfamiliarity with the practices of both counseling and supervision (Greenberg, 1980). Rønnestad and Skovholt (2013) described the process of commencing practicum as a highly threatening experience for counseling students, characterized by pervasive performance and evaluation anxieties. Research has confirmed that students enter practicum with unresolved doubts about counseling as a career choice and feel intimidated by the prospect of starting to see clients (Kurtyilmaz, 2015; Woodside et al., 2007). Feeling inadequately prepared to counsel, students fear that they might hurt clients; not be effectual as counselors; and receive negative judgments from clients, peers, and supervisors (Flasch et al., 2016).

Practicum students often express feelings of vulnerability and overwhelm, commonly experiencing an intense self-preoccupation that impedes their ability to engage with clients (Pierce, 2016; Stoltenberg, 2005). They typically wrestle with self-defeating thought patterns (Fitch & Marshall, 2002), abundant worries (Jordan & Kelly, 2004), intense self-doubt and insecurities (Daniels & Larson, 2001; Woodside et al., 2007), and self-imposed pressures to always perform well (Hill et al., 2007). Furthermore, practicum students are known to struggle with rudimentary aspects of therapeutic relationships, such as dealing with clients' difficult emotions and their own reactions, being comfortable with silence, reflecting feelings, using open-ended questions, and managing the logistics of counseling sessions (Hill et al., 2007). In consideration of best practices for clinical supervision to be developmentally appropriate for

learners, the current study investigated case presentations specifically from the vantage point of first-time practicum students.

Blocher (1983) commented that supervision of counseling is not an instructional problem that should be taken lightly or casually; rather, it is a pedagogical issue that should be examined carefully in research. Although most group supervision follows a case presentation model (Riva & Cornish, 2008), it has been noted that group supervision lacks a consistent format (Smith et al., 2012). According to best practices for clinical supervision, practicum instructors should be well-informed and intentional when selecting supervisory techniques that will best promote counselor development for learners of limited clinical experience (ACES, 2011; Borders, 2014). The ability of counselor educators to select appropriate supervisory techniques depends on the anchoring of training practices on empirical evidence (Boswell & Castonguay, 2007). Group supervision is a particularly complex environment subject to complicated interpersonal processes and dynamics that can impede learning in manifold ways (Enyedy et al., 2003; Fleming et al., 2010). In practicum, these complexities are compounded by a group membership comprised of inexperienced trainees who are adapting to new and unfamiliar roles as both counselor and supervisee (Pierce, 2016). This transitional process is typically accompanied by a wide array of stage-appropriate mental and emotional characteristics (e.g., anxieties, fears, worries, self-doubts, disclosure inhibitions).

Given the dearth of research that has been conducted into case presentations to date, as well as the diverse manners in which case presentations are conceptualized and utilized within group supervision, the current study was designed to broadly examine how practicum students experience the process of orally presenting case-related material to an audience of their peers and supervisor(s). The aim of this study was to provide counselor educators insight into which

aspects of case presentations (e.g., use of recordings, utilization/complexity of case conceptualizations, feedback exchange processes) are most appropriate for learners during the earliest stage of clinical training.

Statement of the Problem

Best practices of group supervision dictate that supervisory methods be tailored to match the developmental level of supervisees (ACES, 2011; Borders, 2014). Research has nevertheless shown that (a) beginning trainees typically receive group supervision in the same manner as advanced trainees (Howard et al., 2006), and (b) most group supervision follows a case presentation model (Riva & Cornish, 2008). The prevalent use of case presentations in group supervision regardless of learners' level of clinical experience suggests that current practices of case presentation within practicum courses may not be addressing beginning students' unique, developmental characteristics and needs.

Trainees enter practicum with a stage-appropriate spectrum of mental and emotional characteristics that distinguish them from more experienced trainees and increase their sense of vulnerability within supervision (Flasch et al., 2016; Kurtyilmaz, 2015; Pierce, 2016). The setting of group supervision is particularly complicated by complex interpersonal dynamics that may cause interpersonal conflict, diminish supervisees' sense of safety, and impede trainee development (Bogo et al., 2004; Enyedy et al., 2003; Fleming et al., 2010). Individuals who feel excessively threatened within group supervision typically disengage and withdraw from supervisory participation (Fleming et al., 2010). Case presentations regardless of format subject trainees to the stressors of public exposure and evaluative judgments (Enyedy et al., 2003). This may be particularly problematic at the practicum level where it is expected for supervisees to

struggle with performance and evaluation anxieties resulting from clinical inexperience (Woodside et al., 2007).

No consensus exists regarding how case presentations may best be utilized as a method of counselor training (Smith et al., 2012). Varying approaches to case presentation have been proposed by counselor educators without support from empirical research. These models differ dramatically in terms of supervisory foci (e.g., developing case conceptualization skills, improving therapeutic behaviors, processing internal reactions), presentational components (e.g., session recordings, written case conceptualizations), instructional aids (e.g., case conceptualization outlines, session rating forms, peer feedback forms), feedback exchange processes (e.g., unstructured, structured), and other facets. The few articles that have been published addressing case presentations from an instructional standpoint lack empirical research (Biggs, 1988; Borders, 1991; Cheston, 1992; Edwards & Heshmati, 2003; Glickauf-Hughes & Campbell, 1991; Loganbill & Stoltenberg, 1983; McAuliffe, 1992; Stevens & Morris, 1995; Wilbur et al., 1994).

Whether case presentations in practicum group supervision have any unintended, negative consequences on supervisees remains unknown. It also remains unknown whether certain approaches or aspects to case presentations are preferable to others in terms of (a) advancing counselor development, and (b) mitigating or avoiding any potentially adverse effects of the case presentation process on supervisees. Given the paucity of research into how beginning trainees experience case presentations, counselor educators have had limited empirical evidence upon which to make informed decisions regarding developmentally appropriate methods of implementing case presentations with first-time practicum students.

Research Questions

How do first-time practicum students experience the process of participating in case presentations within the setting of group supervision? What facets of case presentations do practicum students perceive as most and least helpful to their development as counselors? What are practicum students' recommendations for improving case presentations in practicum group supervision? What does this information reveal about potential best practices for the use of case presentations within practicum group supervision?

Justification for the Study

More research into training practices supported by empirical evidence for novice counselors is needed (Boswell & Castonguay, 2007; Fauth et al., 2007; Sung & Skovholt, 2019). The training of beginning clinicians has been specifically encouraged out of the expectation that early experiences set a trajectory for future learning (Hill et al., 2007). The purpose of the current phenomenological study was to understand how first-time practicum students (i.e., those with little to no prior history as counselors or supervisees) experienced the pedagogical technique of case presentations within the context of group supervision. By gaining a deeper understanding of novice supervisees' experiences of the multifaceted aspects of case presentations, supervisors may identify improvements in the manner in which case presentations are incorporated into practicum group supervision. Findings were expected to reveal the predominant advantages and disadvantages of common approaches to case presentations and provide a basis upon which recommendations for the best practice of case presentations in practicum group supervision may begin to be articulated.

The perceived need for this study was twofold. First, it was deemed necessary to learn from practicum students themselves whether case presentations (i.e., the most popular method of

group supervision) commonly resulted in unintended, adverse consequences that may potentially interfere with counselor training. Second, better understanding supervisees' experience of case presentations was viewed as essential to begin identifying best practices for the incorporation of case presentations into practicum group supervision by shedding light on the technique's advantages and disadvantages as perceived by the recipients of this training.

Counselor educators and supervisors may benefit from the findings of this study by obtaining empirical evidence upon which to make informed choices regarding the group supervision of first-time practicum students. Sound research relating to the popular pedagogical technique of case presentations enhances counselor educators' ability to optimize supervision practices and consequently improve the quality of training received by counseling students. The optimization of counselor training methods may result in improvements to the provision of counseling services to the general public and thereby safeguard the counseling profession's reputation as an effective therapeutic modality.

Limitations

Limitations are factors within a study that the researchers cannot control or manipulate, possibly leading to methodological or conceptual weaknesses (Simon & Goes, 2013). This study was found to include three primary limitations. First, participants who volunteered for the study may not be fully representative of all counseling students. Some of the same personality traits that motivate individuals to volunteer for interview-based research (e.g., self-confidence, comfortability talking to a stranger, a desire to help others) might simultaneously influence experiences of practicum training methods. It is possible that counseling students who feel overly shy, timid, or disinterested in being interviewed for research experience case presentations differently than the participants in this study. Second, although all participants were current

counseling students who reported strong recollection of practicum, not all interviews occurred immediately upon participants' completion of practicum. Participants' experiences of group supervision within one or more internship courses since completing practicum may have influenced participants' memory and perceptions of practicum. Third, participants' experiences of case presentations in practicum group supervision was found to relate to a complexity of variables too numerous to be fully examined within the scope of the current study. Broad variations in supervisor personality and style, group culture, class size, course duration, class meeting length, learner characteristics, fieldwork experiences, quality of site supervision, as well as structural inconsistencies between the design and pedagogical implementation of case presentations between settings, precluded the definitive identification of systematic best practices for the use of case presentations in practicum group supervision.

Definition of Key Terms

Case presentation refers to "the use of a group format to discuss trainee cases and clinical issues" (Holloway & Johnston, 1985, p. 335).

Informal case presentation refers to case presentations unstructured by formalized processes and/or components (e.g., case consultation, conferencing).

Formal case presentation refers to the oral delivery of clinical case material that follows a formalized, prescribed structure for the purpose of consultation, supervised training, and/or the direct evaluation of the presenter.

Case conceptualization refers to "a method and clinical strategy for obtaining and organizing information about a client, understanding and explaining the client's situation and maladaptive patterns, guiding and focusing treatment, anticipating challenges and roadblocks, and preparing for successful termination" (Sperry & Sperry, 2012, p. 4).

Practicum refers exclusively to its meaning and use in programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP-accredited programs). The term is distinguishable from *internship* in that it exclusively connotes the initial, supervised fieldwork experience counseling students undertake in clinical training. It should be noted, however, that throughout the literature of counselor education (i.e., Chapter 2 of this document), the term *practicum* is often used more generally in reference to any academic course coordinated with fieldwork experience.

Group supervision refers to "the supervision of counselors in training in a group format" (Holloway & Johnston, 1985, p. 333).

Novice refers exclusively to first-time practicum students (i.e., those assumed to have either no or highly limited prior experience in both the performance of counseling with real clients and participation in clinical supervision).

Lived experience refers to a pre-reflective state manifest in the experiencer's perception, memory, judgment, thinking, and feeling regarding a lived phenomenon (Moustakas, 1994).

Chapter 2

Literature Review

Case presentations have been a popular method of group supervision within counselor education for at least half a century (Bradley & Fiorini, 1999; Pitts, 1992; Prieto, 1998; Prieto & Altmaier, 1997; Riva & Cornish, 1995). Pitts (1992) provided recommendations for the organization of practicum and internship courses, describing group supervision as a forum where students discuss cases, confront issues they may not wish to address with their site supervisor, and help each other with insights and emotional support. Pitts did not discuss case presentations specifically but noted that formats for group supervision vary from group to group.

Riva and Cornish (1995) investigated practices of group supervision at internship sites and found that nearly every site utilized case presentations, although leaving the term undefined. Investigating practicum practices via a survey of supervisors and supervisees from the Council of Counseling Psychology Training Programs (CCPTP), Prieto and Altmaier (1997) found that (a) supervisors reported that the greatest percentage of time in practicum class was devoted to case presentations, (b) most supervisors and supervisees preferred individual to group supervision, and (c) group supervision did not dramatically vary across beginning and advanced levels of practicum. Wrote Prieto and Altmaier (1997):

> As noted, the case presentation technique appears to be a mainstay of training and would seem to be a prime target for future research... No body of evidence currently exists to convincingly substantiate the appropriateness or effectiveness of any particular approach to case presentation activities. Empirical investigations are sorely needed in this area. (p. 100)

Prieto's (1998) investigation of CACREP programs similarly found that (a) most practicum class time was identified as being spent on case presentations, (b) supervisors unequivocally identified individual supervision as more helpful to trainees than group supervision, and (c) no significant differences in training approaches were found between beginning and advanced students. Prieto (1998) noted:

> The case presentation technique seems to be the primary method used to train supervisees in practicum class... Future empirical investigations might focus in particular on this activity and attempt to determine the most effective ways in which the case presentation technique can be used in group supervision. (p. 119)

Bradley and Fiorini's (1999) examination of CACREP-accredited practicum courses (n = 100) found that 83% of practicum supervisors relied on case presentations in order to monitor students' progress. Riva and Cornish (1995, 2008) conducted surveys investigating the practice of group supervision with counseling graduate students, finding in both studies that group supervision predominantly followed a case presentation model with more than half of supervision time being dedicated to the performance of case presentations (undefined in either study). Comparing the two studies, Riva and Cornish (2008) noted that group supervision showed less emphasis on recordings and issues of group process than was found in the previous study. Smith et al. (2012) noted that group supervision lacks a consistent format. In a survey of supervisees (n = 145) and supervisors (n = 124) on their beliefs and behaviors about the ethical practice of group supervision, Smith et al. found:

> At some facilities, group supervisors create highly structured and heavily didactic environments, focusing primarily on case presentations, and pay little attention to group dynamics... At the other end of the continuum, group supervision is less structured and

more process focused, with members encouraged to self-disclose regarding their professional anxieties and countertransference reactions to clients, and to share feedback with one another regarding the dynamics of the supervision group interactions. (p. 238)

The ethical considerations of group supervision were found to include issues surrounding self-disclosure, client confidentiality, and the complexity of multiple relationships inherent in group supervision (i.e., supervisees-supervisor, supervisees-clients, supervisees-supervisees). Findings showed that most supervisees (92%) and supervisors (93%) believed group supervision should address students' feelings and behaviors, thus raising questions as to what role case presentations should ideally play in group supervision.

CACREP (2016) requires counseling students to complete fieldwork experience in the form of one practicum course followed by two internship courses. Each of these courses requires students to receive 1.5 hours of weekly group supervision provided by a faculty member or student supervisor under the supervision of a faculty member. Despite the high value placed on it, group supervision has not received sufficient research attention to establish optimal methods of training counselors in a group setting (Mastoras & Andrews, 2011).

Although most group supervision follows some variation of a case presentation model (Riva & Cornish, 2008), what this means exactly remains unclear. The closest approximation to a definition of case presentation in the literature of counselor education and supervision continues to be Holloway and Johnston's (1985) broad description of the case presentation approach to group supervision as any use of a group format to discuss trainees' cases and clinical issues. Such a general definition, however, fails to capture the diversity of formalized (i.e., structured) processes that have since been developed for trainees' performance of case presentations within the context of group supervision. Although most supervision groups utilize

case presentations, group supervision lacks a consistent format (Smith et al., 2012). Furthermore, research into case presentations as a pedagogical method of group supervision remains minimal despite its widespread usage (Hadjistavropoulos et al., 2010). Given the paucity of research that has been conducted into case presentations to date, the current literature review considers (a) existing studies into group supervision generally, (b) studies of specific approaches to group supervision and aspects relating to case presentations, and (c) studies relating to the participants in this research study (i.e., practicum students).

Group Supervision

Benefits of Group Supervision

Group supervision is believed to offer multiple benefits to both supervisors and trainees. It is thought to provide supervisors efficiency of both time and cost, increased feedback opportunities for input, and increased exposure to evaluative criteria by which to assess student progress (Bernard & Goodyear, 2014; Hein & Lawson, 2008). Supervisees benefit in terms of: vicarious learning; normalization of negative experiences; access to multiple perspectives, sources of feedback, and support; exposure to a greater diversity of cases and topics; and opportunities to rehearse techniques in a protected setting (Bernard & Goodyear, 2014; Blocher, 1983; Borders, 1991; Borders et al., 2012; Carter et al., 2009; Fraleigh & Buchheimer, 1969; Gillam & Crutchfield, 2001; Lawson et al., 2009).

Carter et al. (2009) investigated supervisees' perceptions of helpful events in group supervision from a national sample of counseling psychology graduate students (n = 49) who had received group supervision in the past year. Sixty-six helpful events were concept-mapped into five main clusters: (a) Supervisor Impact (e.g., personality, supervisory style, personalized feedback), (b) Specific Instruction (e.g., didactic teaching, one-way mirror, role-plays), (c) Self-

understanding (e.g., processing reactions to clients), (d) Support and Safety (e.g., group camaraderie, normalization), and (e) Peer Impact (e.g., multiplicity of viewpoints, collaborative problem-solving). The highest number of items (23) related to Peer Impact. Carter et al. concluded that both supervisors and supervisees contribute to the helpful impact of group supervision. The authors proposed that the helpfulness of group supervision relies upon supervisors' personal characteristics and teaching skills, along with the peer group's contribution of a safe environment. In such an environment, group members are able to share personal reactions, normalize one another's experiences, and learn from each other (Carter et al., 2009). Because individual supervision lacks the involvement of a peer group, the positive contributions of peers were considered an advantage of the group supervision format.

Attitudes Toward Group Supervision

Research has shown that most supervisors and supervisees have historically viewed group supervision as less helpful than individual supervision (Prieto, 1998; Prieto & Altmaier, 1997). Ray and Altekruse (2000) compared the effectiveness of different supervision types (i.e., small group, large group, combined group, and individual supervision) and found that, while all types appeared equally effective at promoting counselor development, master's-level practicum students (n = 64) overwhelmingly preferred any type of individual supervision to group supervision.

Borders et al. (2012) similarly found that group supervision was the least preferred supervision format among master's-level practicum students (n = 31) and supervisors (n = 11) compared to both individual and triadic supervision. Although group supervision was valued as offering a diversity of perspectives, theoretical orientations, counselor styles, and educational opportunities, feedback in group supervision was described as less personal, overly

complimentary, superficial, and more client-focused than in individual or triadic formats. Supervisors agreed that feedback in group supervision was not as open and productive due to the lack of constructive feedback (Borders et al., 2012).

Additionally, supervisors felt that managing peer feedback exchange in group supervision was challenging due to (a) unwillingness of supervisees to provide feedback at times, and (b) domination of discussions by some members causing peers to shut down. When asked what changes they would make to group supervision, supervisors reported a preference for fewer group sessions (to be replaced with triadic sessions); supervisees reported a desire to have more educational opportunities in a group setting, which included better covering of skills (e.g., dealing with direct questions from clients, conducting termination sessions) and topics (e.g., self-injury, grief and loss) (Borders et al., 2012).

Drawbacks of Group Supervision

Bernard and Goodyear (2014) identified four limitations to group supervision: (a) The group format may not permit individuals to get what they need, (b) Confidentiality concerns, (c) The group format is not isomorphic to individual counseling, and (d) Certain group phenomena can impede learning. Bernard and Goodyear further explained that group supervision may result in harm to supervisees as a result of between-member competition, insensitivity to individual and cultural differences, and experiences of anxiety that result in a shying away from participation.

Enyedy et al. (2003) identified 61 phenomena of group supervision that master's-level graduate students perceived as interfering with learning. Phenomena were divided into five clusters: (a) Between-member problems, (b) Problems with supervisors, (c) Supervisee anxiety and other perceived negative effects, (d) Logistical constraints, and (e) Poor group time management. Between-member problems were subdivided into *negative supervisee behaviors*

(e.g., competition, conflicts between supervisees, unhelpful feedback, reluctance to participate, disinterest) and *personal reactions to negative behaviors* (e.g., defensiveness, hostility, criticizing, complaining). Particularly relevant to the consideration of case presentations in practicum group supervision are the hindering aspects identified as relating to the cluster of *supervisee anxiety and other perceived negative effects*, described as including:

- Anxiety was high when peers were hearing your tape
- Being the only [male, African American, Latina, etc.]
- Fear of negative evaluation from my supervisor
- Feeling alienated at times
- Feeling unsafe
- I didn't feel emotionally supported at times
- I felt pressured to self-disclose
- I found myself even more sensitive to constructive criticism in a group setting
- Sometimes it was difficult to process feedback because of anxiety. (p. 314)

Participants expressed how anxiety, fear of evaluation, experience of alienation, and feelings of vulnerability were activated within the setting of group supervision. Enyedy et al. noted that these negative emotional responses are usually related to or consequences of other factors. Such factors include the group's context and behaviors by other group members and/or the supervisor (Enyedy et al., 2003).

In an examination of social work students' (n = 18) experiences of group supervision, Bogo et al.(2004) explored participants' experiences with each other and their supervisors wherein feelings of frustration, anger, and vulnerability were felt. Themes of the search for safety and trust within group supervision were typical. Positive and negative preexisting

relationships between supervisees were found to adversely impact group dynamics. Variance in group members' interpersonal communication skills and styles were also found to create friction (Bogo et al., 2004). In these cases, some members reported having a diminished ability to trust and to learn (Bogo et al., 2004). Students admitted unwillingness to express difficulties within the group out of concern for being negatively judged. Peer feedback exchange was frequently seen to undermine feelings of safety, causing many members to shut down and withdraw. Those who did not withdraw were often resented for monopolizing supervision time. The threat of being evaluated by the supervisor further undermined learning, leading to competitiveness in winning the favor of the group supervisor. Bogo et al. reported that members overall felt vulnerable, and thus perceived a need to protect themselves from other students. Bogo et al. also found that members were often guarded about disclosing details about their practice. That is, respondents did not feel that group supervision was a supportive environment; thus, respondents were unable to effectively deal with conflict and competition (Bogo et al., 2004). Participants reported that their negative experiences were rarely discussed within the group, and therefore rarely addressed or resolved.

The importance of trust and safety on the outcomes of group supervision was highlighted by the work of Fleming et al. (2010). Based on data gathered across 13 supervision groups over the course of six semesters, Fleming et al. developed a grounded theory model of group supervision in relation to student learning. Fleming et al.'s primary finding was that safety was the strongest predictor of students' supervision experience and learning. In this case, safety was described as the feeling of not being at risk of psychological harm in the group (Fleming et al., 2010). Fleming et al. described how issues positively or negatively effecting group members' sense of safety created a feedback loop which respectively enhanced or diminished the

experience of personal safety. Safety was seen as a result of individual characteristics and behaviors in combination with group processes, such that the experience of safety by members within the same group varied. The main factors threatening safety consisted of unresolved conflict and emotional reactivity (e.g., defensiveness, intense anxiety). An individual's experience of lacking safety was associated with truncated learning and a focus on therapeutic skills and techniques, while feelings of safety were associated with broad learning about counseling, increased awareness of self and others, and vicarious learning. Extreme feelings of being unsafe were seen to result in disengagement from the group and minimal learning. Fleming et al. noted reluctance among members in offering feedback, especially in groups where there was apparent anxiety and defensiveness. Individual experiences of reduced trust and safety impacted group cohesion and often resulted in an atmosphere that was not conducive for open discussion of conflicts (Fleming et al., 2010).

That a lack of safety diminishes peer feedback is particularly salient considering the vital role peer feedback plays in group supervision (Holloway & Hosford, 1983; Smith et al., 2012). Peer feedback not only allows students to learn from one another, but provides a means for trainees to develop skillfulness at giving feedback, a cornerstone of counseling performance (Gillam & Crutchfield, 2001). Fleming et al. (2010) described traditional supervision groups as including the activities of tape review, case presentation (not defined), and didactic teaching. The authors added that these activities were implemented as a function of safety. While the indication here is that safety influences the performance of group activities, unexplored was the extent to which specific group activities may dissimilarly influence supervisees' experience of safety.

Hein et al. (2011) examined student supervisors' (n = 9) experience of supervisee incompatibility within the triadic supervision of doctoral-level trainees. Supervisee

incompatibility was found to exist in terms of: (a) counseling skill level, (b) motivation, (c) receptivity to feedback, (d) general openness to supervision, and (e) maturity level. Incompatibilities in these areas were found to dramatically influence feedback exchange, interpersonal supportiveness, and the supervision environment. Participants confessed to having feelings of frustration, agitation, anxiety, or being uncomfortable due to mismatch. In this case, the mismatch resulted to feelings of tension and uneasiness between supervision members, which negatively impacted the atmosphere of meetings (Hein et al., 2011). It was found that supervisors and peers frequently develop negative feelings (e.g., resentment, hostility) toward individual group members as a result of incompatibility characteristics.

Wichmann-Hansen et al. (2015) examined supervisors' (n = 5) perspectives on the challenges faced in group supervision. Three major challenges were identified: (a) facilitating equal participation within heterogeneous student groups, (b) balancing between providing answers and involving students, and (c) identifying and developing students' analytical skills. Wichmann-Hansen et al. added that in collective supervision there are members who are more outspoken than others, and more confrontational or aggressive in sharing their thoughts with the group. Thereby, Wichmann-Hansen et al. argued that supervisors were particularly faced with challenges in terms of handling and supervising each member in the group equally. Wichmann-Hansen et al. concluded that group supervision is challenging for supervisors given that both they and their students need to focus on both the professional academic content and the social interaction of all participants.

Approaches to Group Supervision

A variety of approaches to group supervision have been proposed within the literature of counselor education, such as Borders's (1991) Structured Peer Group Supervision, Wilbur et al.'s

(1994) Structured Group Supervision, Edwards and Heshmati's (2003) model, and Berman and Berger's (2007) Collective Group Reverie. Additional approaches to case presentations have been proposed by Loganbill and Stoltenberg (1983), Biggs (1988), Cheston (1992), McAuliffe (1995), and Stevens and Morris (1995). These models share in common the incorporation of case-related material into group supervision, what Holloway and Johnston (1985) characterized as a case presentation approach to group supervision. Another commonality shared by these proposed approaches is the absence of empirical research accompanying each contribution. Few of these approaches have received research attention since first being published. The limited studies that have been conducted into individual approaches to group supervision are discussed here.

Structured Peer Group Supervision. Developed and applied over six years with 90 student supervisees, Structured Peer Group Supervision was described by Borders (1991) as a systematic approach in which "counselors take turns presenting videotapes of counseling sessions for peer review" (p. 248). Prior to the review of recordings, group members are assigned specific roles and tasks (e.g., the viewpoint of the client or person associated with the client, the position of the counselor, a specific theoretical perspective) from which to provide feedback. The supervisor plays an active role as expert and moderator throughout the feedback exchange process. Although Structured Peer Group Supervision is commonly cited as one of the primary approaches to group supervision (e.g., Baird & Mollen, 2019; Bernard & Goodyear, 2014; Scott et al., 2016), it remains unknown how commonly supervisors actually adopt this approach in group supervision. Structured Peer Group Supervision has been described as a method of case presentation despite the fact that Borders (1991) excludes verbatim use of the term *case*

presentation (Fickling et al., 2017). Empirical research into Structured Peer Group Supervision is limited.

Starling and Baker (2000) conducted pairs of phenomenological interviews (at mid-semester and semester's end) with four master's degree practicum students who had received group supervision following the Structured Peer Group Supervision format. Findings showed that supervisees valued the experience positively for decreasing their initial anxiety, clarifying the goals of supervision, increasing confidence, and gaining self-knowledge. Participants reported growing more comfortable with presenting their tapes over time and becoming more relaxed within supervision. Feedback from peers was viewed as enhancing the supervision process by helping group members access different perspectives and consider previously overlooked aspects of presented cases. Constructive feedback received from the supervisor was reported as particularly contributive to counselor growth. Starling and Baker admitted that group leaders played a vital role in establishing conditions for peer interactions. Although peer feedback was valued highly by all participants in the study, it is unclear to what extent the positive experience was a function of the peer group supervision format or rather the supervisor's style, personality, and active involvement in the supervision process.

Lassiter et al. (2008) proposed an adaptation to the Structured Peer Group Supervision model to be used in developing supervisees' multicultural competence. Lassiter et al. suggested that Borders's (1991) model could advance multicultural training by either (a) including a member role for this purpose, and/or (b) increasing the multicultural focus of the supervisor. Although this adaptation was not empirically researched, Lassiter et al. described this process in two fictional vignettes, what the authors called *Case Presentation One* and *Case Presentation Two*. This provides further evidence that Borders's approach is perceived by some counselor

educators as not only an approach to group supervision, but a method of case presentation. Lassiter et al. reported that use of this adaptation appeared to increase supervisees' self-monitoring and growth in multicultural competency (although the context in which the model had been implemented remained undefined).

Gokhan and Zeynep (2019), using a mixed methods design, investigated undergraduate counseling trainees' perceptions of Structured Peer Group Supervision and its effects on self-efficacy beliefs. Trainees' perceptions (n = 16) were clustered into four themes: (a) contributions of the model, (b) strengths of the model compared to individual supervision, (c) aspects of the model that need improvement, and (d) applicability of the model for use with undergraduate-level counseling trainees. Many of the noted strengths of the model over individual supervision (e.g., access to different perspectives, normalization, receiving more feedback) are those typically associated with group supervision, rather than being particular to the structured peer group supervision model. Trainees reported that the model contributed to improvements in counseling skills, case conceptualizations skills, self-awareness, and knowledge of theories, techniques, and interventions. Specific to the model, trainees reported that the process of role taking provided opportunities to view cases from a variety of perspectives.

Gokhan and Zeynep (2019) described Structured Peer Group Supervision as providing an environment that was supportive, constructive, instructive, and self-esteem building. Trainees found the model to be enjoyable and encouraging of a high degree of active participation. Recommendations for improving the model included (a) adding more roles, (b) assigning multiple roles to each group member rather than one, (c) safeguards to ensure that constructive feedback is provided (i.e., for the supervisor to play a more active role in providing feedback). All participants believed the model to be appropriate for undergraduate counseling students.

Quantitative analysis of pretest-posttest scorings of the Counselor Activity Self-Efficacy Scale (CASES) with trainees (n = 21) found gains in self-efficacy beliefs across all participants, with those who exhibited low scores initially experiencing the greatest gains.

Structured Group Supervision. Wilbur et al. (1994) described and piloted the Structured Group Supervision model over the course of seven years, assigning 194 counseling trainees from three universities to the model's condition (20 groups) and 50 trainees to a control condition (five groups). The control condition was described as group supervision including didactic instruction, an unstructured group process, and a case-conceptualization-skill acquisition focus in which group members played audiotapes of counseling sessions with clients and received feedback from the group supervisor and group members. Wilbur et al. (1994) explained how the control group condition was typical of group supervision processes and procedures traditionally and normally used in master's-level counselor education programs. The structure adopted in the treatment group consisted of four primary phases: (a) a request for assistance made by the supervisee (often accompanied by the viewing of a recording), (b) a questioning period during which group members ask questions of the supervisee, (c) a feedback period during which the supervisee remains silent, and, after a 10- to 15-minute break providing the supervisee time to reflect on the group's feedback, (d) the supervisee responds to the group's feedback while group members remain silent. An optional fifth phase consisted of the supervisor leading a summary discussion about the process. Pretest-posttest analysis of scorings on the Counselor Skill and Personal Development Rating Form (CSPD-RF) found that the structured group produced results superior to those in the control condition.

Newman et al. (2013) presented an adaptation of Wilbur et al.'s (1994) Structured Group Supervision model for use in the preservice training of novice consultants in school psychology.

Newman et al.'s own experience applying the model to supervision groups formed the basis for a discussion of the potential pitfalls of the approach. Foremost among these were challenges navigating group dynamics, establishing cohesion early on, and motivating all members to equally participate. Newman et al. additionally commented that the model may (a) be perceived by trainees as too contrived, (b) lack sufficient flexibility to deal with crisis situations and/or impromptu issues, (c) not provide adequate time or attention to rapport-building among group members, and (d) lack transferability to alternative training or future employment sites. These potential pitfalls were deemed to be outweighed by the model's benefits in terms of furthering trainees' capabilities in active listening, asking clarifying questions, paraphrasing, providing feedback, and receiving feedback.

Case Conceptualization Skill Acquisition Approaches. Sperry and Sperry (2012) described case conceptualization as a method for obtaining and organizing clinical information used for the purposes of understanding and explaining clients, guiding treatment, anticipating obstacles and challenges, and preparing for successful termination. Although the approaches to group supervision previously discussed (i.e., Structured Peer Group Supervision, Structured Group Supervision) do not exclude attention on trainees' conceptualizations of cases, they do not focus on case conceptualization skill acquisition as the primary objective of group supervision (Borders, 1991; Wilbur et al., 1994). This contrasts with multiple models designed specifically to improve supervisees' skills at case conceptualization (e.g., Biggs, 1988; Cheston, 1992; Loganbill & Stoltenberg, 1983; Stevens & Morris, 1995).

Research on Case Conceptualization. Research has shown that novice and experienced counselors differ greatly in their ability to synthesize diagnostic information, infer symptoms and problems, design treatment plans, and provide substantive descriptions explaining their reasoning

behind conceptualized cases (Eells et al., 2011; Martin et al., 1989). Martin et al. (1989) suggested that the variant depth and complexity of novices' and experts' case conceptualizations is primarily a function of accrued clinical experience, rather than any form of specific training. The importance of case conceptualization skills on therapeutic outcomes, though widely touted, remains inconclusive (Eells et al., 2011). Despite this, contemporary counselor training programs have shown a growing emphasis on case conceptualization skills training (Kaslow et al., 2009; Pierce, 2016). As seen with approaches to case presentations, a variety of models for case conceptualization skills training have been proposed and described by counselor educators without accompaniment by empirical research. Examples of these include approaches relying on role-play (Hinkle & Dean, 2017), concept mapping (Liese & Esterline, 2015), and multiple variants of structured case conceptualization outlines (Cheston, 1992; Loganbill & Stoltenberg, 1983; Stevens and Morris, 1995).

Stoltenberg's (1981) Cognitive Complexity Model characterized clinically inexperienced counseling students (i.e., Level 1 trainees) as highly dependent on supervisors and possessing a strong desire for structure. Loganbill and Stoltenberg (1983) cited this finding as motivation for the development of their case conceptualization format for use by supervisees performing case presentations in group supervision. This structured approach was considered to be developmental as it sought to directly meet the perceived learning needs and preferences of learners (Holloway & Johnston, 1985). Similar approaches to case presentation relying on case conceptualization formats (e.g., Cheston, 1992; Stevens & Morris, 1995) have made the same argument, namely, that structured formats provide novices much needed and desired guidance and support.

Other developmental theorists have warned that providing novices too much direction can result in a closing off of learning and a stunting of growth (Rønnestad and Skovholt, 1993).

Loganbill et al. (1982) and Stoltenberg and McNeill (2010) agreed that facilitative interventions (i.e., those that communicate optimistic belief in the trainee and nurture a sense of security deemed necessary for progress) were most appropriate for Level 1 trainees, whereas conceptual interventions (i.e., those encouraging supervisees to exercise advanced analytical skills such as case conceptualizations) were most appropriate for supervisees' transition from Level 2 (confusion) to Level 3 (integration) (Loganbill et al., 1982). Despite the preponderance of approaches to case presentations utilizing case conceptualization formats in the style of Loganbill and Stoltenberg (1983), little research exists supporting the value of such a practice.

Ladany et al. (2001) examined the relationship between trainee experience, case conceptualization integrative complexity, and supervisor style in a national sample of 100 beginning practicum- to intern-level counseling students. Findings showed that case conceptualization complexity related strongly to trainees' prior experience with similar cases. Based on Stoltenberg's (1981) model, Ladany et al. hypothesized that trainees with less general and specific counseling experience, lower case conceptualization complexity, and less familiarity with the cases they were handling would prefer supervisors who were task-oriented and provided high levels of structure. The study's findings contradicted this hypothesis. Ladany et al. suggested one explanation for this may be that, "the theoretical assumption that beginning trainees need more structure is an overgeneralization or a misguided view based more on clinical lore than on research" (p. 215). Ladany et al. highlighted the possibility that what supervisors believe trainees need from supervision is different from what trainees actually need.

Kendjelic and Eells (2007) compared case conceptualizations written by 20 trainees who received a 2-hour training session with those of 23 trainees not receiving training. Training consisted of didactic and experiential components. First, case conceptualization was defined and

described according to four generic components: (a) symptoms and problems, (b) precipitating stressors, (c) predisposing events and conditions, and (d) an inferred explanatory mechanism synthesizing the previous three components. A case vignette was then presented for conceptualization by trainees using the proposed model. Once completed, a sample formulation of the vignette was presented and discussed by the instructor. This was followed by a 10-question quiz to assess that all trainees understood the basic concepts of training. Within 30 days of completed training, intake evaluations by members of both the control and treatment groups were examined and compared.

Kendjelic and Eells (2007) found that those who had completed training produced higher quality and more comprehensive case conceptualizations, elaborated more on precipitating stressors and predisposing events, used more complex and precise language to explain inferences, and went beyond providing a basic summary of symptoms and problems. The study concluded that counseling trainees' quality of case conceptualization skills can be significantly improved from a 2-hour training workshop (Kendelic & Eells, 2007), a finding supported by a duplicate study conducted by Kelsey (2014). Such findings suggest that the repeated performance of case conceptualizations alone is insufficient to dramatically improve trainees' quality of case conceptualization. Furthermore, knowledge that case conceptualization skills may be improved from as little as a 2-hour training calls into question the need for practicum group supervision to dedicate a majority of supervision time on the acquisition of case conceptualization skills.

Hybrid Approaches. A variety of approaches to case presentation and/or group supervision have been proposed that rely on both audio/video session reviews and formalized case conceptualizations (e.g., Cheston, 1992; Edwards & Heshmati, 2003). Cheston's (1992)

model utilized video to support the case conceptualization, while Edwards and Heshmati's (2003) model emphasized the recording with the case conceptualization consisting of only a brief, introductory summary of the presented client. Russell-Chapin et al. (2016) endorsed a systematic approach to group supervision in which students present recordings self-assessed using the Counselor Interview Rating Form (CIRF; Russell-Chapin & Sherman, 2000) along with the oral presentation of a written, structured case conceptualization, following an extensive prescribed outline. It appears that none of these hybrid models have been empirically researched.

Basic Skills Training. In response to Biggs's (1988) case presentation approach, Ellis (1988) warned that excessive focus on case conceptualization with beginning trainees might result in neglect of more pressing developmental tasks (e.g., relationship skills, interviewing skills). Boswell and Castonguay (2007) argued that initial training should focus on basic counseling skills, socializing students to the experience of therapy. Ladany (2007) indicated that in the context of graduate school, training in helping skills and behaviors (e.g., rapport-building, active listening, interviewing skills) is the most essential training experience. Fauth et al. (2007) described traditional psychotherapy training practices as those emphasizing didactic teaching methods, observance to manual guides, traditional techniques, and/or application of traditional theory to clinical settings. Fauth et al. suggested that traditional training practices do not durably augment the effectiveness of counselors-in-training, and that new training models, as well as new research into existing models, is needed.

Duys and Hedstrom (2000) examined the relationship between basic skills training and counselor cognitive complexity among graduate counseling trainees (n = 72). The cognitive complexity of students who had completed a course in basic skills training (n = 36) were compared to a control group that had received no such training (n = 36). The semester-long basic

skills training received by the treatment group consisted of didactic instruction in microskills (undefined) and simulated rehearsals with peers in a small-group setting. Pairs of students role-played initial client-counselor interactions while group members (including the instructor) observed then provided written and verbal feedback about the counselor's behaviors in the mock session. Reactions to the experience were then discussed by the group after each session. Cognitive complexity (i.e., the degree of cognitive differentiation or number of interpersonal constructs a person can use to define social reality) was measured using the Role Category Questionnaire (RCQ) administered to both groups. Findings indicated that participation in basic counseling skills training, as opposed to alternative introductory courses, was strongly associated with higher levels of cognitive complexity.

A thorough review of the literature relating to basic skills training is beyond the scope of the current consideration of literature specific to the use of case presentations within practicum group supervision. It is possible that some counseling programs offer basic skills training within a prepracticum course offered precisely to ready students for participation in practicum. Regardless of what coursework comprises counseling trainees' prepracticum preparation, research has documented that practicum students enter practicum with a wide array of stage-appropriate, mental and emotional characteristics that result from their inexperience with counseling and supervision. In order to best consider applications of case presentations with this population of trainees, existing research into the developmental characteristics of first-time practicum students is reviewed.

First-Time Practicum Students

Best practices of clinical supervision dictate the need for supervisors to select supervisory interventions that are developmentally appropriate for learners' level of clinical experience and

competency (ACES, 2011; Borders, 2014). Developmental approaches to supervision contend that different supervisory environments and techniques are needed for supervisees in the course of their professional development (Loganbill et al., 1982; Rønnestad & Skovholt, 2013; Stoltenberg & McNeill, 2010). The unique, stage-appropriate characteristics of beginning trainees have been documented by empirical research (e.g., Flasch et al., 2006; Jordan & Kelly, 2004; Kurtyilmaz, 2015; Woodside et al., 2007).

Flasch et al. (2016) conducted a phenomenological study of prepracticum trainees' (n = 6) perceptions of self-efficacy relating to the prospect of commencing clinical work. Students reported various anxieties and fears associated with the prospect of starting to work with clients, which were described as negatively impacting their sense of competency. In role-played mock sessions, trainees reported "feeling consumed with 'mental noise' and being overly focused on what skills to use and how to proceed accurately, rather than actively listening and empathizing with clients" (p. 8). As a result, trainees feared that they would be incapable of fully engaging with clients. This finding confirms descriptions of novice counselors as preoccupied by a self-focus that impedes therapeutic engagement (Stoltenberg, 2005). When asked how training practices might be improved, participants requested increased opportunities for experiential and modeling activities (e.g., role-playing, observation of live sessions) and more opportunities to receive direct and constructive feedback.

Kurtyilmaz's (2015) examination of prepracticum students' views on their forthcoming experiences in practicum found that participants felt a combination of confusion, anxiety, excitement, curiosity, and fearfulness when anticipating practicum. The most commonly reported feeling was anxiety relating to their inadequacy as counselors and the unexpectedness of the counseling process. They worried about controlling their own emotions within counseling

sessions, being authentic with clients, being non-judgmental toward clients, hurting clients, and establishing working alliances (Kurtyilmaz, 2015). As seen in Flasch et al. (2016), novices anticipated that intense anxiety and self-preoccupation would limit their ability to focus on and connect with clients. Compounding anxieties relating to counseling performance were those concerning the prospect of being evaluated by both supervisors and clients. Despite their anxieties, fears, and feelings of inadequacy, participants expressed excitement about the prospect of starting to see clients.

Woodside et al.'s (2007) phenomenological study of prepracticum students' (n = 8) training experiences found that all participants (a) harbored doubts about their decision to become a counselor, (b) expressed concern about their lack of skills and preparedness to start seeing clients, (c) feared they may hurt clients, (d) worried that practicum would be overwhelming, and (e) felt intimidated by the prospect of entering practicum. In particular, it was noted how there was a common theme of self-doubt (Woodside et al., 2007). Woodside et al. advised that counselors and/or educators need to give attention to students' feelings of self-doubt, as well as be sensitive to the ways in which self-doubt effects students on academic, interpersonal, and intrapersonal development levels.

Hill et al. (2007) analyzed the weekly journals of prepracticum students (n = 5) participating in a 15-week helping skills course. Four categories of responses emerged from the data: (a) challenges (e.g., self-criticism, anxiety, reactions to clients), (b) gains (e.g., helping skills, self-confidence, connecting with clients), (c) supervision (e.g., helpfulness, preferences), and (d) non-supervision experiences that fostered awareness. Hill et al. found that trainees reported a broad range of self-criticisms. These related to predicted problems with self-awareness in sessions (e.g., being present with clients, attending to personal feelings and

reactions, not being distracted by internal thought processes), worries about therapeutic ability (e.g., feeling incompetent, being impatient with themselves and clients), discomfort with the therapist role (e.g., acting more like a friend than counselor), and lack of clinical skills (e.g., being overly sympathetic, failing to access substantive disclosures, not controlling the content or direction of sessions). Participants reported that helping skills training, practiced in class with volunteer clients, improved exploration skills (e.g., reflecting, restatement, use of silence), insight skills (i.e., deepening the content of sessions), comfortability with the counselor role, self-confidence, and ability to connect with clients. Aspects of supervision that participants valued as helpful to their development included didactic guidance, supportive feedback, challenging feedback, and positive working alliances.

Jordan and Kelly (2004) found that beginning practicum students with no prior counseling experience (n = 19) reported 109 various worries relating to the process of becoming counselors. Worries relating to Competence (22%) and Effectiveness (13.8%) were most prevalent. Findings revealed that beginning trainees are preoccupied with extensive self-doubts regarding counseling performance. Jordan and Kelly advised supervisors to address the mental and emotional challenges of inexperienced trainees. Jordan and Kelly further proposed that supervisors need a deep understanding of practicum students' worries. Left unaddressed, worries may limit risk-taking and hamper counselor development (Jordan & Kelly, 2004).

Schwing et al. (2011) investigated first-time practicum students' (n = 3) views and experiences of therapeutic relationships, finding varied anxieties stemming from concerns about the counseling process. These included concerns about rapport-building, taking blame for a client not returning, knowing how to balance supportiveness with confrontation, and not wanting to be seen by clients as incompetent (Schwing et al., 2011). Each participant described supervision as

helping him or her process and navigate interpersonal relationships with clients and experiment with relational styles. Findings revealed that practicum students face many questions regarding their therapeutic relationships with clients and experience benefits when therapeutic relationships are a focus of training and supervision. Schwing et al. recommended that future studies delve deeper into the topic of the kinds of supervision interventions needed by novice counselors with respect to their experiences with therapeutic relationships.

Further support for supervisory focus on therapeutic relationships in practicum is provided by De Stefano et al.'s (2010) qualitative study into clients' (n = 9) experiences of working with novice counselors. De Stefano et al. found that, much as is feared by novices, clients enter the counseling relationship in an initial state of doubting the competency of student counselors. Doubts were found to be most assuaged in response to the personal qualities and relational skills of trainees. Clients rated counseling most highly when trainees were perceived as sincere, trustworthy, and respectful (De Stefano et al., 2010). As a result of the study's findings, De Stefano et al. recommended that interpersonal and collaborative skills should be prioritized in the clinical training of novice counselors. It was suggested that novices' early success in counseling relationships, as measured by client satisfaction, creates positive affirmation to the student counselor that then facilitates future counselor development.

Howard et al. (2006) investigated which experiences novice trainees perceive as critical to their professional growth. Graduate practicum students (n = 9) documented weekly learning moments (i.e., critical incidents) in a journal. Analysis of participants' entries revealed that all trainees valued as critical to their growth incidents relating to professional identity (i.e., role identification, newness, career choice, and professional limitations), personal reactions (i.e., events in which trainees developed self-understanding through critical examination of their

positive and negative reactions to clients), and competence (i.e., situations that influenced the trainees' perceptions with respect to their capabilities). Counseling competencies valued by supervisees included their ability to listen, offer emotional support or guidance, being deemed as trustworthy by their clients, and their potential as effective counselors (Howard et al., 2006). Supervision accounted for a little over 10% of critical incidents reported by trainees, while less than 10% related to experiences impactful to trainees' conceptual framework/philosophy of counseling (Howard et al., 2006). These findings suggest that novices most highly appreciate training that directly benefits their counseling performance.

In a similar study, Trepal et al. (2010) asked students who had just completed their first practicum ($n = 25$) to describe a critical incident from supervision that contributed to their growth as a counselor. Positive and supportive incidents related to substantive feedback, observational and vicarious learning (e.g., watching supervisors perform counseling), and normalization. Negative and harmful incidents related to lack of support and unprofessionalism, most commonly on the part of off-site supervisors. In response to these findings, Trepal et al. advised that supervisors should find ways to give effective feedback, to normalize the experiences of supervisees when necessary, and to create opportunities for supervisors to observe trainees' work with clients (Trepal et al., 2010). Trepal et al.'s study supports existing evidence that novices desire training methods that (a) reduce anxiety, and (b) improve therapeutic abilities.

Pierce's (2016) phenomenological study of the existential experiences of counselors-in-training ($n = 5$) characterized participants' overall experience as being overwhelmed and burdened at the notion of being oneself (Pierce, 2016). Existential experiences were categorized into five themes (i.e., Actually Being Real; I'm Not Really Depressed. It's More Like Overwhelmed; Questioning of Self; Worry; and Loneliness). Pierce found that the feelings of

anxiety and fear of counselors-in-training were highest during points of transition and mediated by trusting relationships with admired faculty and peers who normalized their experiences. Findings also showed a common theme of reluctance when it came to sharing these experiences with peers, which overall made them feel more anxious (Pierce, 2016).

Trainees' reluctance to share with peers, as well as supervisors, was attributed to fears of negative judgments, feelings of vulnerability, and self-doubts. Group supervision was recommended as ideal for (a) addressing supervisees' existential experiences, and (b) emphasizing therapeutic factors (e.g., altruism, instillation of hope, interpersonal learning, self-understanding). Although supervisory focus on trainees' personalization skills was encouraged, Pierce (2016) commented that group supervision has increasingly emphasized intervention and conceptualization skills, basing this observation on evidence from the literature and the fact that study participants reported that their emotional experiences were rarely addressed in group supervision. Pierce attributed this shift to what Kaslow et al. (2009) described as a growing culture of competency within contemporary counselor training that emphasizes training in case conceptualization skills over the relational and affective aspects of counseling performance. This trend may explain the current popularity of approaches to case presentations emphasizing structured case conceptualization formats and focusing on trainees' cognitive understanding of clinical cases rather than basic helping skills.

Research into the mental and emotional characteristics of novices affirms that clinically inexperienced trainees enter clinical practice with diverse anxieties, fears, worries, doubts, and preoccupying self-focus. Feelings of inadequacy, compounded with a high motivation to succeed, render novices especially sensitive, reactive, and vulnerable to negative feedback and experiences. Indications are that novices want supervision to help them (a) manage and

transform the uncomfortable feelings associated with commencing clinical practice, and (b) learn how to better perform as counselors.

Summary

Reviewed here has been literature within the field of counselor education and supervision pertaining to (a) contrasting approaches to group supervision and case presentation about which little is known, (b) the multiple challenges inherent in supervision provided in a group context, and (c) the typical characteristics of practicum students as clinically inexperienced learners. It has been established that most group supervision follows a case presentation model (Riva & Cornish, 2008). However, the pedagogical utility of case presentations has received minimal research attention to date (Hadjistavropoulos et al., 2010). Although a variety of approaches have been proposed detailing ways in which supervisees may present case-related material within the context of group supervision, few have been supported by empirical research (e.g., Borders, 1991; Wilbur et al., 1994). Approaches to case presentation emphasizing trainees' case conceptualization skills and utilizing structured case presentation formats (e.g., Biggs, 1988; Cheston, 1992; Loganbill & Stoltenberg, 1983; Stevens & Morris, 1995) are among the least empirically researched of all approaches, yet also appear to be the most popular within contemporary practicum training (Pierce, 2016).

Best practices for clinical supervision encourage supervisors to intentionally select supervisory methods that are developmentally appropriate to learners' levels of experience and competency (ACES, 2011; Borders, 2014). Such intentionality requires that counselor educators have access to evidence-based research to inform the selection of supervision practices. As noted by Boswell and Castonguay (2007), "We need to anchor, as much as it is possible, our training efforts on empirical evidence, and to conduct much needed research on the most effective ways

to train therapists" (p. 378). Research indicates that group supervision is itself a highly complex environment subject to complicated dynamics that can impede learning in manifold ways. In practicum, these complexities are compounded by a group membership comprised of minimally experienced trainees who, new to the roles of both counselor and supervisee, typically struggle with an abundance of anxieties, fears, worries, and self-doubts. As such, investigating the ways in which common approaches to case presentations may or may not match the traits and learning objectives of practicum students was identified as necessary to optimize counselor training and begin indicating best practices for this popular pedagogical method.

Chapter 3

Methods

Research Design, Assumptions, and Rationale for Design

Research Design

The current study adopted a qualitative, phenomenological design to researching case presentations in practicum group supervision. Specifically, one-on-one interviews were conducted with 15 participants utilizing an interview guide approach (Patton, 2015). Throughout the interview process, I sought to elicit and develop a textured understanding of each participant's unique, pre-reflective lived experience of case presentations in practicum group supervision as expressed by their perceptions, memories, judgments, thoughts, and feelings (Moustakas, 1994). I then systematically analyzed the commonalities among the subjective experiences of participants, following steps for phenomenological research outlined by Sheperis et al. (2017).

Assumptions

Qualitative research is understood as being rooted in four assumptions: (a) the ontological assumption that multiple, subjective realities exist simultaneously; (b) the epistemological assumption that knowledge requires understanding of subjective realities; (c) the axiological assumption that researchers are openly positioned within the research by nature of their own values and biases; and (d) the methodological assumption that the research process is inductive, emergent, and influenced by the researcher's collection and analysis of data (Creswell & Poth, 2018). The current study maintained these four assumptions.

It was assumed that the phenomenon of case presentations in practicum group supervision is subject to multiple realities as manifested in the subjective experiences of

practicum students. It was also assumed that understanding this phenomenon would best be achieved by investigating a diversity of subjective experiences, from which shared commonalities (i.e., themes) across individuals may be inferred. It was assumed this study would be influenced by my own experiences, values, beliefs, and biases relating to case presentations and that the trustworthiness of the study required open consideration and disclosure of my positionality within the research. Lastly, it was assumed that researching the phenomenon of case presentations in practicum group supervision would be an interpretative and emergent process that would benefit from modification as my knowledge of the phenomenon deepened throughout the research process.

Rationale for Design

Qualitative research is understood to be particularly justified in a variety of contexts: when a topic about which little is known is studied, where the purpose is to make sense of complex situations and phenomena, when the meaning-making experiences of participants are investigated, when the goal is to generate theory based on a theoretical framework, and when an in-depth understanding of a phenomenon is desired (Richards & Morse, 2013). Although the current study did not aim to generate theory, all of the remaining criteria cited above were recognized as true in the case of the current research; it is for these reasons that a qualitative design was chosen as ideal for investigating first-time practicum students' experience of case presentations in group supervision.

Phenomenology. A phenomenological approach to qualitative research is preferred when the objective is to understand a phenomenon through the unique experiences of individuals and commonalities shared among these experiences (Sheperis et al., 2017), as was the case in the current study. Such an approach is philosophically rooted in Husserl's (1931) stance that

"objective reality is the manifest presence of what appears and can be recognized only subjectively by the person who is perceiving it" (p. 314). In the search for knowledge about objective reality, the phenomenological researcher relies upon subjective accounts provided by those who have experienced the studied phenomenon (Moustakas, 1994). Relying on Husserl's hermeneutical phenomenology, the researcher aims to provide a reflective and interpretive description of the underlying essence of an experience (Richards & Morse, 2013). The current study utilized such an approach in order to achieve a complex understanding of what it is like for first-time practicum students to participate in case presentations within the setting of group supervision.

Participants and Role of the Researcher

Participants

Participants were 15 counseling trainees who: (a) were currently enrolled in a master's degree program for counseling at the time of the interview; (b) had completed one full practicum course; (c) were required to perform at least one formal case presentation within practicum group supervision, and (d) reported clear recollection of their experiences. Participants were obtained from 10 in-person, master's degree programs distributed across the United States (i.e., Georgia, Illinois, New Hampshire, New Jersey (2), North Carolina, Ohio, Oregon, Pennsylvania, Virginia) and one online program. Four pairs of participants came from the same program. No participants shared the same practicum group. The sample consisted of 11 females, two males, and two individuals who identified as neither male nor female. Ethnicities included 12 Caucasians, one African American, one Asian American, and one Middle Eastern. Ages ranged from 23 to 55, with a mean age of 32 years old.

Role of the Researcher

Because the human being is the instrument of data collection in qualitative studies, researchers should carefully consider, manage, and outline potential sources of bias and error (Patton, 2015). Since bias cannot be fully removed, I monitored my biases for and against the use of case presentations in practicum group supervision prior to and throughout the research process. I maintained vigilance against seeking out confirmatory evidence and/or devaluing evidence that disconfirmed my *a priori* thoughts, feelings, perceptions, memories and judgments relating to the topic studied. In an effort to understand and report potential sources of bias, and to provide readers some insight into how I was situated in relation to this research, I disclose the factors that prompted me to select the current research topic.

I entered my doctoral program as a Licensed Professional Counselor with 10 years of counseling experience, seven years of experience as a clinic owner and director, and six years of experience supervising graduate student interns. My decision to pursue a PhD in Counselor Education and Supervision was motivated both by a passion for the art of counseling and a growing enthusiasm for the supervised training of novice clinicians. I reasoned that by becoming a counseling program faculty member and clinical supervisor, I could have the widest and most positive impact on others by helping shape novice counselors into adept helpers.

Once a doctoral student, I was required to take a practicum course wherein group supervision was structured around the weekly delivery of case presentations, as I had previously experienced many times as a master's degree student. All of my practicum classmates were either unlicensed student counselors or beginning Licensed Professional Counselor Interns. Given the extensiveness of my clinical experience, I presumed that my presence and input would be a welcomed contribution to the supervision group. An incident early in the semester revealed how

optimistic I had been in this presumption. One of my classmates, with whom I had no previous relationship but had learned had limited counseling experience, boasted to the group how, "I told my client I wouldn't keep being her counselor unless she broke up with her boyfriend." Although I was struck by what I felt was the clear coerciveness of this statement, I was shocked that no other member of the group or our supervisor seemed willing to comment on it. After waiting for someone other than myself to chime in, I suggested that this stance might be viewed as unsupportive of the client's autonomy. The classmate immediately became defensive and lashed out at me, even resorting to name-calling. I remember instantly feeling anxious and taken aback. The supervision group fell awkwardly silent, yet the supervisor said nothing about the exchange. I felt extremely uncomfortable, publicly humiliated, and perplexed by this interaction.

Outside the classroom after the group session ended, I asked several of my peers about their perspective on what had just happened. Each confided in me a common theme, "I try not to say anything in class. It's just not safe." This caught me by total surprise as I had assumed that, among a roomful of counselors especially, we would collectively feel safe to say anything. I took the opinions of my peers to heart and, from that point onward, my approach and attitude toward group supervision transformed.

I now dreaded each meeting and rarely offered my thoughts, tiptoeing through consultations as if traversing a minefield. I was fearful that, if I participated authentically, others in my group may react to me in a similarly derisive manner. I worried that I may be resented for my opinions or personality, suffer fractured relationships, or receive a negative evaluation from my supervisor. As I continued to observe the interactions of my peers in group supervision, I now better noticed their hesitancy to participate as well. I saw how my peers seemed to only

reluctantly go through the motions of performing their mandatory case presentations, while offering only the most superficial of feedback in response to the presentations of others.

This experience inspired a flood of questions in my mind. I wondered if the case presentations we were conducting were genuinely helpful; I wondered if presenters truly valued or wanted the feedback they were receiving, particularly that provided by peers; I wondered if those listening to presentations felt like they were benefitting from the experience or, as it seemed, were just watching the clock; I wondered what role multicultural characteristics (e.g., age, gender, ethnicity, sexual orientation) and competency levels played in influencing group interactions, not only those between group members, but those with the supervisor as well; because every course of seven practicum or internship courses I have taken throughout my training had centered around formal case presentations, I wondered why case presentations maintain such popularity. Most of all, I wondered how the use of case presentations in group supervision might be made more rewarding and beneficial to trainees.

My personal bias commencing this research was generally against the rote use of formalized case presentations as a method of training within the context of group supervision, especially with learners of minimal clinical experience. From a clinical standpoint, I believed that novice counselors first need to learn basic helping skills before being tasked with orally presenting case conceptualizations to a classroom of peers and a supervisor assigned to evaluate their clinical competency. That said, I also believed that case presentations as a pedagogical method of counselor training are so poorly defined and understood, and that approaches are so inconsistent and varied, that it is impossible to generalize about the technique as whole. I believed that, undoubtedly, there are better and worse ways in which case presentations may be implemented in group supervision, particularly at the practicum level in which trainees have little

to no prior experience in the performance of counseling. Entering this study, I did not presume to know which approaches to case presentation might be superior to others, and therefore maintained an open mind toward learning from practicum students themselves what facets of case presentations appear to have the most and least value.

Data Collection Procedures

Recruitment

Invitational emails (Appendix A) were sent to current supervisors of practicum and internship courses at CACREP-accredited programs, who were asked to then forward the invitation to their supervisees. The invitational email included a video message to students as well as a hyperlink to a Qualtrics survey used for enrollment (Appendix B). The Qualtrics survey consisted of: (a) a determination of eligibility, (b) informed consent, and (c) demographic survey. Basic demographic information was collected relating to individual characteristics of age, gender, and ethnicity, as well as the relationship of these characteristics to those of the supervision group and supervisor(s). Additionally, respondents were asked to rate their overall experience of practicum and their supervisor on a 5-point Likert scale. The information collected was used in purposive sampling to enhance diversity in the data.

Participant Selection

Significant difficulties were initially experienced obtaining enrollees to the study. Early strategies for acquiring participants (i.e., text-only emails to a small collection of faculty members with whom prior relationships existed) were eventually abandoned in favor of the approach outlined in this document. Due to prior difficulties and uncertainty about how successful revised recruitment efforts would be, interviews were scheduled and conducted with participants in the order they were received for the first 10 interviews. Once the data began to

seem saturated (i.e., became redundant), and because a surplus of enrollments had by that time been received (approximately 35), purposive sampling was used in the selection of additional participants. After five more participants had been interviewed, and no new themes were emerging from the interviews, the selection process concluded.

Data Collection

Data was collected via face-to-face, synchronous videoconferencing with individual participants. A semi-structured interview guide (Appendix C) was used to guide each interview. An interview guide approach outlines vital aspects of the phenomenon to be addressed over the course of each interview, while also allowing researchers to improvise in response to the natural flow of conversation (Patton, 2015). This approach is considered ideal for allowing themes to emerge naturally while ensuring that important focal points are not overlooked throughout the interview process (Patton, 2015).

The interview guide for this study included four foci: (a) Pre-presentation experiences (i.e., anticipation, preparation), (b) Peri-presentation experiences (i.e., giving case presentations, receiving feedback), (c) Post-presentation experiences (i.e., emotions associated with completion, retrospective thoughts), and (d) Audience membership (i.e., listening, providing feedback). Interviews lasted an average of 1 hour and 22 minutes, ranging between 1 hour and 2 minutes to 1 hour and 53 minutes. Variation in interview duration was attributable to diversity among participants' talkativeness and eagerness to engage in deeper conversations about supervision-related concepts.

Data Analysis Procedures

Data analysis followed steps for data analysis in phenomenological research outlined by Sheperis et al. (2017). First, I continually identified, monitored, and tracked personal biases

throughout the research process (i.e., Bracketing). I listened to each interview several times and transcribed recordings with the intent of comprehending each participant's lived experience and formulating initial reflections (i.e., Data Review). I highlighted and summarized specific phrases and statements from each participant's account deemed meaningful for capturing the fundamental essence of the phenomenon (i.e., Phenomenological Reduction). Key statements and phrases from all accounts were examined for overlap and grouped together into meaning units (i.e., Extraction of Meaning Units). All meaning units were analyzed to reveal overarching themes that together formed a complete and textured description of the phenomenon (i.e., Identification of Themes). Finally, reports of the study's findings were constructed (i.e., Data Displays).

Methods for Verification

Validity in qualitative research—also referred to as a study's trustworthiness, credibility, or authenticity—requires researchers to implement and report the steps taken to ensure that findings are accurate from the viewpoint of researcher, participants, and readers (Creswell, 2014). The trustworthiness of the current study was supported by means recommended by Creswell (2014). These included: (a) open reporting of biases brought to the study, (b) construction of rich and detailed descriptions of participants' individual and shared experiences (i.e., providing readers a true sense of the phenomenon supported by evidence), (c) inclusion of discrepant information gathered from the study that may contradict primary conclusions (i.e., not oversimplifying findings to support a specific argument), (d) peer debriefing (i.e., use of a third party to review and ask questions about the study throughout the research process), (e) external auditing (i.e., relying on one or more independent auditors to review the study after completion to identify overlooked shortcomings in any aspect of the research process, and (5) member checking (i.e., having participants examine interpretations for accuracy and making

modifications in response to feedback). Interviews were summarized into five- to eight-page participant narratives describing interviewees' experiences of case presentations in practicum. Participant narratives were then submitted to interviewees for member checking. Participants' responses are presented in Table 1.

Table 1

Member Checking Responses

Participant	Verbatim response
Aimee	Yep it's accurate.
Allison	This sounds great. Your write up was on point.
Bryan	I've read the write up and it's very accurate! Great job with that.
Jamie	Everything looks great!
Jane	You captured my experience perfectly. Everything was accurate and I would not make any revisions to it.
Jessica	That all sounds great.
Krista	You typed it up wonderfully and I couldn't have articulated it better! I wouldn't change a thing.
Laura	Looks great!
Linda	This is awesome and very accurate.
Mia	Perfect!
Morgan	Looks good to me!
Patricia	I just read it. Looks good!
Ryan	I don't think you need to make any changes and I think it accurately reflects the truth of my experience.
Veronica	You captured the narrative accurately.
Yasser	The script looks great.

Chapter 4

Results

Fifteen actively enrolled master's degree students who had completed practicum were interviewed about their experiences of case presentations within practicum group supervision. This chapter includes summaries of each participant's experience, followed by a presentation of the themes and subthemes that emerged from the study as a result of the data analysis process. Participants' basic demographic information is presented in Table 2.

Table 2

Participant Demographics

Name	Age	Identified gender	Ethnicity	Location	Experience of case presentations
Aimee	27	Female	Caucasian	NH	Very Positive
Jessica	29	Female	Caucasian	NC	Very Positive
Krista	24	Female	Caucasian	NJ	Very Positive
Allison	24	Female	Asian American	VA	Mostly Positive
Jane	23	Female	Caucasian	PA	Mostly Positive
Mia	30	Female	Caucasian	OR	Mostly Positive
Patricia	55	Female	Caucasian	NJ	Mostly Positive
Bryan	30	Male	Caucasian	OH	Mixed
Ryan	45	Transgender FTM	Caucasian	OH	Mixed
Yasser	39	Male	Middle Eastern	IL	Mixed
Morgan	32	Non-Binary/ Genderqueer	Caucasian	PA	Mostly Negative
Veronica	30	Female	Caucasian	UT	Mostly Negative
Jamie	24	Female	Caucasian	NJ	Very Negative
Laura	43	Female	Caucasian	OR	Very Negative
Linda	27	Female	African American	GA	Very Negative

Summaries of Participant Experiences

Participants' experiences of case presentations in practicum group supervision varied from very positive to very negative. Because each practicum course utilized case presentations in a unique manner, the narrative summaries provided here (a) describe the idiosyncrasies of each participants' group supervision, and (b) present key statements identified as most representative of participants' opinions of case presentations in practicum group supervision.

Very Positive Experiences

Aimee. Aimee described case presentations as "super necessary." Her practicum supervision group met weekly for 90 minutes, contained six students, and was led by a faculty member who Aimee described as "very eccentric." Each supervisee gave two formal case presentations consisting of a brief case write-up, 20 minutes of session video, and a feedback period structured around the use of "feedback hats." Aimee experienced informal check-ins as "so helpful," explaining that, "I don't want to throw it under the bus of like case presentations are better, but I would still say that case presentations are the most invaluable part [of practicum group supervision]." Although she believed listening to her classmates' presentations was "positive, especially to see a diverse range of clients and to see how we were kind of in a similar place developmentally with our skills and our professional development," Aimee expressed that, "I found it a lot more valuable to be the presenter."

Jessica. Jessica "really enjoyed" her practicum experience. Her group met weekly for 90 minutes, contained six students, and was led by a faculty member who Jessica described as a "to-the-point person." Each supervisee was required to give two case presentations consisting of a one- to two-page case conceptualization, 10-minute session recording accompanied by transcription, and feedback period focusing on the counselor's skills demonstrated in the

recording. Jessica's supervisor experimented with various approaches to feedback exchange and was responsive to group members' feedback about approaches found to be "very forced" (e.g., assigned roles). Jessica felt that listening to her classmates' case presentations was "probably not as helpful as getting feedback from my own tape, but still, listening to other people's counsel is always helpful, too."

Krista. Krista deeply valued the emotional supportiveness of her practicum group. Her group met weekly for 3 hours, contained nine students, and was led by a faculty member who Krista described as "phenomenal." Krista appreciated that ample time was spent each meeting on informal check-ins in which "everyone was willing to engage fully" and were "sharing such vulnerable, real-time experiences." Krista described her fieldwork placement as "intimidating and also the best experience of my life." She explained how, when shutdowns occurred due to COVID-19, "I cried about that. It was almost like this grieving process because I won't ever get a chance to say goodbye to [my clients]." When asked if she shared these feelings in group, Krista responded, "That was the beautiful thing about those weekly check-ins with my class. I did express that to my class and I wasn't the only one in feeling that way." Krista voiced no complaints about how formal case presentations were implemented in her supervision group, but suggested, "I almost think, especially at the practicum level, being able to discuss on a week-by-week basis about clients we're seeing, I think that would actually make more sense."

Mostly Positive Experiences

Allison. Allison's opinion of case presentations was that, "I think they were fine, with more time." Her practicum group met weekly for 90 minutes, contained nine students, and was led by a faculty member Allison described as "very welcoming." Each supervisee submitted six videos, two of which formed the basis for a pair of 20-minute case presentations consisting of a

two-page write-up, session transcription, and brief period of feedback exchange. Comparing the two presentations she performed in practicum, Allison noted, "The first presentation was very helpful. The second one was not because we went over time on the check-ins and I literally had five minutes to give my presentation. Yeah, it was not helpful at all." Regarding her classmates' presentations, Allison felt she "gained a lot out of at least hearing my peers and how they handled things," but admitted that, "The check-ins were more engaging and I could actually pay attention a little bit better rather than watching a video and dissecting what the person was doing."

Jane. Jane described her experience of practicum group supervision as both "enjoyable" and "beneficial." Her group met weekly for 90 minutes, contained seven students, and was led by a doctoral student from the counselor education program who Jane described as "very real and open." Supervisees were required to give two case presentations each consisting of a PowerPoint describing the client, 10-15 minutes of session audio, feedback exchange period, and post-presentation reflection paper. Jane's supervisor experimented with various approaches to structuring the feedback process, some of which Jane found to be "very frustrating." Jane described the time spent on informal check-ins as "super helpful" and believed "everyone benefitted from that the most." In assessing the value of case presentations to practicum, Jane suggested that, "[the feedback] wasn't groundbreaking enough that I really feel like they need to continue to do them in practicum." She suggested that, "It was more beneficial for people to have the check-in than the case study," and that, "It's more beneficial to do the case study in internship than in practicum."

Mia. Mia expressed that case presentations were "helpful" and "valuable," but also that, "Sometimes it felt like a misuse of time." Mia's program subdivided practicum into two courses

across consecutive semesters, with group supervision occurring every other week for 3 hours and combining students in their first and second practicum. Mia's first practicum contained nine students and was led by a faculty member Mia described as "very supportive." Supervisees were required to give one case presentation involving a creative demonstration of one's theoretical orientation, a write-up distributed to the group, five- to 10-minute session recording, and feedback period. Mia noted that case presentations often felt rushed and thought having the entire group focus on one supervisee at a time was "a really big missed opportunity." Although she viewed case presentations as beneficial, Mia regretted that, "There's lots of times where you go in and you're like, okay, yeah, I can definitely talk about this person, but there's not a time or that, you know, we're spending like an hour per person." Mia suggested that it would be better "to create an opportunity for people to discuss their cases each session, at least one of them or, you know, something that they're struggling with a client instead of just allotting two hours for two people."

Patricia. Patricia was a retiree who felt her "life experience in general has helped immensely." Her group met weekly for 90 minutes, contained eight students, and was led by a faculty member Patricia described as "enthusiastic" and "very engaging." Supervisees were originally expected to give two case presentations consisting of a two-page conceptualization, audio recording, and feedback period. Patricia recounted that the group only got to one round of presentations. Patricia especially valued "having some really good discussions in the class." She viewed the feedback in her group as "helpful," but added, "Maybe not so much about feedback for me personally, but maybe on other issues that we would all discuss together. So, if you wanted to lump feedback as just like just a good exchange of ideas, I mean, it was an overall

positive experience." Patricia admitted that it was difficult to pay attention to some of her classmates' case presentations. She suggested, "I'm sure other people's minds wandered as well."

Mixed Experiences

Bryan. Bryan described case presentations as the "central focus" of practicum, detailing how, "It felt like a thing like we were working towards so, if you're able to prepare and present this case in a decent manner, then you're prepared for internship because that ramps up." His practicum group met weekly for 2 hours, contained between 50 and 60 students, and was led by a faculty member who "had the pulse of the class pretty well for a class that size, as well as anybody could I guess." Supervisees were required to submit four tapes accompanied by a four- to five-page written critique, one of which formed the basis for a single case presentation. Giving his presentation on a day when six students were presenting, Bryan felt "kind of happy that that was the case, like I'm just one of the masses, not the sole focus." Bryan viewed the value of case presentations as dependent upon the supervisor "keeping the discussion flowing, keeping it open, making sure to keep probing and making the depth get there." Noting a "collective fatigue" among his group from having to listen to so many case presentations, Bryan admitted that, "I kind of tuned some of them out to be honest."

Ryan. Ryan attributed the benefit he derived from case presentation in practicum primarily to "something about me that generates curiosity." His practicum group met weekly for over 2 hours, contained 20 students, and was led by a faculty member who Ryan described as "awesome" but "inconsistent." Supervisees were required to submit multiple tapes, each with a four- to five-page critique, and perform one case presentation that lasted "10 minutes tops." Ryan described his group's negative attitude toward the supervisor and supervision as "very frustrating." Viewing practicum as best when it "pushes on vulnerabilities and you actually see

the wheels turning and the growth happening," Ryan appreciated that, "There was enough space in that class that I had the ability at that time to really challenge people." Given his strong commitment to personal growth, Ryan stated, "Any presentation I've ever done on a client starting then until now has always been helpful."

Yasser. Yasser's predominantly positive experience in practicum related to being in a highly cohesive group who had been studying together under the practicum supervisor for several classes. His group met weekly for 3 hours, contained six students, and was led by a supervisor who also provided weekly triadic supervision to the group. Supervisees were required to bring in multiple tapes for discussion and perform one case presentation based on a case summary from one of the tapes. Yasser especially appreciated the informality of supervision. He explained that, "I enjoyed the discussion of a client in a case and how to deal with it. It was enjoyable. It wasn't stressful. We laugh as we talk. We joke. You know, it's pretty casual." Although Yasser valued the feedback as helpful, he wished that his peers were more willing to challenge one another's opinions. He stated, "That's what I feel like was missing. People don't stand for their point. I feel like if you have a point just stick with it and try to defend it. I think with clash new things come out." Yasser regretted that, "When the group is so open, it makes me feel that the strength of our knowledge as counselors is weak because nobody is challenging anybody."

Mostly Negative Experiences

Morgan. Morgan (pronouns: they/them/their) felt that the educational value of formal case presentations was "pretty minimal, to be honest. I mean, it's practice giving presentations." Morgan was in an online program. Their group met weekly over Zoom for 90 minutes, contained 12 students, and was led by a professor Morgan described as "too concerned with being polite

and tactful." Supervisees were each required to give two case presentations consisting of an eight-page case conceptualization paper, 15-minute sample of session video, and unstructured feedback period. Morgan commented that the presentational process "feels like individual supervision to me essentially, where you just have more than one supervisor. It doesn't really feel like true group supervision." They experienced a lack of helpful feedback and questioned why case presentations in their practicum and internships were not structured differently. They believed case presentations in practicum should focus more specifically on "really setting the stage for what happens in the counseling process" and "working to improve those skills." They suggested that case presentations should grow increasingly complex as students advance through clinical training.

Veronica. Veronica attributed her predominantly negative experience of case presentations in practicum primarily to her supervisor and overall group culture. Veronica was in an online program. Her group met weekly for 90 minutes, contained 11 students, and was led by a faculty supervisor who Veronica described as "unable to give me what I needed sometimes." Supervisees were required to give two case presentations each consisting of a PowerPoint and 10-minute video recording, followed by a treatment plan to be submitted two weeks after the presentation. Veronica complained that, "What I found my experience was with my classmates was that you weren't allowed to say anything negative or, not even that it's negative, but to give any kind of feedback. Everything had to be positive, like, overwhelmingly positive." She described ongoing feelings of "a lot of missed opportunities in terms of just the process of how things happened that could have helped us to become better counselors by realizing more of those things that we need to work on and working on it in an environment that felt safe."

Very Negative Experiences

Jamie. Jamie described feeling "beyond frustrated" about her practicum supervisor and viewed case presentations as "really pointless." Her group met weekly for 3 hours, consisted of nine students, and was led by a last-minute, substitute supervisor who Jamie described "extremely narcissistic." Supervisees were required to share six recordings with the group, complete four case write-ups, and give one case presentation based on one of the write-ups. Jamie explained, "That's the point of how horrible this experience was, that every assignment that we did there was no benefit. There was nothing. I mean, the only thing that I found beneficial was our recordings." She found informal check-ins to be unhelpful because "it's the last thing we do" and "if no one has any pressing concerns to bring to the table that week, there is nothing to really talk about." When asked how she might improve formal case presentations for practicum, Jamie responded, "I don't know if I would do them to be completely honest."

Laura. Laura described her experience of practicum group supervision as "horrible, so horrible." Laura's program subdivided practicum into two courses across consecutive semesters, with group supervision occurring every other week for 3 hours and comprising a mix of students in their first and second practicum. Her first practicum contained 10 students led by a recently hired faculty member who Laura described as "a seasoned clinician, just not a seasoned instructor." Each supervisee was required to give one case presentation based on a written case conceptualization distributed to the group. Although Laura thought her presentation "went well in the end," she privately received vague and negative feedback from her supervisor that Laura described as "definitely detrimental." Laura regretted that, "What [the case presentation] should have been about is clinical skills, but that's not the way the assignment was worded." She

suggested that, "It doesn't make sense to do [case presentations] until you have the basic skills down."

Linda. Although Linda had a positive experience of practicum group supervision, her opinion of case presentations was very negative. She stated that, "I think a majority of the people that I talked to kind of felt like [the case presentation] was a waste and we could've done something different." Her group met weekly for 90 minutes, contained 12 students in the school counseling track, and was led by a faculty member who Linda described as "really good" and "very insightful." Supervisees were required to give three types of presentations (i.e., guidance lesson, small group presentation, formal case presentation), with case presentations conducted over the final four weeks of the semester. Linda shared, "I felt like once we started to get into the presentations, I didn't get much from the class because that's all then that the supervision was about." She found the informal discussions during the initial four weeks of practicum to be the most enjoyable and helpful aspect of group supervision. Linda expressed that, "I would have enjoyed it if it was just that feedback thing that we did the whole entire time." She concluded, "I don't think we needed the formal presentation approach."

Presentation of Themes and Subthemes

The purpose of this study was to understand practicum students' lived experiences of case presentations in group supervision. Lived experience encompasses the experiencer's perception, memory, judgment, thinking, and feeling regarding a lived phenomenon (Moustakas, 1994). Using a phenomenological research approach, I analyzed the data collected from interviews to formulate insight into each of the research questions underlying the study:

1. How do first-time practicum students experience the process of participating in case presentations within the setting of group supervision?

2. What facets of case presentations do practicum students perceive as most and least helpful to their development as counselors?
3. What are practicum students' recommendations for improving the use of case presentations in practicum group supervision?
4. What does this information reveal about potential best practices for the use of case presentations within practicum group supervision?

The research questions guided the data analysis process for the study. Each of the first three questions comprised a theme describing the study's findings. The first theme (i.e., Developmental Norms) reports findings relating to participants' emotional experiences of group supervision organized around the use of case presentations. The second theme (i.e., Perceptions of Value) reports findings related to the perceived benefits and challenges of (a) informal case presentations (i.e., unstructured consultation, check-ins), and (b) the structural variables typically comprising formal case presentations (i.e., write-ups, recordings, feedback exchange). The third theme (i.e., Participant Suggestions) reports participants' recommendations for improving the use of case presentations in practicum group supervision. The fourth research question was answered as a result of considering the study's findings *in toto* to draw overarching conclusions. An overview of the themes and subthemes that emerged from the data are displayed in Table 3.

Table 3

Themes and Subthemes

Developmental norms	Perceptions of value: Sources of value	Perceptions of value: Obstacles to value	Participant suggestions
Entering Practicum	*Informal/Check-Ins*		Informal Versus Formal
Pre-Presentation	Enjoyment/Engagement Immediacy	Time Management Tapered Utilization	Practicum Versus Internships
Peri-Presentation	Emotional Support Cohesion/Normalization	Less Useful as "Filler"	
Post-Presentation	*Formal: Write-Ups*		Conversationality
Audience Membership	Structural Support Opportunity to Reflect Focus on the Counselor	Task Prematurity Neglect of Process Relevancy of Contents	Structural Modifications
	Formal: Recordings		Write-Ups
	Engagement Diverse Exposures	Difficulties Obtaining Audio vs. Video Limited Content	Recordings Feedback
	Formal: Feedback Process		
	Peer Support Constructive Feedback Depth of Discussion Supervisor Input	Excessive Positivity Insufficient Structure Restrictive Approaches Uneven Participation	

Theme 1: Developmental Norms

This theme reports the findings associated with practicum students' emotional experiences of practicum group supervision structured around the use of case presentations. Subthemes within this theme describe participants' experiences of (a) beginning practicum, (b) being a presenter, and (c) participating in peers' case presentations (i.e., Audience Membership). Subthemes and findings within the theme of Developmental Norms are displayed in Table 4.

Table 4

Subthemes and Findings Relating to the Theme of Developmental Norms

Entering practicum	Pre-presentation	Peri-presentation	Post-presentation	Audience membership
Nervousness	Initial Reaction	Nervousness	Relief	Interest
Fear	Signing Up	Comfortability	Appreciation	Disengagement
Self-Doubt	Client Selection	Receiving Feedback	Impassivity	Providing Feedback
Excitement			Distress*	Comparative Value
Hopefulness				

* Atypical occurrence

Entering Practicum. This subtheme describes participants' emotional experiences of beginning practicum and starting to counsel for the first time. The emotions reported here (i.e., nervousness, fear, self-doubt, excitement, hopefulness) may be best understood as multiple dimensions of a singular yet complex emotional experience typical of first-time practicum students.

Nervousness. Participants most predominantly described feeling nervous upon entering practicum. Jane stated, "I was really, really nervous. I was definitely anxious." Krista expressed that she felt "definitely nervous." Linda stated, "I think at first everyone was a little nervous and we were just trying to get a steady feel of what it was going to be like." Yasser stated, "I was nervous in the beginning. Like I thought, okay, what do I need to say? What do I need to do?" Jessica explained, "All those nerves were still there. Am I going to be able to do this? Am I going to be any good at this? Are the kids going to respond to me well?"

Fear. Participants' nervousness often related to fears about performing counseling for the first time. Jamie described how, "I was extremely nervous, not nervous for the class aspect, but nervous of, holy shit, like, I'm going to have my own clients. This is terrifying. I'm scared. Now I

have to actually take what I've learned and use it. I was terrified." Ryan stated, "I had that feeling when I first sat down with a client of like, holy shit, this is terrifying." Laura shared that, "I was terrified. I was so nervous when I got my first client. It was really bad." Mia compared the experience of counseling for the first time to "walking into the abyss in some way."

Self-Doubt. Participants frequently expressed feelings of self-doubt and insecurities about their ability to be effective counselors. Veronica described how, "It's nerve-racking because you don't know if after all of the classes that you have taken you actually are going to be good at it." Bryan explained, "I think that was a big fear of a lot of people, was just like, this client, yeah, not ready for this. These clients deserve better." Aimee stated:

> It's very anxiety-inducing to be doing practicum in general because it's like, oh shit, now I'm really doing my skills with real human beings, not role-playing with my peers but actually taking somebody's stuff in my hand and, like, don't mess up and don't retraumatize your clients. It's just very, like, imposter syndrome.

Excitement. Participants typically expressed how their nervousness was paired with feelings of excitement. Mia recalled that she felt "excited and anxious," explaining how, "I felt excited to finally start applying these two years of everything we've been learning to people and gain some of that experience and also terrified, just because it's the first time doing individual counseling. Even though we've done mock sessions and stuff like that, it's just not the same." Ryan described how, "As we were starting that class, there was still that, yay, lots of enjoyment out of it, like, excitement, and then, when we started meeting people, it was like, holy shit, I'm doing this and I don't know anything, like, what was I thinking?" Aimee stated, "It's a very exciting moment because it's like, oh cool, this is the last step until I'm licensed and actually out

there doing the job I'm passionate about, instead of just sitting in a classroom. So it was also very exciting." Jessica shared, "I remember being super excited."

Hopefulness. The excitement participants experienced at the outset of practicum often related to optimism about starting a career in professional counseling. Jane explained:

> There's kind of that fear of the unknown mixed with the idea that no one will take me seriously, like, I have no idea what I'm doing. But overall I was really excited. I saw practicum as something very symbolic. I really saw it as like the start to my career and I had high expectations.

Aimee shared how, "While I was nervous, I was also ready to put my skills into action and get out there and walk the walk instead of just reading books about it, like, actually doing the thing that I enjoy doing." Laura stated, "I started out with real high hopes and, you know, I was like a wide-eyed newbie and I was just hoping for it to be this great experience where I learned so much and I came out of it feeling like a better clinician." Elsewhere in her interview Laura shared how, "I had high hopes for [practicum] and my hopes were kind of dashed."

Pre-Presentation. This subtheme describes participants' emotional experiences of (a) learning about the case presentation assignment, (b) signing up for case presentations, and (c) selecting which client to present. Participants' experiences over the initial weeks of practicum (i.e., prior to the commencement of formal case presentations) are presented under the subtheme Informal/Check-Ins within the theme of Perceptions of Value. Students' experiences of preparing write-ups and recordings for use in formal case presentations are also presented under their respective subthemes within the theme of Perceptions of Value.

Initial Reaction. Multiple participants expressed feeling intimidated about the prospect of performing a formal case presentation in practicum. Although Morgan had previous

experience giving case presentations from a history in social work, they described how, "I had never seen one like that before and it was really intimidating. I thought, like, I have to pay so much attention to all of these really tiny details and there's just so much. It was overwhelming." Jessica stated:

> I'm just like, wow, this seems like a lot. That's how I felt looking at that case presentation, like, what is this? How do I do it? What are you talking about? You know, it's a very new thing for anybody really to record somebody talking, type up a transcript, and then write a case conceptualization on it. I mean, it's a daunting task, so it was a little intimidating.

Allison commented, "Hearing that I had to get six videos at some point in the semester and had to basically assess each one. It seemed overwhelming." Linda shared:

> The aspect of the video made it seem more real or something, like it would be harder to do. I think that's what scared me the most about the case study, that I had to get that video and get a signature and there was a whole step with it. So I think that made it a bit more scary.

Signing Up for Case Presentations. Participants described varied motivations for choosing when in the term to give their case presentation. Bryan stated, "I think the thought of [the case presentation] skews negative, I'll just say." This opinion bore out in the frequency with which participants viewed the case presentation as a task to overcome. Morgan explained, "I think for a lot of folks it's like, ugh, this is a thing I have to do. Either there's the folks who want to get it done and over with, and then there's the folks who want to wait and put it off as long as they can." Allison admitted, "I wanted to get it out of the way, so I was just trying to sign up more early than later so I can get it done with." Jessica stated, "Personally, I like to get mine over

with, but I don't like to go first." Aimee described her motivation for signing up early as "mostly to get it out of the way because then you did it and it's one less thing to worry about."

Alternative motivations factored into participants' decision to present early. Ryan explained, "Number one I just want to get it done with because I don't want it to hang over my head. But number two, I don't care, like, we're all doing this. I'm just going to do it. I'm not afraid, like, I'm not terrified." Morgan stated, "I have anxiety so I want to get it done and over with as early as I can," but also added:

> I want to be able to get feedback as soon as I can so that I can make changes and make improvements over the course of the class instead of waiting till the end and just being like, okay, here's what I've been doing all semester, now tell me how I'm doing. I want to have that feedback before I get to the end of the practicum.

Four participants described motivations for presenting later in the term. Veronica explained that, "It's the first time I had this professor so I wasn't sure how strict or what kind of expectations she had. So, I'd rather really know what they are so that I can meet those expectations." The other three participants elected to present later in order to first acquire more clinical experience. Mia explained, "I was like, I don't even know enough about these people to even have all of this information." Patricia stated, "I just wanted to get a little more comfortable and experienced with the client." Jamie shared, "I wanted to do it towards the end so I could actually give [my supervisor] more information that she wanted rather than going when I barely know this person." Yasser noted that presenting early and presenting late both have disadvantages. He described how, "In the end it's usually cramped and I don't like it and then the beginning is just too early, so the middle just feels, I don't know, more logical."

Client Selection. Most participants shared having limited options to choose from when selecting which client to present, especially early in the semester. Jane stated, "At first I only had one client and, due to the nature of the inpatient hospital there, I had met with them once and then the following week we had planned to meet again, but they had been discharged." Jamie shared, "Especially as a practicum student, I wasn't being assigned individual clients. I was working strictly on a group-level basis and my supervisor didn't find it pertinent to give me my own clients at that time."

The requirement to include a recording in the case presentation further constrained client selection. Linda noted that, "A lot of people were saying that they had some clients they thought were good, but they couldn't get a signature." Morgan stated, "I didn't really have too much of a choice because I only had three or four clients who agreed to do a recording." Bryan explained:

> I was mainly doing my tapes on one client just because they had okayed it. Other families that I had discussed recording with weren't as about it and this was a client that I was seeing consistently, like, other clients would have no shows, et cetera. I essentially was turning in all my tapes from one client and so it was kind of a decision made for me in a way because of those circumstances.

Participants with more plentiful options approached client selection in one of two ways. Ryan, Yasser, and Veronica chose to present cases about which they felt most confident. Ryan explained, "I think there was that fear of, like, what am I putting out there into the world? Did I want to get critiqued too much? Do I want to be able to show that I knew a little bit about what I was talking about because that was that fear inside of me." Yasser stated, "I felt the case was kind of clear to me." Veronica admitted, "I almost felt like I was proving myself a little bit because I really did feel and I do feel like I do a pretty okay job as a counselor." Alternatively,

some participants chose clients about whom they wanted the most feedback. Mia stated, "The first time I picked the client because she was challenging and I just felt like she had a lot that I could get feedback from other people." Jane described how, "I had a lot of questions and I feel like I wanted to hear what other people were thinking." Krista explained that, "I honestly did get invested with my client and really did care about his progress. I was interested in hearing the feedback from others who were hearing his case for the first time."

Peri-Presentation. This subtheme describes commonalities among participants' emotional experiences of giving a case presentation as a first-time practicum student.

Nervousness. Participants most commonly described feeling nervous prior to and during their case presentation. Ryan described presenting as "nerve-racking," explaining how, "I was very self-absorbed in it being like, ugh, am I doing this well enough? I remember being very uncomfortable. It wasn't fun until it was out of me, until it was done." Laura stated, "I was really nervous because it was my first time giving a case presentation. I have a lot of discomfort around putting people into boxes and sort of diagnosing and labeling." Mia shared, "I was so nervous because it was so personal." Despite viewing the case presentation as "an easy assignment," Patricia admitted, "I was definitely somewhat nervous, a little uneasy because it was a very new experience." Aimee recounted her own experience:

> It's funny because I ran into one of my really good friends on campus when I was walking there and she's like, 'Hey, what's up?' And we hugged because it wasn't COVID-19 yet. It was a wonderful time because you could hug your friends. And she was like, 'How are you doing?' I was like, 'I'm nervous.' Like, I remember being like, these people are gonna tear me apart, like, watch me and be like, 'What is that? Girl, no, you should quit this profession immediately.' I didn't actually think those things, but there was a

> feeling of like, oooh, I'm gonna get scrutinized, here we go. So I definitely was a little nervous but also excited. I really like getting feedback and constructive criticism and self-growth is very important to me. So I was like, make me better, I'm ready, tell me, I'm ready for it. It was kind of a mix. It's similar to practicum for the whole experience itself where I was like, nervous but also excited.

Comfortability. Participants varied in how comfortable they felt giving their case presentation. Some participants who felt comfortable often attributed this to the informality of the experience. Jane stated, "I remember distinctly feeling a lot more comfortable giving that presentation than I would with any other presentation," adding that, "It felt a lot more casual and informal and we turned off some of the lights." Yasser described how, "I liked it because we're discussing. It was enjoyable. It wasn't stressful. There was no judgment in this. We're not there to pick on every single thing or say you're wrong or right. We laugh as we talk. We joke. You know, it's pretty casual." Veronica attributed her comfortability to the fact that, "I felt like I had done a good job with my client." She explained:

> I think that if I had a client where maybe I'd been a little bit more like, oh crap, I don't know how to respond or where I'd felt a little bit more like my skills weren't doing well, I'm sure I would have been a lot more nervous about it.

Most participants expressed feeling uncomfortable during their presentation, particularly while sharing session recordings. Morgan stated, "I hate doing videos. I feel like most people don't like it because it's weird to watch yourself and listen to yourself, especially when you're new at something because you're like, oh, look at all the things I'm doing wrong." Mia described it as "embarrassing because you're like, oh gosh, I'm showing them the more weak parts." Aimee noted, "It's the hardest part because it's like, oooh, my tone of voice there, oh, I sound so

monotone. And oh look at my expression and how I'm touching my face or fidgeting. It's just easy to be like that, really tear it down." Bryan, who accepted his supervisor's impromptu invitation to not show recording with his presentation in order to save time, described how, "There was a part of me that was thankful because I was insecure about the actual tape."

Multiple participants acknowledged that discomfort was not necessarily something to be avoided in supervision. Jane stated, "I know it is uncomfortable, but I feel like you need to push through that and I see how beneficial it is." Jessica explained how, "It's a very vulnerable position to be in when you're playing the worst part of your tape or the tape that you want the most help with but, from my experiences, it's been more beneficial." Although his presentation did not include a recording, Ryan commented that, "Having to present in front of people is tough. In order to do it you should be being vulnerable and I guess that's nerve-racking, but also good. But I mean, some people don't always go there."

Receiving Feedback. Participants typically welcomed and enjoyed receiving feedback to their case presentations. Bryan shared that, "I didn't feel that bad about it, especially because I was recognizing that this was my first foray into this type of profession. Some people are just going to know more than me." Jane explained how, "Just getting the feedback of other people made me feel a little bit better with not knowing what I was doing because I realized there are people who also didn't know how to approach it either." Allison stated, "It was usually really helpful just hearing different insights, hearing from people's different approaches. It was a pretty pleasant experience."

Post-Presentation. This subtheme describes practicum students' typical experiences of completing their formal case presentation.

Relief. Participants commonly expressed feelings of relief upon the completion of their case presentation. Linda stated

> With it being the last assignment, I just remember feeling very relieved that it was all over. Not that I had like a bad experience, but it just felt like practicum was shaky, maybe because it was the first experience in the field.

Ryan described feeling "relief that it was over, but also great, like wow, okay, we did have something to talk about." Jane, whose practicum required two case presentations, stated:

> I would say I felt relieved knowing the feedback that I got but still apprehensive about presenting on a different client. There was that fear of having another client and not knowing how that would unfold in the way that it did for me the first time.

Appreciation. Several participants appreciated the feedback they received from their case presentations as helpful. Ryan stated, "It was good feedback. It was helpful. I think I always take away something that I can use. I can use that point and go back and use it with the client next time." Bryan remembered "learning some things, like different tricks and ways to get the client to speak a little bit more or feel more comfortable." Jessica described how, "Honestly, I really did, I don't want to say enjoy, but I really did take that feedback and use it. My professor was really helping me transition from teacher to counselor in practicum and I definitely appreciated that." Aimee commented, "I like that [my supervisor] was like, here's what I wrote, here's my first thoughts. Very transparent. I appreciated that for sure."

Impassivity. Other participants expressed impassivity about the benefit their case presentation had on their clinical training. Veronica shared that, "I don't know it changed a lot for what I thought about things. I was glad I got to go back and review my own video, but I don't know I felt something different after presenting it to the group." Ryan stated, "It didn't

necessarily change the whole trajectory, I guess, it was more just something I could check in with." When asked if she thought her presentation had helped her clinical training, Jamie answered, "No." Morgan assessed the value of the assignment as "pretty minimal, to be honest. I mean, it's practice giving presentations." Linda stated, "I don't think we needed the formal presentation approach."

Distress. Although uncommon, the severity of distress one participant experienced after completing the case presentation bears reporting. Laura described the experience of privately receiving negative feedback from her supervisor weeks after her case presentation as "definitely detrimental." She explained:

> It was really weird. I had such a hard time with it because she was being really vague and she wouldn't be specific and I kept pressing her to try and get her to say what it was that she felt was off about my presentation or what it was that she didn't like about it, but she wouldn't really say.

Because her supervisor then started reaching out to other professors to see if they shared the same concerns, Laura explained:

> It was so stressful, like, I was worried about am I going to get to continue my education, you know? I thought she was trying to get me kicked out or something. It was horrible, so horrible. To have my supervisor do that to me, really like, I basically had a meltdown. I don't know how I continued. I guess I just hoped that I would have different experiences the next term, and thankfully I did.

Audience Membership. The subtheme of Audience Membership describes participants' emotional experiences of listening and providing feedback to the formal case presentations of classmates. In practicum courses structured around the use of formal case presentations, each

supervisee inevitably spends more group supervision time in the role of audience member than presenter. Participants' experiences of audience membership were therefore found to be a prominent contributing factor to their overall opinion of case presentations.

Interest. Participants typically took a measure of interest in listening to classmates' case presentations. Veronica stated, "I think it's just super interesting to listen to clients and their stories." Linda stated, "It was interesting to hear the different stories." Laura shared that, "I found it interesting to hear the stories of the clients that were presented." Krista explained, "It was interesting to hear so many different clients."

Session recordings appeared to be a primary source of interest. Linda stated, "Especially to see just how different people talk with different clients, like, different verbiage and all that stuff, that was very intriguing to me." Jane shared that, "I found it interesting because I found myself comparing my skills to other people's skills." Jessica similarly described how, "I remember comparing myself to [my classmates], in good ways and in bad ways. And I remember just thinking like, oh, they're gonna be a great counselor or, you know, I don't know if I would go to them." Morgan shared that, "I guess it was interesting to just see and hear how other people operate within counseling relationships and also to hear people's perspectives who have a different theoretical orientation than mine."

Disengagement. While participants found it interesting to gain exposure to a diversity of clients, most participants confessed that they periodically experienced difficulties paying attention to classmates' presentations. Linda admitted, "I halfway listened to half those presentations." She elaborated:

> I felt like these were just forced assignments that we had to give. So it's just boom, boom, boom. Next. Boom, boom, boom. So for us, you know, if you're just giving me boom,

> boom, boom, I'm just gonna be on my phone and then I'll look up when it's time or [my supervisor] sees somebody on the phone and she's like, okay, can you guys get off your phone? Stuff like that. But it wasn't engaging. It wasn't interesting. It was boring.

Laura shared how, "I just kind of zoned out and found it difficult to stay tuned into what was being discussed." Patricia stated, "Sometimes my mind would wander in and out a little bit, think about other things." Morgan expressed that, "I know several of [my classmates] were not engaged on the days they were not presenting. You could tell they were doing other things on the computer and just not being very present." Bryan described "a collective fatigue" among his group from having to listen to so many presentations, adding that, "I kind of tuned some of them out to be honest, just because there's only so much information I could take. I did start to just hear them less."

Providing Feedback. Participants commonly expressed issues surrounding the challenge of providing feedback to presenters. Krista questioned:

> How the hell am I supposed to understand this person's client from a 20-minute presentation and then a 10-minute audio recording? I don't really see how I'm supposed to provide adequate feedback when there's so much more to this than I'm hearing. I don't really see how I can properly comprehend a client based on a little presentation about them.

Bryan described the experience as "a little nerve-racking but different than presenting in the fact I can say this thing and then the focus would be off of me and back on the presenter or back on just the discussion in general." Laura stated, "I felt a lack of confidence in my own ability to ask questions and participate in a way that would be meaningful." Mia shared, "I definitely didn't

want to be the first person to talk because I didn't want to take up too much space. Sometimes you can recognize when other people really value their own thought process more than others."

Participants also expressed feeling obligated to provide feedback. Linda, whose supervisor required the group to ask three questions of the presenter after each presentation, suggested, "That was the only reason people were asking questions half the time, because they had to." Laura described offering feedback as "maybe checking a box sometimes," explaining how, "It was an unspoken rule that each student needed to give some sort of a feedback or response to each case presentation." Allison noted, "I think at some point everyone would share something, even if it was just, 'I agree with everyone else. I think you did good on this.'"

Several participants described feeling particularly tentative about providing critical feedback. Jane shared that, "I do distinctly remember sometimes not openly giving a lot of feedback because there were a few times I felt like I was the only person giving constructive criticism." She added, "It felt like you kind of had to have a bit of a filter, like, people were feeling fragile and nervous so you had to convey everything in a certain way." Jessica recalled withholding feedback from a peer, explaining that, "I don't think I could have said what I thought because I really don't think she could have handled that well." Veronica explained:

> I would see something and I'd be like, oh, that response is not, like, it just kind of ended the flow of the conversation. And I would still bring that up in my feedback. I'd give like four or five really positive things and then say, I also noticed this, like, can you tell me more about why you chose to do it that way or whatever? And I felt like it was not appreciated, you know? Like I shouldn't be doing that.

Comparative Value. Nearly all participants found listening to classmates' presentations to be less beneficial than giving their own case presentation. Aimee shared that, "I found it more

valuable to be the presenter." Bryan stated, "I think that, obviously, with it being about a specific client, the presenter benefits the most." Yasser noted, "The person that did [the case presentation] benefited more. So, all the work they did, I don't think that work translated to me." Jessica described classmates' presentations as "not as helpful as getting feedback from my own tape." Mia commented that, "As a feedback giver, you're not getting as much out of [the case presentation]." Jamie stated, "It was very interesting to hear what [peers] were dealing with but, other than that, there was nothing that was beneficial."

Theme 2: Perceptions of Value

This theme reports the findings associated with participants' perceptions of the most and least helpful aspects of case presentations in practicum group supervision. Subthemes within this theme describe participants' experiences of the advantages and disadvantages of (a) informal consultation (i.e., check-ins), and (b) the primary structural components of formal case presentations as typically conducted in group supervision (i.e., write-ups, recordings, feedback exchange processes). Although the characteristics of these structural components were found to vary considerably between supervision groups, this section examines commonalities among participants' experiences of these components.

Informal/Check-Ins. This subtheme reports findings relating to participants' experiences of informally discussing cases and clinical issues in group supervision outside the framework of formal case presentations. The term "check-in" is one that emerged from the data. It was found that the initial weeks of practicum were typically conducted in an informal manner and that group supervision remained informal until formal case presentations or other formalized group activities commenced. Once case presentations commenced, time spent on informal check-ins

varied significantly between practicum courses in response to contextual factors (e.g., class size, number of presentations required per student, course length, meeting duration).

Participants typically described informal consultation and check-ins as their favorite aspect of practicum group supervision. Jane stated, "I loved that. I feel like that was super helpful and I think everyone benefitted from that the most." Linda shared, "I always prefer the informal. If I had one takeaway from that class, I felt like once we started the presentations, I didn't get much from the class because that's all then that the supervision was about." This section describes findings related to the benefits and drawbacks of informal check-ins.

Enjoyment/Engagement. Participants commonly stated that they enjoyed informally discussing their clinical experiences in group supervision. Linda described the first weeks of practicum as "the fun part," explaining how, "Especially those first four weeks, it felt like group counseling all together, like we were all in there together trying to figure stuff out." Jane noted:

> Pretty much every week there was someone who had enough to share that our supervisor kind of had to redirect them to wrap up so that other people can have a chance to speak. It just seems like we always had something and I really looked forward to that. I always had plenty to say.

Mia expressed, "People can choose what they bring up but a lot of people are very honest, too. And that's where I feel like a lot of the growth has come out." Krista commented, "I enjoyed it a lot." Yasser described how, "In the beginning there is structure, but it's also flexible, so we go with the flow. We're just talking about things we're actually interested in, yeah, natural and fun."

Immediacy. Participants related the helpfulness of informal discussions to the opportunity to have pressing issues addressed in group supervision. Krista stated:

> For the first 90 minutes it would be check-ins and everyone would share how their practicum experience was this past week and we would do some debriefing, just providing support, feedback, anything that people kind of really needed from us as a class.

Allison commented, "I appreciated the time doing check-ins because we could bring up more immediate concerns that we had about clients we were seeing." Jessica described how, "Within that group supervision, we'd have about 30 minutes to talk about how our week went and that was something I would bring up...and we kind of just processed that, you know, my feelings towards it in addition to just the situation in general, processed kind of how to handle that and where to go from here." Jane explained:

> There were times that I wished supervision was two hours or just longer because I think, especially because I had a difficult time, you know, I felt like at my site I couldn't really go to anyone there for support. So, I feel like that was the most important thing just, without being prompted at all, being able to openly share, you know, tell us about your week. And there would usually be something pressing that would come out so there was never a shortage and there was never hesitation really for any of us.

Emotional Support. Many participants disclosed that the informal portions of group supervision were the best opportunity for students to discuss their emotional struggles and receive support. Veronica stated, "We spent a lot of time talking about self-care too, because most of us were really stressed and anxious about how things were going those first few weeks." Mia shared:

> I feel like a check-in is vital with people and just seeing how they're doing personally and what's coming up for them. It also lets you know where other people are at and it lets them get support, let's us get support for things that we need or just to get off our chest.

Jane detailed how:

> Obviously the supervision process is a little bit more intimate and emotional than core classes. There was definitely times some of us cried. Some of us had really difficult experiences. So, again, it was a really good experience. It was something that was actually helpful, you know, and it was something that I enjoyed doing. And it was really helpful like to process the week and everything.

Cohesion/Normalization. Participants often expressed how informal discussions increased a sense of cohesion within the group. When asked if she discussed the sadness she felt about not being able to see her clients again after COVID-19 lockdowns, Krista replied, "That was the beautiful thing about those weekly check-ins. I did express that to my class and I wasn't the only one in feeling that way." Linda stated, "I think that's what built our group dynamic, was those first four weeks of really getting to know each other and sharing our experiences." Aimee shared how, "I'm glad we had those moments of that, where people are like, ugh, I still don't have a client yet and other people are like, me either, we're all freaked out about it. So that was so helpful." Bryan stated that he especially appreciated "finding out people in the class were having similar experiences and having conversations with them," adding that, "I found that so beneficial."

Time Management. Particularly in meetings of shorter duration, participants noted that time spent on check-ins often competed with time spent on students' case presentations. Allison described how, "The first presentation was very helpful. The second one was not, because we

went over time on the check-ins and I literally had like five minutes to give my presentation." Mia shared, "There's lots of times where you go in and you're like, okay, yeah, I can definitely talk about this person, but there's not a time for that, you know, we're spending like an hour per person."

Time management was especially problematic in practicum courses that scheduled multiple presentations into a single group meeting. Bryan shared, "I remember [my presentation] being brief. I remember there was other presentations after me so the discussion wasn't too involved." Jessica described how, "I ended up being the last case presentation, so there was almost no feedback for me." Mia explained:

> Sometimes the person that was presenting second would kind of like run out of time or feel a little rushed or we'd show less video of the clip or summarize a little faster. So, I think one of the cons of that was that it left less time for us to talk about cases that were currently going on with all of us in a little more detail, because we were spending so much time on those two people for those two cases each class.

Tapered Utilization. Several participants complained that the use of informal check-ins tapered significantly once presentations began. Morgan explained:

> The first four weeks, before we started giving presentations, we each had to check in. But once we started doing presentations, it was just kind of like, 'Who has a question? Who has had something difficult happen over the last week? Who needs some help or some feedback or some guidance?' And then people would voluntarily share something with the class, so it wasn't even a required check-in for the majority of the class.

Veronica shared how:

> At the beginning we had one [presentation] a week and then, when some people didn't have their client ready the week they were supposed to present, we had two per week. So at the beginning my professor was like, 'All right, what's going on with you guys at your sites?' It was that informal, like, everyone kind of sharing, but at the end it was, okay, move on to the next person that's presenting.

Jane noted, "Towards the middle point of the semester onward, [the supervisor] wanted to add a little bit more structure. There were times she wanted us to give a 30-second check-in." Referring to her internship, Allison stated:

> What I did not like was that we didn't do check-ins, so there was no way to bring up concerns that we had about our clients until it was our time to present. If I had an issue with a client in week two, I would have to wait until mid to late semester to address any issues I had.

Less Useful as "Filler." Although uncommon, two participants described approaches to group supervision that saved informal check-ins for the end of meetings. Jamie described two drawbacks to this approach. In the event she had an issue she wanted to bring up in supervision, Jamie complained, "It's the last thing that we do and what if we run out of time?" She also noted that, "If no one has any pressing concerns to bring to the table that week, there is nothing to really talk about and there's nothing to do." Veronica explained that once case presentations ended, "It was just that informal like, OK, what's happening at your sites? Who wants to talk about something that's happening with their client?" She detailed how, "There were a lot of times where [the supervisor] would be like, wow, you guys are really quiet. You're not really giving me a whole lot."

Formal: Write-Ups. This subtheme reports findings relating to participants' experiences of written accompaniments to formal case presentations. The term "write-up" is one that emerged from the data. It was found that write-ups accompanying formal case presentations varied widely across practicum courses in terms of their required length, format, contents, focus, and role within students' oral delivery of case presentations. This section examines commonalities among participants' experiences of write-ups across differing approaches.

Structural Support. Several participants found value in having structured guidelines for preparing their write-up. Bryan, whose write-up was a tape critique, stated, "I think I can speak for most students and say having structure is paramount." He elaborated:

> I can't imagine just being told, like, critique yourself and being sent off. So not only did I enjoy having it, but it was like I felt it was doable, like that's information that I recognize is relevant and, if I was present with this session and I can actually critique myself, all those are very doable. It's just a matter of time and putting in the effort to type it all up.

Jessica appreciated how, "It was all laid out, the case presentation or case conceptualization, you basically just had a bunch of questions you had to answer about your client so that actually wasn't that hard to do. It wasn't a hard assignment." Jane stated, "I consider that to be really easy because it was so clearly laid out like that. The presentation was pretty much like copy and paste the headings." Aimee shared:

> I think it's helpful to have a template. I think without that structure it would be really difficult to, in a uniform way, kind of present because you could get lost in details that are irrelevant to the presentation or to the assignment. So I liked the template format, for sure.

Opportunity to Reflect. Participants stated that the write-up compelled them to think about a client or case in a deeper way than they otherwise might have. Krista stated, "Putting together the PowerPoint was quite, I don't want to say fun, but I enjoyed the process a lot because it really did force me to sit down and really conceptualize my client." Linda shared that, "It made me more proactive and I took more initiative I think just because I knew that assignment was coming up." Morgan described how, "It got me to think about things that I hadn't thought about prior to that." Bryan admitted, "It's not something I'm psyched to do but, every time I've done one, I'm just like, it beats me up in a good way. It refocuses myself and challenges me in a way that I don't get if I'm not watching my own tape."

Focus on the Counselor. The required contents of write-ups were found to vary widely between practicum courses. Variabilities existed in the complexity of case conceptualization and the inclusion of such information as diagnosis, theoretical orientation, treatment planning, use of formal assessments, and transcriptions. Participants reported a preference for contents that (a) focused primarily on clients' basic demographic information, and/or (b) focused on the counselors' counseling skills, relationship with the client, and personal struggles. Aimee stated:

> I liked it because it felt really supportive in that there were a lot of questions of like, how do you feel about this part? What would you like to do differently next time? What do you think you did well? And what do you have questions about or what would you like to get some guidance or feedback about? So, it felt very like how supervision should be.

Mia shared:

> I really appreciated talking about the strengths and challenges of the clients and also the transference and counter-transference, just because I feel like that is really important.

> That was a big theme for people too, like, stuff was being brought up in them and same with me. I felt like that was a really vital piece to cover.

Ryan's described his write-up (which solely included client demographics, strengths and weaknesses, and transference/countertransference issues) as "just kinda putting our foot in."

Minor Role in Presentation. Participants who had the most positive experiences with case presentations indicated that the write-up played a minor role in the presentation itself. Jane stated, "With the client presentations, most of us were finished in five minutes. It really was just like the brief overview and people didn't really have questions because they anticipated the clip would reveal more than what the presentation did." Mia explained that, "Most of the time people didn't even look at it. We just had it in front of us and would listen to the presenter, but we could reference back to it once giving feedback." Allison estimated that the time spent discussing the write-up was "probably no more than five minutes." She appreciated how:

> In practicum it was more geared towards how you are doing as a counselor rather than how to help the client, especially with that first presentation, because I want to say I probably did some sort of intake for my first presentation or some sort of first session. So it's more so about how I was doing as a counselor rather than how to treat this client.

Task Prematurity. Participants typically expressed that completing the case write-up was complicated by factors outside their control. Jane stated, "That was definitely an issue. I was pretty much in constant contact with my supervisor telling her, you know, I don't have any clients yet." Aimee shared that, "A lot of us didn't have clients of our own for a long time because all the intakes were going to existing clinicians." Because she was only doing group work at her site, Jamie admitted, "I felt like I had to lie on my presentation and what I wrote to fit

what [my supervisor] wanted, which was not benefiting me at all because I wasn't talking about what I was actually doing." Morgan explained:

> We started in week four and I was one of the first to go. So, I had four weeks to get assigned a client, meet them, do their intake, get an assessment done, give them a diagnosis, and then write a whole paper and do a presentation on them. It's not a lot of time.

Several participants expressed that the write-up seemed an inappropriate task for their level of experience. Laura stated that, "It doesn't make sense to do that until you have the basic skills down." She explained, "We had to write about our theoretical orientation and then link that to our approach in working with the client and I had a real hard time with that because I don't really have a theoretical orientation yet, like, it's building." Morgan stated:

> It felt like too much for practicum. That maybe should have been Internship Two and Practicum and Internship One should have been building up to that and providing feedback for how you can improve in order to get to that Internship Two point.

Yasser shared:

> If I want to reflect from when I'm in the practicum, it was a little bit hard, to be honest with you in the beginning, because I felt, some of it felt like you have to kind of imagine some of the stuff, you know, like, I met the client, I got some of the information and some of the information is not even there. I haven't even thought about it yet. I'm not at that level yet.

Neglect of Process. Several participants reported struggling with the write-up despite having provided guidelines. Linda wished there was "some type of outline that would have helped me get to the final product because we were trying to figure it out on our own. This is our

very first experience anyway and the steps to figure out how to get to the end product wasn't clear. There was a rubric, but there wasn't like, this is how you get there." Ryan expressed:

> I'm not great at finding all the information. There are so many dimensions to a person, how can I put this together? Here's my client and here's everything that's going with them. Oh my God. I'm like, there's so much, you're a human being and I don't even know how I could even start putting the pieces together about you. My mind doesn't work that way somehow and that's why I'm struggling in supervision, giving these reports about clients that I'm trying to friggin' wrap my head around and I'm stumbling over it.

Mia stated, "You're writing all this, you submit it, like, that's good prep for clinical writing and conceptualization but the process piece, actually developing that, that's missed." Morgan shared:

> With the relationship being so important and really setting the stage for what happens in the counseling process, I feel like there should be more of a focus on improving those skills in practicum because it feels like they're just, you know, throwing me to the wolves, jump in and show us your counseling skills now.

Laura complained, "It's like there's this idea that we should all be seasoned clinicians right now, not that this is a growth process and it's going to take a long time to get there."

Relevancy of Contents. Often participants questioned the appropriateness of certain components required in their write-ups. Jane commented on how her PowerPoint required a section on Piaget's and Erikson's stages of development, stating that, "I would have liked for there to be less structure, maybe just telling us to focus on what you find most important instead of like, do we really need to dedicate two slides to do two different developmental theories." Laura noted:

> It seems like what a lot of the case presentation process is about is how you're conceptualizing the client and what boxes. It feels almost archaic now thinking about it, like, back to the old days of the DSM and labeling and treatment.

About the requirement to provide a diagnosis, Veronica stated, "Most clients don't come to your office and just open up and tell you every single thing about them, like, there's not even enough time."

Jamie complained that the write-up "feels like a first grader's book report, like I'm checking off the boxes, filling out the information, getting the publisher or author or main character, all that minute stuff. That just didn't feel beneficial the way we were doing it." She elaborated:

> I think you as the counselor can discern if the problem is due to race or age or education level because you are interacting with that client. You get a gut feeling of where that comes from. And I think that that has a lot to do with your experience level obviously, but I mean, you get that interaction with that client and you can kind of tell where or what is clinically-relevant rather than filling out everything and being so precise on every aspect and then presenting it. It just doesn't seem necessary to me.

Ryan described the case conceptualization as "the fluff and all that crap," citing a preference for supervision to focus on "the nitty gritty, that I really struggled with something, processed through it, and kept going." He explained:

> That's the meat. That's where you really make a difference versus blah-blah-blah, whatever, the facts of their life. Who cares? I mean, that's part of it, but it's not the meat. The process, and the counselor of what they're, what they could have done, what they

> need to do or what they, how they're thinking about it, what they're bringing, what they're transferring, what they're, all this shit, all that. That's what's important.

Formal: Recordings. This subtheme reports findings relating to participants' experiences of the use of recordings within the framework of formal case presentations. Nine of the 15 participants included a recording in their case presentation(s). Exceptions were Laura, Ryan, Yasser, Jamie, Bryan, and Patricia. Laura's and Ryan's practicum courses did not include recordings anywhere within group supervision. Yasser's practicum focused heavily on recordings, but excluded recordings from case presentations. Jamie's practicum also focused heavily on recordings, but recordings were optional in the case presentation. Neither Bryan nor Patricia showed a recording with their case presentation solely due to time constraints.

Engagement. The observation of session recordings, whether audio or video, was typically described by participants as engaging. Veronica stated, "I think pretty much everybody was engaged in that part of the class." Jamie shared that, "I think everyone was engaged because it was really the only clinical work that we were doing." Ryan and Laura both commented on the absence of recordings in their group. Ryan suggested:

> There's just something about being able to see and hear yourself. It's just part of the embarrassment of learning how to be a counselor. It sucks to hear what you sound like but it's pretty cool to be able to break that down and be like be real about yourself in that moment.

Laura commented, "I was glad we didn't have audio or video, but I wonder what that experience would have been like. It seems it could have been very useful if it was done in a way that doesn't come across as critical."

Diverse Exposures. Most participants appreciated that the recordings provided an opportunity to observe a diversity of clients and counseling styles. Linda stated:

> Especially to see just how different people talk with different clients, different verbiage and all that stuff, that was very intriguing to me. Hearing people have mistakes and stuff, I do think that was helpful to kind of identify and relate with my classmates in that aspect.

Veronica shared how:

> I really liked being able to see the different styles that people had of being able to connect with clients. Some of my peers were really effective, too. That's enjoyable for me to see that process and to feel like that's some really good rapport. I really enjoy seeing those kinds of experiences.

Morgan commented, "I guess it was interesting to just see and hear how other people operate within counseling relationships and also to hear people's perspectives who have a different theoretical orientation than mine." Aimee explained:

> I think often it's like, ooh, what would I do if I had to work with a client who had these concerns? I couldn't do that. That sounds so crazy. I've never done anything like that. And then I watch it and I'm like, I could do that. That's exactly what I do, just with a different situation. So, yeah, it was a very reflective process for me, for sure.

Difficulties Obtaining Recordings. Nearly all participants described difficulties, either experienced personally or by peers, obtaining recordings. Allison stated, "From hearing previous students, it was a little scary because some people had difficulties at their site getting people to sign the consent form, agreeing to have their video or agreeing to have their session recorded." Veronica shared how, "I know some of my peers struggled with that, especially because they

were seeing kids or they were in a school setting." Jane commented, "Overall, I got the tapes I needed but I know particularly the school counseling people had trouble because they had to get in touch with the parents."

Participants expressed that obtaining video was significantly more difficult than audio. Aimee described how, "At some sites I think they were like, oh yeah video, we've had interns need that before, easy-peasy. But at some places they're like, video, like why would you need that? That's horrible, no." Jessica shared that, "Ours were all audio. They could have been video." Jane explained:

> Pretty much everyone could only get audio. And our program, you know, they wanted it to be a video clip so we could see our body language and the way that we are presenting ourselves in the session. But pretty much everyone was on the same page, like, none of us had clients that would consent to that. And a lot of it came down to our site, too. My site straight up told me I could only do audio and we weren't permitted to do video.

Audio vs. Video. Several participants mentioned that they found audio recordings less beneficial than video recordings. Patricia commented that, "Sometimes the audio wasn't the best quality and that would be a small function of being able to maintain attention." Jane noted, "So we were advised to select a portion that showcased our skills and there were people that didn't do that because there were audiotapes where they didn't speak at all." Jessica admitted, "If I'm just listening to a 10-minute segment, my mind starts to wander sometimes." Aimee described videos as "very helpful, because then you can see how the client reacts to certain interventions and like how they really open up their posture or, like, their expression and affect. I think that's very important."

Limited Meaningful Content. Participants described that a frequent problem with recordings was the limited nature of their content due to the brevity of encounters or newness of counseling relationships. Jane disclosed how, "Sometimes people would play clips and they're counterproductive to the process because they would only be introducing themselves and the client would be talking for the entire clip, so you weren't able to hear what skills they were using." Jessica described how, "I wouldn't have my kids for very long and, because it's so towards the beginning of the semester, it's a lot of get-to-know-you stuff." Aimee noted, "Some of it is like, okay, they talked about their day and then I did a reflection of feeling. And like, that's cool, but it's not really showing my skills a lot." Krista explained that she did not find recordings to be helpful because "the audio is such a sliver of one session that it's very, very hard to gain a lot from that."

Formal: Feedback Process. This subtheme reports findings relating to participants' experiences of various feedback exchange processes associated with formal case presentations. Most participants described the feedback exchange process in their group as unstructured. Three exceptions were Jane, Jessica, and Aimee. Jane and Jessica each had a supervisor who experimented with multiple approaches (e.g., alternating positive and critical feedback, assigning feedback roles, third-person feedback). Aimee's supervisor exclusively adopted a highly structured approach using "feedback hats." This section explores commonalities in participants' experiences of feedback exchange across approaches, as well as consideration for the advantages and disadvantages of both structured and unstructured methods.

Peer Support. Participants' typically reported that the greatest benefit from feedback came in the form of emotional support. Jane explained, "I think in the practicum supervision the biggest part of it was that peer support that I was getting. So, I wasn't getting groundbreaking

answers to any of my questions, but I was hearing like a lot of positive support and a lot of empathy for sure." Aimee described the feedback she received as "confidence-boosting." Veronica, who found the feedback exchanged in her group as generally unhelpful, admitted, "I think in terms of my morale, or like my confidence level, maybe that was benefited and I'm sure that helped any clients I was working with."

Constructive Feedback. Participants who reported the highest level of satisfaction with case presentations appreciated receiving feedback that was constructive in addition to being supportive (i.e., balanced). Krista described how, "For the most part, it was mostly positive. None of it was negative. If anything it was like one thing I think you could have done also. It was all super helpful. My professor always provided really decent feedback." Jessica stated, "Honestly, it was a pretty positive experience. Most people led with what you did well and then ended with what you could have done. In my experience, I've never had anyone say to me, this is wrong." She added, "You don't learn from getting praises all the time, you learn from getting constructive feedback. So I don't know if that's a norm, but that's just how it ended up going with my classmates and myself." Mia shared, "The way that the feedback was presented was really helpful often too. It's not like, you should do this. It was never, you know, judgment in a way." Ryan described the value he placed on constructive or challenging feedback:

> Because it was encouraged to push on each other a little bit about what we thought might be missing or what's not being said, I remember calling a couple of people out on some things to help push their awareness of self. And I wanted that too. I appreciate that. I don't know if everybody does, but I love that kind of thing where you're giving someone a perspective of what you see so that they can reflect on it. It wasn't 'You're doing this wrong,' it's, 'I'm seeing something. What do you think about it?' To help them grow.

Yasser spoke extensively about his desire for more challenge. He stated, "I wish it was more intense, more open, you know? More direct, more critical." He pointed out that, "I would have liked more people standing for their point. That's what I feel was missing. People don't stand for their point. I think with clash new things come out." Yasser explained further:

> There is a blend between the idea of being a counselor where we have to accept everybody and the idea of, okay, but there is some science. In the end there is some theories and there is some things that, based on experience, could make sense and not make sense. So when the group is so open, it makes me feel that the strength of our knowledge as counselors is weak because nobody is challenging anybody. So that means everything is okay, everything goes. And it just doesn't make sense to me.

Depth of Discussion. Many participants indicated that the value of feedback depended upon the development of deep discussions. Bryan stated, "I can see how people would think that the presentations are pointless because, if you're not getting through a discussion afterwards, what's the point?" Ryan shared how, "We had some interesting conversations that were really helpful and that all felt great. I feel better when that is happening, when I know people are engaged and they're getting something out of it as much as I am." Patricia described her favorite part of practicum group supervision as "definitely the discussions on the universality of issues that come up in counseling." She expounded, "I just recall in general having some really good discussions in the class, you know, maybe not so much about feedback for me personally, but on other issues that we would all discuss together."

Supervisor Input. Participants' experiences of supervisor involvement in the feedback process varied. It was observed that participants whose supervisors provided abundant feedback tended to have the most favorable opinions of case presentations. For instance, Aimee valued the

three pages of handwritten notes her supervisor provided to each presenter, explaining how, "I don't know what I need to improve on if nobody's telling me and I'm not aware of it. So I like that she was like, here's what I wrote, here's my thoughts. Very transparent. I appreciated that for sure." Krista stated, "I think I owe so much to my professor. He made us feel like it's okay to not know everything because we have the tools to figure it out when it comes." Linda, who enjoyed practicum but described case presentations as "a waste," shared, "I had a really good practicum supervisor. She didn't just give us facts because that didn't help us in our day-to-day. A lot of our time was spent on giving us feedback."

Several participants described their supervisor's contributions to feedback as minimal and/or unhelpful. Morgan shared:

> It was particularly frustrating because I focused on working with LGBTQ and I would often have questions about, you know, how should I move forward with this case? And there were several times that no one would say anything. And the professor would say, I really don't know anything about this population, you should talk to your supervisor. But you're my supervisor, too. I feel like you should be able to give me some kind of insight whether or not this is the population that you focus on in your practice. So that was incredibly frustrating for me because I genuinely wanted feedback and input on how to better serve these clients.

Jamie complained:

> During the presentation of it, there was no structure. [The supervisor] wasn't facilitating or asking insightful questions. There was none of that. It was a free-for-all and then, after you were done, she said the same things that the students said. There was no faculty support or no faculty insightful questions.

Veronica stated:

> I think the main thing I struggled with is that I think, in order to be an effective supervisor in that practicum setting, you have to have experience and training in how to run a group because it is like a therapeutic group, basically. And I just don't feel like [my supervisor] had that.

Excessive Positivity. Without exception, participants described the feedback exchanged as predominantly positive. Veronica stated:

> What I found my experience was with my classmates was that you weren't allowed to say anything negative or, not even that it's negative, but to give any kind of feedback. Everything had to be positive, like, overwhelmingly positive. And that was really frustrating for me.

Jane shared:

> There were people, I noticed this with myself and with other people who are presenting the tapes, there are other students who would kind of sugar coat and they would say, like, you did a really great job, I love everything that you said and I wouldn't have changed anything.

Linda stated, "People will always say, oh, that was really good, you did a good job on that." Allison noted, "Usually everything was pretty positive, which probably wasn't the most helpful." Morgan explained:

> A lot of the time, it was just kind of like, 'Oh, well, you did these few things really nicely. You did these things well.' And my experience in practicum was that I would ask for specific feedback, like, 'So I did this thing in this portion of the tape, how could I have

> done that differently?' And I just wouldn't get any feedback. I would just get people saying, like, 'I think what you did was okay. It was all right the way that you said that.'

Insufficient Structure. Most participants defined their feedback process as unstructured. Jamie described feedback as "just kind of a like a free-for-all." Laura described how, "There was no order whatsoever. Most times people just talk and, if two people start talking at once, the instructor might pick one of them, but usually it was pretty self-governed." Morgan shared:

> I felt like it was kind of a strange process. So, we would show our case conceptualization and then do the video and then it would just kind of be like a free-for-all. Like, the professor would just say, 'Okay, who has feedback for this person?' And sometimes one person would give feedback, sometimes eight people would give feedback. That was never really consistent.

Aimee, whose feedback was highly structured, commented, "I think if everybody just gave feedback willy-nilly, then everybody's going to be like, 'Oh, I really like that reflection of feeling you did.' Everybody's going to say the same things."

Restrictive Approaches. Although many participants complained of insufficient structure to the feedback process, the restrictiveness of structured approaches commonly emerged as a theme among those whose feedback was structured. Jane reported that, in response to the group's tendency to over-provide positive feedback, her supervisor had assigned group members the task of exclusively providing positive or critical feedback. Jane shared:

> I remember a couple times during case studies, I was assigned to only give positive commentary and kind of frame it like I appreciated the way that you did this or that. And in my head I'd be like, oh, there is also something that I wanted to talk more about but I couldn't since I was only assigned the positive feedback. So, it was frustrating at times.

Jane's supervisor also experimented with an approach in which the presenter was discussed in the third person. Jane commented, "I'm not sure if there is a big part of that model I missed, but it just felt like all we were doing was changing our language and not interacting directly with them. So I didn't really like that." Jane stated that she preferred open feedback, indicating how, "For the most part, everyone liked doing the feedback in the same way and I think we really all did agree on that."

Two participants described use of a feedback process similar to Borders's (1991) Structured Peer Group Supervision. Aimee commented that, "I liked it because it was a whole, very multifaceted way of getting feedback instead of everybody just being open-ended. I think it was really helpful to have each person have a specific area they were focusing on." Aimee however admitted, "I guess the hats are kind are limiting in a way." She explained:

> Half of the feedback hats were really useful, but then half of them were just kind of like, not. Like, sometimes you can find a metaphor in somebody's clip, but sometimes you can't. And then you just make something up and it's really not that helpful. I would have revamped that system because, as a feedback giver, you're not getting as much out of it and you're getting even less out of it if what you're doing you feel like is a waste of time.

Jessica's supervisor briefly experimented with assigning feedback roles to group members. Jessica stated:

> It was very forced. It didn't feel natural. So, after a couple of times of us voicing our opinion, she did away with that. So it was more fluid and conversational than, I don't know, I don't have a metaphor for this. You know, stuff like that.

Uneven Participation. Participants typically reported that some group members minimally contributed to feedback in group supervision. Bryan noted that, of the 50 students in

his group, "There were 10 or 20 that just didn't participate, like, we didn't hear their voices at all." Jamie stated, "There were two or three students in there that just didn't really share in general." Veronica described how:

> When my supervisor would ask questions like, 'So, what's coming up for you or are any of you guys feeling like this was a horrible decision to make?,' there was like crickets. And then the same two or three people that have shared, and that always share, would share.

Morgan expressed that, "It was always the same people, you know? Because it was voluntary, there were people who never gave feedback the whole class and then there were people who would speak every single time, so it was very imbalanced." Morgan found this problematic, explaining:

> The voluntariness of feedback gives people a great opportunity to disengage and people do. People take that opportunity, so I feel that was disadvantageous for me because I was missing out on feedback I could have gotten if people were engaged and participating more.

Theme 3: Participant Suggestions

This section reports findings relating to participants' suggestions for improving the use of case presentations in practicum group supervision. Three primary subthemes were identified: (a) the typicality of participants' preference for informal consultation over formal case presentations (i.e., Informal Versus Formal), (b) the typicality of participants' belief that formal case presentations in practicum should differ from those conducted in later internships (i.e., Practicum Versus Internship) and (c) the typicality of participants' belief that the productivity of case presentations depends on the development of meaningful discussions (i.e., Conversationality). In

addition, participants' recommendations for improving the structural elements of formal case presentations (i.e., write-ups, recordings, feedback exchange processes) are presented.

Informal Versus Formal. As previously discussed, participants found high levels of value from the informal discussion of cases and clinical issues that transpired over the initial weeks of practicum and during weekly check-ins. Many participants indicated that they would have preferred if practicum group supervision solely consisted of informal discussions. Linda stated, "I would have enjoyed it if it was just that feedback thing that we did the whole entire time." Krista suggested, "Especially at the practicum level, being able to discuss on a week-by-week basis about clients we're seeing? I think that that would actually make more sense." Jane shared her perspective that, "I think it was more beneficial for people to have the check-in than the case study." When asked how she would feel if practicum solely consisted of informal check-ins, Jane responded, "I don't think it would be harmful at all. I think it would be really beneficial if we could focus more on those open-ended check-ins." Mia recommended:

> I would try to create an opportunity for people to discuss their cases each session, at least one of them or something that they're struggling at with a client, instead of just allotting two hours for two people. So, yeah, creating an opportunity to discuss cases each time.

Morgan commented that the use of formal case presentations "doesn't really feel like true group supervision. It feels like individual supervision to me essentially, where you just have more than one supervisor."

Practicum Versus Internship. Many participants indicated that formal case presentations in their practicum and internships did not differ. Jane stated, "I would be willing to say, actually, that our practicum and internship syllabus are the exact same." Jamie shared, "For internship we did the same format." About the write-up for practicum, Bryan commented, "I'm

pretty sure it was even similar to the one that we had for internship. Yeah, I'm pretty sure it was word-for-word the same or close to it." Morgan noted, "Everything was pretty much the same across all three courses. It didn't really change." They added:

> I felt like it should have gotten progressively more, not difficult, but expectations should have changed, I think, because you're getting more experience. You're learning more. You're getting more practice. So I feel like it should have looked different, but it didn't.

Several participants suggested that formal case presentations be removed from practicum. Jane shared her opinion:

> It's more beneficial to do the case study in internship than in practicum. I would say that it wasn't groundbreaking enough that I really feel like they need to continue to do that in practicum because we do two of them in internship one and we do another two in internship two, so we have plenty of experience with that.

Jamie stated, "I don't know if I would do them, to be completely honest. I just didn't think that the case presentation was very important or vital." Linda commented, "I don't think we needed the formal presentation approach."

Many participants recommended that practicum group supervision place greater emphasis on the counselor and training on basic counseling skills. Laura, the most vocal proponent of this, stated, "Focusing on basic skills is just so crucial and it doesn't get as much attention as it should." Jane commented, "I just find it interesting that obviously the skills you have in internship are a lot different than you have in practicum yet the assignments are the same, which just doesn't really make sense to me." Jamie noted a need for more attention on "the minute, obvious, little stuff that might seem obvious to somebody that's experienced and seasoned and has been doing this but, to a teeny tiny practicum new student, is not." Morgan shared, "With the

relationship being so important and really setting the stage for what happens in the counseling process, I feel like there should be more of a focus on working to improve those skills in practicum." Veronica noted:

> There were a lot of missed opportunities in terms of just the process of how things happened that could have helped us to become better counselors by realizing more of those things that we need to work on and working on it in an environment that felt safe.

She described her view of practicum:

> I think what [practicum] should be is that kind of support for a growing counselor, you know, to provide an environment where people can grow and feel safe being vulnerable and discussing the things that they're not that great at and being able to, I don't know, I just think it's basically a microcosm of what counseling should be with the client. Like, bring here what one of your issues is or what one of the things that you struggle with is and, like, let's talk about it, you know, and figure out what we can do to improve that specific thing.

Ryan felt similarly, stating:

> I think they should focus more on, like, there's a distinction between what we're talking about on the client side and then the counselor and what they are learning. And maybe they could more directly and distinctly focus on the counselor, what they really struggled with here, in that moment, you know, with that client, what tweaked off something about their reaction to something or if they thought they didn't do this well or that well, you know, how they're growing or how they feel and what they're learning about themselves through this process. That is something I would have liked to focus on a lot more.

Mia suggested, "It would be great to [focus more on the counselor than client]. I think I definitely got some more of the individual skills-building from the individual supervision because that wasn't, yeah, you couldn't do that in group supervision."

Conversationality. Many participants articulated a desire for practicum in general, and case presentations particularly, to more effectively engage peers in meaningful discussions. Laura regretted how, "That just didn't seem to be the format of the class. [University] is big on the Socratic method, so a lot of our classes are dialogue-based, but this one seemed not encouraging that kind of back-and forth between students." Linda commented about case presentations that, "I think a majority of the people that I talked to kind of felt like it was a waste and we could've did something different." When asked what she would do to improve case presentations, Linda suggested:

> I think if we were able to present our presentations in a conversational or less, like, PowerPoint, stand-up-and-talk format, maybe if we were able to do it in a, I don't know off the top of my head, some different ways, creative ways, that we could have shared it. But I definitely think conversational or just, you know, more of an informal format.

Asked a similar question, Morgan replied:

> More focus on dialogue and back-and-forth, stimulating conversations and jumping off of what someone else has said to dig a little deeper and not just, 'Okay, here's what I did. Tell me what I did wrong and what I did right,' but actually having conversations. So, it just wasn't conversational at all in my experience. It just felt like, I come in, I present to you what I've done, and then all of you supervisee me.

Yasser spoke at length during his interview about his desire for "more ability to feel like it's okay to be on the offense side, that it's okay to tell people that maybe a different way should be done, a different approach should be taken." He explained the norm in his group:

> [My classmates] say stuff, but it's never taken to more than one cycle of back-and-forth. People just get to the point like, okay, come on, let's just move on, like, we don't care. We don't want to talk too much. And I have seen that happen sometimes where I'll just stop. But it's like, this is my skills, this is how I learn. If you tell me what you think, it makes me more aware of what's going on. But for them it felt like, no, it's good enough, let's move on.

Yasser stated that what he felt was most lacking in practicum was "a discussion, a more intense discussion, a meaningful discussion." Bryan suggested that, "In a properly-facilitated discussion, everyone gains a lot."

Structural Modifications. Provided here are participants' recommendations specific to the structural components that vary between supervisors' conceptualization and implementation of formal case presentations (i.e., write-ups, recordings, approaches to feedback exchange).

Write-ups. Participants most commonly recommended that the required contents for write-ups allow more flexibility. Linda stated, "I felt like it should have been less rigid of what we were sharing because each case was different." Jane shared:

> I would love if a supervisor would be able to ask us what we wanted to incorporate into the case study and to ask us for more feedback on how we did the structure of that instead of just automatically sticking to the syllabus that was provided to them.

Jamie commented, "I just think that a lot of that minute, little, crappy stuff just isn't important."

The question of how extensively write-ups should include attention to students' theoretical orientation came up frequently with participants. Some felt that it was premature to ask novices to define their theoretical orientation. Laura described how, "We had to write about our theoretical orientation and link that to our approach with the client and I had a real hard time with that because I don't really have a theoretical orientation yet, like, it's building." Others recommended more attention be given to theoretical orientation. Jessica suggested:

> Talking a little bit more about [theory] in the case conceptualizations. I don't think it has to be a huge chunk of the group supervision, but I don't remember being like, 'Oh yeah, you are person-centered. You were, you know, REBT.' I don't remember us doing that in practicum.

Yasser commented:

> I think the idea of theory is not taken as serious as it should be in the practice and I think, in the end, I think it needs to be part of every interaction. You cannot just be throwing stuff all over the place just because you feel.

Recordings. Not many participants highlighted recordings within their recommendations for improving case presentations. Those whose courses omitted recordings (i.e., Ryan, Laura) suggested that having recordings might be an improvement. However, several participants whose presentations included recordings viewed these as unnecessary. Linda stated, "I don't think the recordings are needed because you can still share what you want to share without it." Yasser commented, "In the future, I'm not going to have an audio for every single person. I should be able to explain them just by presenting my case."

Other participants suggested that recordings were helpful, but could be removed from the format of formal case presentations. Jamie felt that recordings were more beneficial when viewed apart from case presentations. Jamie explained:

> Because there was more time to talk about it and focus on it and dissect it a little bit rather than, all right, so now that the case is done, now we get to listen to the recording, but we can't run out of time because we need to get to the suggestions and the questions phase.

Morgan similarly stated:

> At least from my experience, pairing the case conceptualization presentation with the video was not really that helpful, or at least in the way my program combined it where it was you do the presentation and then we do the video clip and then you open it up to feedback, because that is confusing. People don't know what they're giving feedback on and people have questions that need to be answered before they actually watch the video. I think changing that up would be helpful.

Approaches to Feedback Exchange. Participants' recommendations regarding feedback centered around promoting greater inclusivity of group members and a more honest exchange of perspectives. Mia shared that, "I like the idea of encouraging or finding ways to encourage other people to give feedback, because there's certain people that don't really want to talk and that can be a really big missed opportunity." Morgan suggested having peers provide anonymous, written feedback. They explained, "I don't know if that would make people feel more comfortable, but I feel like that might allow people to give more honest feedback." Veronica similarly suggested that, "I think it would personally be really helpful to have some kind of written feedback." Veronica shared thoughtful ideas about improving the feedback process. She stated:

> I feel like that would have been helpful for me to be able to receive, where it is kind of a culture just in general, but I think especially for women, to just say positive things. I feel like that would have really benefited all of us as counselors to have that kind of forum, where this is a regular interaction that we have, something we expect is going to happen every week.

Veronica expounded upon why she thought this would be beneficial:

> In terms of my peers, I see a lot of women who've been through traumatic experiences, who are super empathic, a lot of what I describe for myself, and that really want to help, but they get so overinvested that they don't know where the boundaries are. They're not able to say what their voice is or know where the limit is and they end up getting burned out. I think that whole concept of really being able to claim what your opinion is and say what it is and being okay with it, like, I feel that whole practice would be really beneficial and stir the pot in terms of the work we have to do as counselors to really be competent and to prevent being burned out. I feel that would be super effective and also give a lot of substance to the other 45 minutes of class, like, okay, let's process what that was like for you to give negative feedback.

When asked if she felt the written feedback should be submitted anonymously in order to encourage greater honesty, as Morgan had suggested during a prior interview, Veronica replied:

> I think it would probably be good to have names to it because I feel like this is a skill that as a counselor you should have. You should be able to meet with the client and say, 'You're doing really great at these things, but I see this area that you're struggling with. Here's some things maybe we could think about to help that be better so you can meet your goals.' I feel like being able to really stand behind what you think and communicate

that to your client is kind of essential. So I think having your name on it is important, being able to really claim what it is that you're saying or what your opinion is, I think that's important.

Discussion of the Results

A phenomenological research approach was utilized to understand counseling students' lived experiences of case presentations in practicum group supervision. Semi-structured interviews were conducted with 15 students actively enrolled in CACREP-accredited programs across the United States. The collected data was analyzed according to steps for phenomenological research to provide insights into four research questions: How do first-time practicum students experience the process of participating in case presentations within the setting of group supervision? What facets of case presentations do practicum students perceive as most and least helpful to their development as counselors? What are practicum students' recommendations for improving case presentations in practicum group supervision? What does this information reveal about potential best practices for the use of case presentations within practicum group supervision? This chapter summarizes the study's findings as they relate to these four questions.

Findings showed that participants shared highly similar emotional experiences of going through practicum. Similarities among participants' emotional experiences throughout practicum were typified by, but not limited to, a combination of nervousness, fear, excitement, insecurities about clinical competency, and varying levels of comfort and discomfort. These findings were consistent with the existing literature describing the stage-appropriate, developmental characteristics of novice trainees, as detailed in Chapter 2 of this document. Reiterated by the study's findings is the observation that starting to counsel for the first time (i.e., being a

practicum student) is an emotionally challenging phase in novices' developmental journey toward clinical skillfulness.

Nearly all participants reported that they appreciated the initial weeks of practicum and weekly check-ins (i.e., informal case presentations) as the most enjoyable, engaging, and beneficial aspect of practicum group supervision. Exceptions were participants whose practicum courses either: (a) quickly began formal case presentations (e.g., week two); (b) progressively tapered the use of weekly check-ins due to a high volume of formal case presentations being conducted throughout group supervision, especially later in the term; and (c) saved weekly check-ins for the end of class meetings, if or when time remained. Similarities among participants' perceptions of the value of informal case presentations included, but were not limited to, the ability for all group members to share and process timely issues and challenges, receive emotional support from the group and supervisor, have normalized the difficulties experienced in clinical practice, and obtain exposure to a diversity of clients and counseling experiences. Many participants suggested that practicum group supervision would be improved by removing formal case presentations entirely in favor of exclusive reliance on informal case consultation and check-ins.

Participants varied widely in their experiences with and perceptions of the value of formal case presentations. As formal case presentations were implemented uniquely within each practicum course, the study explored what participants believed to be the most and least beneficial aspects of formal case presentations. Three compositional elements to formal case presentations that varied between courses were specifically examined (i.e., write-ups, use of recordings, feedback exchange processes). The study additionally examined participants' experiences of listening to the case presentations of classmates (i.e., audience membership).

Participants appeared to prefer write-ups that (a) provided clear guidelines, (b) were one to two pages in length, (c) allowed flexibility regarding required informational contents, (d) placed limited expectations for case conceptualization and treatment planning, and (e) fostered opportunities for counselors to reflect on their counseling skills and internal experiences. Participants also appeared to prefer when case write-ups were not the focal point of formal case presentations, but rather were used to provide basic background information as prelude to the session recording to follow. Several participants suggested that the case write-up would be more effective as an assignment independent from formal case presentations.

Participants typically described recordings as interesting, but noted multiple problems caused by requiring session recordings within formal case presentations. Participants reported that difficulties obtaining recordings significantly limited which client(s) they were able to present. Several participants complained that they were unable to present a client they wanted to present because they could not obtain a recording. Participants noted that audio recordings were more easily obtained than video recordings, but that these were less useful due to the absence of visual cues and being attentionally less engaging. Issues characteristic of practicum (e.g., immature counseling relationships, brief therapeutic encounters) were seen to further limit the value of session recordings. Participants reported that recordings typically contained limited meaningful content and often failed to reveal salient information about counselors' clinical skills.

Variation among supervisors' approaches to the feedback exchange process seemed to most directly influence participants' perceptions of the value of formal case presentations. All participants reported that feedback exchanged between peers tended to be predominantly positive at the expense of clinical helpfulness. This was particularly true when the feedback process was unstructured. Although structured approaches to feedback provided greater exchange of

constructive criticism, participants typically complained that structured approaches (e.g., the assignment of specific roles, alternating positive and constructive feedback) felt overly restrictive and forced. It appeared from the findings that the value derived from feedback periods depended primarily on how much time was dedicated to feedback exchange and to what extent meaningful conversations developed that involved and pertained to all group members. Participants typically appreciated formal case presentations as being confidence-boosting, but varied in how helpful they believed the activity to have been to their clinical growth. Participants generally expressed a strong desire for feedback to be more challenging, more constructive, and more honest.

Because supervisees spend significantly more time in group supervision listening to classmates' case presentations than presenting their own cases, participants' experiences of audience membership were explored in the study. Nearly all participants reported that listening to classmates' presentations was less helpful than giving their own case presentation(s). Exceptions were those who expressed the most negative experiences with presenting. Participants typically complained that, once formal case presentations began (usually around the fifth week of a 15-week term), a majority of group supervision time was spent with one supervisee receiving the bulk of supervisory attention at a time. Particularly in courses with classes of shorter duration (i.e., 90 minutes), participants regretted that formal case presentations curtailed supervision time available for informal check-ins in which all group members could address immediate issues and concerns.

Each interviewee was asked to provide suggestions for improving the use of case presentations in practicum group supervision. Although participants expressed varied recommendations for improving the use of write-ups, recordings, and approaches to feedback exchange, three common themes emerged from the data. First, participants recommended that

more time be spent on informal check-ins, with several participants suggesting that practicum group supervision consist solely of informal discussions. Second, participants typically noted that formal case presentations in practicum and later internships did not significantly differ and that this seemed counter-intuitive to clinical training. Participants suggested that (a) case presentations should either be excluded from practicum or grow increasingly complex as students advance through clinical training, and (b) practicum courses should place greater attention on basic counseling skills and counselors' internal experiences of managing therapeutic relationships. Third, participants advocated for greater utilization of robust dialogue and conversations that more efficiently involved all group members, better addressed universal issues and concerns, fostered more honest exchanges, and pushed supervisees to collectively reflect more deeply on their experiences as developing counselors.

General conclusions were drawn from the study's findings. First, it was concluded that: *Practicum group supervision would be improved by maximizing the use of informal discussions.* This conclusion was supported by multiple recommendations provided by participants. Krista stated, "I almost think, especially at the practicum level, being able to discuss on a week-by-week basis about clients we're seeing? I think that that would actually make more sense." Mia stated, "I would try to create an opportunity for people to discuss their cases each session, at least one of them or something they're struggling with instead of just allotting two hours for two people." Jane stated, "I think it was more beneficial for people to have the check-in than the case study." Allison stated, "The check-ins were more engaging [than the case presentations] and I could actually kind of pay attention a little bit better rather than watching a video and dissecting what the person was doing." Linda stated, "I don't think we needed the formal presentation

approach. I would have enjoyed it if it was just that feedback thing that we did the whole entire time."

The second conclusion drawn from the study's findings was that: *Formal case presentations may not be developmentally ideal for use in practicum group supervision.* This conclusion was supported by multiple statements provided by participants. Jane stated, "I just find it interesting that obviously the skills that you have in internship are a lot different than you have in practicum yet the assignments are the same, which just doesn't really make sense to me." Laura stated, "It doesn't make sense to do [case presentations] until you have the basic skills down." Morgan stated, "With the relationship being so important and really setting the stage for what happens in the counseling process, I feel like there should be more of a focus on working to improve those skills in practicum because it feels like they're just throwing me to the wolves, jump in and show us your counseling skills now." Jamie stated, "I don't know if I would do [case presentations in practicum], to be honest."

The third and final conclusion drawn from the study was that: *Practicum group supervision may be improved by placing intentional emphasis on developing students' ability to provide and receive meaningful feedback.* This conclusion emerged slowly over time throughout the course of conducting interviews, sprouted more substantively during the 11th interview (i.e., Morgan), and then blossomed fully during a conversation on the topic of feedback that transpired with the 13th interviewee (i.e., Veronica). Prior to these two interviews, common problems associated with feedback in practicum had become clear, most noticeably that the helpfulness of feedback was limited by the prevalence of excessive positivity. It had also become clear that participants consistently desired to both give and receive more direct, constructive, and challenging feedback. Morgan recommended the use of anonymous, written feedback in

response to case presentations as a method of promoting greater honesty from group members. When Veronica echoed Morgan's support for written feedback, I asked if she felt this feedback should be submitted anonymously. Veronica responded:

> I think it would probably be good to have your names to it because this is, again, I feel like this is a skill that as a counselor you should have, like, you should be able to meet with the client and say, 'You're doing really, really great at these things, but I see this area that you're struggling with. Like, here's some things maybe we could think about to help that be better so you can meet your goals or whatever.' Right? I feel like being able to really stand behind what you think and come up, like, be able to see your client as a whole is kind of essential. And so I think having your name on it is important, like being able to really claim what it is that you're saying or what your opinion is, I think that's important.

This statement from Veronica served as a tipping point that resulted in a reformulation of my perspective on feedback in practicum. I no longer viewed feedback merely as an area needing improvement to help supervisees receive more effective guidance about their cases or counseling skills. Instead, I considered that it is the process of feedback exchange itself that matters most at this early stage of training. I theorized that, if being an effective counselor requires adeptness at communication, then group supervision may be utilized as the ideal training ground to address and practice this skill in a live setting. By placing supervisory emphasis on communication challenges, supervisors may help novice trainees in group supervision collectively examine, discuss, and work through barriers to effective communication. This conclusion from the study's findings invites a re-imagining of group supervision, particularly for training at the practicum level. The implications of such a paradigm shift are further explored in Chapter 5.

It should be noted that three, *a priori* expectations of what would be revealed in this study were not supported in the findings. First, it was anticipated that between-member problems (e.g., competitiveness, defensiveness, interpersonal conflict) would interfere with the pedagogical effectiveness of formal case presentations in practicum group supervision (Enyedy et al., 2003). No evidence of this was found in the study. Second, it was anticipated that participants would express a disfavor for formal case presentations on account of performance and evaluation anxieties (Rønnestad & Skovholt, 2013). Although most participants described experiencing some measure of nervousness relating to case presentations, anxiety was not found to dramatically influence participants' opinion of the assignment's value. Third, it was anticipated that multicultural differences (i.e., age, race, gender) between participants and group members and/or the supervisor would play a noticeable role in participants' experiences of case presentations. This also was generally unsupported by the study's findings, with one exception (i.e., Ryan) whose experience was somewhat adversely impacted by being "an entirely different generation from all these [classmates] who were like, meh."

To explain these disconfirmations, I posited that certain characteristics of practicum may uniquely protect it from issues that typically assail other supervision groups. Two possibilities stood out as plausible. It is possible that the common ground that practicum students share as absolute novices intrinsically facilitates group cohesion; supervisees' discovery that they are not alone in the struggles they are first encountering in clinical practice may result in a collective experience of relief and increased opportunities for emotional support that take precedence over interpersonal trifles. It is also possible that practicum group supervision is unique in that supervisees' abilities, at this earliest stage of development, are more similar to one another than at any other time during clinical training. Glickauf-Hughes and Campbell (1991) cited

differential abilities as one of the between-member problems that most commonly undermines group supervision. In practicum, supervisees' abilities are least differentiated, which may explain the absence of conflict between group members observed in the current study.

Chapter 5

Summary, Implications, and Recommendations

Summary

The purpose of the study was to understand counseling students' lived experiences of case presentations in practicum group supervision. The study was motivated by five acknowledgements derived from the literature of counselor education and supervision: (a) Most group supervision centers around students' performance of case presentations (Riva & Cornish, 2008); (b) Case presentations have been minimally researched, especially regarding their instructional value (Hadjistavropoulos et al., 2010); (c) Practicum students (i.e., novices commencing clinical practice) exhibit a wide array of stage-appropriate, developmental characteristics that distinguish them from more seasoned trainees (Rønnestad & Skovholt, 2013; Stoltenberg & McNeill, 2010); (d) Best practices of clinical supervision direct supervisors to select pedagogical methods that are tailored to match the developmental level of trainees (ACES, 2011; Borders, 2014); and (e) Training manuals for practicum supervision (e.g., Baird & Mollen, 2019; Faiver et al., 2004; Hodges, 2016; Russell-Chapin et al., 2016; Scott et al., 2015) reveal a lack of consensus about the most effective way to implement case presentations within the setting of practicum group supervision.

A phenomenological research approach was adopted to seek answers to the following research questions:

1. How do first-time practicum students experience the process of participating in case presentations within the setting of group supervision?
2. What facets of case presentations do practicum students perceive as most and least helpful to their development as counselors?

3. What are practicum students' recommendations for improving case presentations in practicum group supervision?
4. What does this information reveal about potential best practices for the use of case presentations within practicum group supervision?

Participants consisted of 15 actively enrolled counseling students from 11 CACREP-accredited programs located throughout the United States. All participants had completed practicum and had performed at least one case presentation within the setting of group supervision. Within the sample, 11 participants identified as cisgender women, two as cisgender men, one as a transgender man, and one as non-binary/genderqueer. Participants included one African American, one Asian American, and one student from the Middle East, with the remaining participants identifying as Caucasian. Participants' ages ranged from 23 to 55.

In-depth, semi-structured interviews were conducted over webcam and lasted between just over 1 hour to nearly 2 hours. Interviews were transcribed and analyzed to identify common themes and subthemes supported by key statements (i.e., meaning units) communicated by participants. The themes identified in the study (i.e., Emotional Experiences, Perceptions of Value, and Participant Suggestions) related to each of the first three research questions. Conclusions were drawn from the findings within each theme to articulate an answer to the fourth research question.

While participants reported highly similar emotional experiences of going through practicum, findings showed a prominent distinction in how practicum students viewed the helpfulness of informal versus formal case presentations. Informal case presentations (i.e., case consultation, weekly check-ins) in which students collectively discussed clinical issues and cases apart from a formal, presentational process were perceived by nearly all participants as the most

enjoyable, engaging, and instructive aspect of group supervision. In contrast, participants' experiences of formal case presentations varied dramatically. Participants' experiences with and perceptions of the value of formal case presentations ranged from one student who described the activity as "invaluable" to others who described it as "pointless" or "a waste of time."

Three conclusions were drawn from the study's findings. The first conclusion was that: *Practicum group supervision would be improved by maximizing the use of informal discussions.* Data analysis revealed multiple benefits specifically associated with the use informal case presentations within practicum group supervision. Participants greatly valued the opportunity to share immediate concerns and issues relating to their sites and specific clientele on a weekly basis. Participants described how informal discussions provided opportunities for students to share personal challenges, have these challenges normalized by the group, and exchange emotional support. Informal case consultation was typically appreciated as enhancing group cohesion, promoting deeper conversations on universal issues relevant to all group members, ameliorating students' self-doubts about clinical competency, and directly improving basic counseling skills (e.g., building report, handling silence in sessions, ethical questions).

When properly facilitated by the practicum supervisor, informal case consultations were seen to be superior to formal case presentations in their ability to more actively and equitably involve all supervisees in supervised training. Participants typically characterized informal case consultation as "enjoyable" and "a positive experience." As a result of these observations, it was concluded from the study's findings that informal case consultation and weekly check-ins offer the intended benefits of formal case presentations (e.g., exposure to diverse clients and perspectives, receipt of helpful feedback) without the drawbacks typical of formalized

presentations (i.e., performance anxiety, evaluation fears, time constraints, disengagement of audience members).

The second conclusion drawn from the study was that: *Formal case presentations may not be developmentally ideal for use in practicum group supervision.* Data analysis revealed multiple problems associated with the use formal case presentations specifically within practicum group supervision. These problems can be categorized into three types: (a) problems relating to the clinical inexperience of practicum students, (b) problems relating to inefficient use of group supervision time, and (c) problems relating to the quality of feedback exchange. Formal case presentations were seen to be comprised of two, predominant types: those that were structured around the viewing of recordings and focused on the presenter's basic counseling skills, and those that were structured around written case conceptualizations and focused on counselor's understanding of the client, diagnosis, and treatment planning. Both types were subject to the aforementioned problems. Recording-based presentations appeared more responsive to supervisees' clinical inexperience than conceptualization-based presentations, but suffered from additional limitations specific to recordings used at the practicum level (e.g., constrained client selection, limited meaningful content).

The youthfulness of practicum student's clinical experience adversely influenced the utility of formal case presentations in multiple ways. Especially early in practicum, many students reported either not having clients yet, only performing group counseling, or having few options for choosing which client to present. Options for client selection were further constrained by the typical requirement for case presentations to include a session recording. The immaturity of counseling relationships often resulted in recordings that contained limited meaningful content because early therapeutic encounters contained "a lot of get-to-know-you stuff" and some

recordings featured students who "didn't speak at all." Clinical inexperience particularly hindered conceptualization-based case presentations. As one participant stated, "It doesn't make sense to do that until you have the basic skills down."

Problems relating to efficient use of group supervision time consisted of issues relating to variable uses of informal check-ins and participants' perceptions that audience membership was less engaging and beneficial than presenting one's own case presentation. Practicum courses dramatically varied in how much time was spent on informal consultation prior to the commencement of formal presentations and how much time was allocated to weekly check-ins throughout the duration of practicum. Once case presentations commenced, inconsistent time spent on check-ins often impacted time available for formal case presentations, such that many presentations (especially for students who presented second) were abbreviated or hurried. Furthermore, because most participants viewed listening to classmates' presentations as less helpful than presenting, the efficiency of supervising "one student at a time" was frequently questioned by participants. Many participants reported feeling disengaged in others' presentations. As one participant admitted, "I halfway listened to half those presentations."

Problems relating to the quality of feedback exchange consisted of issues caused by the tendency of group members' feedback to be overly positive in the absence of structured approaches, that structured approaches typically felt overly restrictive and counter-productive, and that meaningful discussions applicable to all group members too infrequently occurred within the context of formal case presentations. Many participants reported that feedback exchanged in response to case presentations was especially positive given what seemed like the evaluative weight on the assignment. As a participant described, "Because my classmates knew that my professor hated me they wanted to be as positive as they could and not give her any

ammo." Some participants described the feedback exchange process as exceedingly brief (i.e., 5 minutes). Participants typically expressed how their group contained a percentage of students who, for the most part, never shared feedback at all.

The third conclusion was that: *Practicum group supervision may be improved by placing intentional emphasis on developing students' ability to provide and receive meaningful feedback.* The conclusion was rooted in participants' complaints about feedback previously described (e.g., excessive positivity, limited helpfulness, uneven participation) and the proposition that skillfulness in counseling depends upon counselors' competencies in communicating effectively with clients. It was suggested by one participant that clinical growth in the area of feedback delivery would be best supported by encouraging supervisees to openly and collectively reflect on how feedback exchange is experienced in order to improve upon this ability (i.e., metacommunication regarding feedback). In the event that supervisees' approaches to feedback offered within the setting of group supervision are duplicated within the context of counseling relationships (i.e., parallel process), supervisory attention on practicum students' communication may be viewed as developmentally-responsive to novices' tendency to provide feedback that is experienced by others (e.g., classmates, clients) as excessively positive or limited in helpfulness. Additionally, as suggested by one participant, this may help more supervisees "find their voice," arguably an indispensable asset for counselors.

Implications

Best practices of group supervision direct supervisors to select pedagogical methods that are developmentally appropriate for trainees (ACES, 2011; Borders, 2014). As outlined in the literature in Chapter 2 and supported by the findings in this study, practicum students display stage-appropriate characteristics relating to their inexperience with both counseling and

supervision. The participants in this study expressed a strong desire for practicum to address basic counseling skills and "the minute obvious little stuff that might seem obvious to somebody that's experienced and seasoned but, to a teeny tiny practicum new student, is not." Although nearly all participants expressed finding the greatest value from informal consultation and weekly check-ins, practicum courses varied dramatically in how much time was dedicated to supervision conducted in this manner. Formal case presentations factored prominently in all of the practicum courses of participants in this study, comprising a majority of group supervision time in each practicum course. However, the manner in which case presentations were incorporated into group supervision were inconsistent, revealing that best practices for the use of case presentations in practicum group supervision have yet to be established.

Discrepancies between participants' experiences of formal case presentations, ranging from very positive to very negative, reveal that the use of formal case presentations in practicum group supervision has the potential to be unproductive for training novice counselors. While certain supervisees may benefit from formal case presentations regardless of structure due to personal characteristics (e.g., strong commitment to learning), it is clear from the study's findings that some students fail to benefit from formal case presentations. Furthermore, even participants who expressed having positive opinions of formal case presentations admitted flaws with the formal presentational process. Primary among these flaws was the recognition that "one-at-a-time supervision" was an inefficient use of group supervision time that diminished supervisees' ability to address immediate concerns and issues on a week-by-week basis. The implication of this finding is that current approaches to practicum group supervision, in which formal case presentations play a central role, are not optimally and equally serving the developmental needs of all practicum students.

Because nearly all participants extolled the value of informal consultation and weekly check-ins, the conclusion that practicum group supervision would be improved by maximizing the use of informal discussions has implications for counselor educators. Greater use of informal consultation would provide supervisors more opportunities to tailor supervision to the specific needs of their supervisees throughout the entire duration of practicum, rather than solely during the initial weeks and/or weekly check-ins. This would likely allow supervisees to remain more actively engaged in the group supervision process throughout the entirety of practicum, more deeply discuss developmental challenges, cultivate clinical competency in the areas experienced as most difficult for them, and obtain confidence rooted in skill-acquisition rather than positive feedback. As one participant (i.e., Laura) suggested:

> Being interested in what everyone's growing edge is probably more constructive than being like, 'You're doing a great job and you're doing everything right.' I think that a lot of students came away from the case presentation experience feeling empowered, sort of, by what the other students were saying and, not that we shouldn't be empowered, but like, why? And is it always valid and justified? I don't know. It seems dangerous. It creates sort of a sense of false confidence, actually.

Many participants noted that group supervision in their practicum and internship courses were similarly or identically structured and that this "didn't make sense." This finding suggests that the group supervision of practicum students is infrequently considered independently from group supervision in general. If best practices of group supervision are to be adhered to by counselor training programs, then practicum courses would ideally be structured differently than internship courses to better respond to the unique developmental characteristics of practicum students. The study's conclusion that formal case presentations may not be developmentally ideal

for use in practicum group supervision has implications for counselor training programs, as well as CACREP and other accrediting organizations. Based on the study's findings, counseling programs may potentially improve training outcomes by organizing students' clinical series (i.e., a practicum followed by two internships) as a three-step process in which group supervision is dissimilarly structured at each stage. As indicated by one participant (i.e., Morgan):

> I felt like it should have been progressively, not difficult, but expectations should have changed, I think, because you're getting more experience. You're learning more. You're getting more practice. So I feel like it should have looked different, but it didn't.

The study's third conclusion that practicum group supervision should place intentional emphasis on developing students' ability to provide and receive meaningful feedback has vital implications for supervisees and their clientele. Findings showed that counseling students enter practicum with hopefulness about developing a successful career as professional counselors and high expectations that training will provide them the skills necessary to succeed. Increased supervisory attention on trainees' feedback delivery skills might result in (a) more supervisees actively participating in group supervision by directly addressing students' hesitancies and habits regarding feedback exchange, and (b) more successful counseling outcomes experienced by trainees as a result of improved feedback skills and increased confidence about communicating with clients, even at the earliest stages of clinical development.

Recommendations

The recommendations provided in this section are based on the emergent themes and conclusions drawn from this study. First, extensive findings from this study related to participants' perceptions of the advantages and disadvantages of varied approaches to formal case presentations. Although the study concluded that formal case presentations may not be ideally

suitable within the context of practicum group supervision, the value of formal case presentations is not discounted. As such, it is recommended that empirical research be conducted into first and/or second semester internship students' experiences of case presentations. Specifically, future studies may focus on the comparative value of various approaches to case write-ups, the use of recordings (within or outside the format of formal case presentations), and disparate approaches to feedback exchange. Future studies may also seek to obtain greater clarity about differences between students' experiences of recording-based presentations versus case conceptualization-based presentations. Future research into supervisors' experiences with case presentations, as well as their motivations for structural decisions made, are also recommended.

Second, the implementation of practicum group supervision structured exclusively around the use of informal case consultation is encouraged. Empirical research is needed to assess whether practicum group supervision of this type is in fact experienced by trainees as more beneficial than supervision structured around formal case presentations, as this study alleges. A longitudinal study of counseling students who received practicum group supervision of an exclusively informal type, compared to those who received supervision-as-usual, may be particularly informative of any differences in long-term clinical development.

Third, the findings in this study suggest that both structured and unstructured approaches to feedback exchange retain disadvantages within the context of practicum group supervision. As was found to be true of formal case presentations in general, feedback exchange processes appear to be another pivotal area of counselor training in which best practices have yet to be established, especially as it relates to the training of novice clinicians. Unstructured or loosely structured approaches were found to typically result in excessively positive feedback exchange with limited helpfulness. Alternatively, structured approaches were found to be overly restrictive

and often cited as a source of frustration by the participants in this study. As a result of these findings, further research into existing and emerging methods of feedback exchange is strongly recommended. Counselor educators and supervisors are encouraged to continually reflect on, experiment with, and develop new and creative approaches to feedback exchange processes.

The study's final conclusion that practicum group supervision may be significantly improved by placing intentional emphasis on supervisees' experiences of the process of communicating feedback is an idea that requires empirical research. Suppositions that shifting supervisory focus from the content of feedback to the process of feedback will (a) more effectively involve supervisees who otherwise may participate minimally in supervision, and (b) produce superior training outcomes across all supervisees, while intimated by this study's findings, must be tested. Research into group supervision that deliberately focuses on supervisees' experience of communicating feedback is strongly recommended. Supervision focused on the process of feedback has the potential to fundamentally transform the way counselor educators and supervisors conceptualize and conduct group supervision, such that group supervision may no longer include "missed opportunities."

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Appendix A

Recruitment Materials

Email to Counselor Educators

Subject line: Shaping the Future of Counselor Training [VIDEO]

Good [morning/afternoon], Dr. [contact's last name],

I hope this email finds you well during these unprecedented times. If you would be so kind, could you please help me get this video message into the inboxes of your supervisees in [course number]? If you could let me know it/when you forward this email, this will help me better track my recruitment efforts.

Thank you so much!

~ Jason

Note: This study has received IRB approval; the informed consent is provided to participants within a link to Qualtrics embedded in the invitational email.

Fellow student,

I am reaching out in URGENT NEED of interviewees for my doctoral dissertation investigating students' experiences of case presentations in practicum group supervision. Although case presentations are widely practiced, we actually know very little about beginning trainees' experiences with this process. This is why you are so important!

1. Please watch this 1-minute video to you.
2. Then, to demonstrate your irrefutable awesomeness (i.e., volunteer), SIMPLY CLICK HERE.

Thank you immensely,

Jason B. Fischer, MA, LPC
St. Mary's University, San Antonio, Texas
Doctoral Student, Counselor Education & Supervision
C: 512.413.0005

Appendix A (cont.)

Video Message

Video URL: https://www.youtube.com/watch?v=1u90NvvWbnc&feature=youtu.be

Video Title: Dissertation Invite

Video Duration: 1 minute, 6 seconds

Video Transcript:

Obviously these are some unusual times for all of us in the counselor training community and we're doing our best to adapt to it. My name is Jason Fischer. I am a Ph.D. student at St. Mary's University in beautiful San Antonio, Texas. My dissertation is a phenomenological study of practicum students' experience of case presentations in group supervision. What I am doing for this research is interviewing internship students about their experiences in practicum. So my understanding is that you are an internship student. As such, you are eligible to participate in my study. If you are willing to be interviewed by me, then that would make a huge difference. Your contribution can help shape the future of counselor training. I look forward to speaking with you over webcam about your experience. In any way, shape, or form if I'm able to return the favor someday, if you choose to pursue a Ph.D., I'd be more than happy to do so. I would owe you one. Thank you so much and have a great day. Bye.

Appendix B

Enrollment Materials

QUALTRICS SURVEY

Determination of Eligibility

Q1. Are you currently enrolled in a master's degree program for counseling?

- o Yes
- o No

Q2. Have you completed your first practicum course? (If you have taken this course but did not receive a passing grade, select Yes)

- o Yes
- o No

Q3. During your practicum class, were you required to give at least one case presentation? (If you are not sure, select Yes)

- o Yes
- o No

Q4. Would you say that you have a clear recollection of what your experience was like during the group supervision aspect of your practicum course?

- o Yes
- o No

Survey-takers who answered "No" to any of the above questions were directed to the following message: Thank you for your interest in personally contributing to research. Unfortunately, the answer you provided indicate that you do not meet the inclusion criteria for this particular study. Please do not be discouraged! Additional opportunities to assist researchers will surely arise in

the future. Survey-takers who answered "Yes" to all of the above questions received the message: Congratulations! You are eligible to participate in this study!

Informed Consent

Project: First-Time Practicum Students' Lived Experiences of Case Presentations in Group Supervision: A Phenomenological Study

Primary Investigator: Jason B. Fischer, Counselor Education & Supervision PhD Student
Advisor: Dr. Dan Ratliff, Department of Counseling and Human Services

You are invited to participate in a research project conducted by the Department of Counseling and Human Services at St. Mary's University. The goal of this project is to help us understand how supervisees experience the use of case presentations within practicum group supervision, so that training practices in counselor education and supervision may be optimized for future students. We appreciate the time, energy, and personal experience you are willing to share with us to assist in this endeavor.

What you will be asked to do.

If you agree to participate, you may be selected to be interviewed regarding your personal experiences of the research topic once your current semester is completed. Interviews will be conducted one-on-one by the Primary Investigator (either in-person, via videoconferencing, or

by phone), at a date and time that is convenient for you. Interviews are expected to take approximately one hour, though may run longer, and will be recorded. It is possible that a follow-up interview may be requested. Follow-up interviews will be brief (10-15 minutes) and may occur over the phone.

Risks.

Risks associated with your participation in this study are considered minimal. It is possible, however, that revisiting past experiences during any interview process may cause a degree of discomfort. If this occurs, you may request that the interview be paused or halted at any time.

Benefits.

We hope that you learn something new during this study as you consider your experience of this topic, and believe that your help in letting us understand your experience will be a catalyst for future discussion, research, and publications regarding the use of case presentations in counselor education and supervision.

Confidentiality.

Protecting the confidentiality of the information you provide to us, as well as your identity, will remain our utmost priority. Your name will not be used in any public forum by the researchers, and you will be referred to (if at all) only by an alias of your choosing. Additionally, any identifying information contained in reported findings will either be altered or removed to protect your privacy. Your name will be known only to the Primary Investigator, who will

substitute your name for a numerical code to be used in all stored files (i.e., recordings, transcripts). All data will be kept in locked digital files, stored in lock folders, on a locked device accessible only to the Primary Investigator. Only researchers in the Department of Counseling and Human Services at St. Mary's University and their collaborators on this project will have access to the data. Recordings will be kept only until data analysis is completed; de-identified data will be kept for future analysis. In the event elements of your responses are used in presentations to other researchers or in publication, every effort will be made to protect your anonymity.

Voluntariness.

Your participation in this study is voluntary. If you choose to take part, you may withdraw at any time, for any reason.

Contact Information

If you have questions about this study, please contact the lead researcher, Jason B. Fischer, at jfischer7@stmarytx.edu or by phone at (512)413-0005, or project advisor Dan Ratliff at dratliff@stmarytx.edu or call (210)438-6400. If you have questions about your rights as a research subject or concerns about this research study please contact Chair, Institutional Review Board, St. Mary's University at (210)436-3736 or email at IRBCommitteeChair@stmarytx.edu. ALL RESEARCH PROJECTS CARRIED OUT BY INVESTIGATORS AT ST. MARY'S UNIVERSITY ARE GOVERNED BY THE REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT

Appendix B (cont.)

By clicking the button below, you acknowledge that your participation in the study is voluntary, you are 18 years of age or older, and that you are aware that you may choose to terminate your participation in the study at any time for any reason.

- o I consent to participate in this study
- o I do not consent, I do not wish to participate

Those who did not consent to participate received the message: We understand from your response that you do not wish to participate in this study. If this is incorrect, please return to the previous page. If you have elected not to participate in this study for any reason, we thank you for taking the time for considering it. Good luck to you in your studies and beyond!

Demographic Information

This survey consists of 12 questions and should take you less than 5 minutes to complete. The confidentiality of the responses you provide will be fully protected. In order to best understand the phenomenon being studied, the researcher will seek to interview individuals who represent a diversity of experiences. The answers you select to the following questions will be used to facilitate this process.

Gender

1. What is your gender?

- o Female
- o Male
- o Other (specify)

Appendix B (cont.)

2. How would you describe your practicum supervision group? (Select the best response)

- o I am/was in the clear majority (i.e., most or all of my classmates are/were the same gender as me)
- o I am/was in the clear minority (i.e., most or all of my classmates are/were a different gender than me)
- o Gender is/was fairly even distributed

3. How would you described your practicum group supervisor(s)? (Select the best response)

- o My group supervisor is/was the same gender as me
- o My group supervisor is/was a different gender than me
- o I have/had two supervisors, each of different genders

Age

4. What is your current age in years? [open field]

5. How would you describe your practicum supervision group? (Select the best response)

- o I am/was in the majority (i.e., most of my classmates are/were about the same age as me)
- o I am/was in the minority; most of my classmates are/were clearly YOUNGER than me
- o I am/was in the minority; most of my classmates are/were clearly OLDER than me
- o Ages are/were fairly evenly distributed

How would you describe your practicum group supervisor(s)? (Select the best response)

- o My group supervisor is/was about the same age as me
- o My group supervisor is/was clearly YOUNGER than me
- o My group supervisor is/was clearly OLDER than me
- o I have/had two supervisors, at least one of which was clearly younger or older than me

Appendix B (cont.)

Ethnicity

7. How would you describe your ethnicity? (Select all that apply)

- o Asian
- o Black/African-American
- o Caucasian
- o Hispanic/Latinx
- o International Student from [open field]
- o Native American
- o Pacific Islander
- o Prefer not to answer
- o Other [open field]

8. How would you described your practicum supervision group? (Select the best response)

- o I am/was in the majority (i.e., most or all of my classmates are/were a similar ethnicity as me)
- o I am/was in the minority (i.e., most or all of my classmates share/shared a similar ethnicity different from me)
- o My supervision group is/was ethnically diverse with no clear majority

9. How would you describe your practicum group supervisor(s)? (Select the best response)

- o My group supervisor is/was a similar ethnicity as me
- o My group supervisor is/was clearly a different ethnicity than me
- o I have/had two supervisors, at least one of which has/had a different ethnicity than me

Appendix B (cont.)

Other

10. How would you describe your overall experience in practicum group supervision?

- o Extremely positive
- o Somewhat positive
- o Neither positive nor negative
- o Somewhat negative
- o Extremely negative

11. How would you describe your level of satisfaction with your practicum group supervisor(s)?

- o Extremely satisfied
- o Somewhat satisfied
- o Neither satisfied nor dissatisfied
- o Somewhat dissatisfied
- o Extremely dissatisfied

12. Do you believe that any personal factors uniquely influenced your experience in practicum group supervision (e.g., previous counseling-related experiences, language barriers, work or family stressors, atypical life events, logistical constraints)? If so, please explain. [open field]

That's it! The only thing left to do now is determine the best way I, Jason Fischer, can reach you to schedule our interview in the event you are selected for participation. How would you like to be contacted?

Your name: [open field]

(if applicable) You can email me at: [open field]

Appendix B (cont.)

(If applicable) You can call me at: [open field]

If you would like to be called, when is the best time to reach you? [open field]

May I leave a message on your phone if you are not available when called?

- Yes
- No
- Not applicable, I do not wish to be called

You have my wholehearted gratitude for assisting in this research project.

I look forward to being in touch with you very soon!

Jason

Appendix C

Interview Guide

1. Introduction/Background

Goals: Establish rapport; lay foundation for the interview.

Steps: Introduce myself; reiterate the purpose of the study; discuss confidentiality; preview how the interview will transpire (e.g., time, topics addressed, informality); address recording (e.g., reason for recording, how data will be protected and used); invite and answer questions from participant; request "fierce and unapologetic honesty" as imperative to the study; learn about what brought the interviewee into the field of counseling and other background information; understand how case presentations were practiced within the interviewee's practicum course.

2. Pre-Presentation Inquiry

Goals: To elicit a textural description of the participant's experience prior to and in preparation for giving their first case presentation. This portion of the interview has two objectives: 1) To gain a clear sense of the participant's unique experience of practicum (e.g., their fieldwork placement; interpersonal group dynamics; relationship to supervisor; concomitant stressors); and 2) To gain a clear sense of the manner in which case presentations were incorporated into the participant's practicum course.

Questions/Prompts:

> *So, first of all, I'm curious what it felt for you to first start practicum. What can you tell me about what this experience was like for you?*

Follow-up questions respond to the natural flow of conversation and seek to provide the researcher a vivid sense of the participant's unique experience, not only as a practicum student, but as a person with a variety of external responsibilities and stressors. This portion of the

interview concludes only after the researcher feels that sufficient understanding of the individual has been acquired.

Now I was wondering if you could tell me a bit about how case presentations were used in your practicum course.

Closed-ended and/or short-answer questions may be used in this portion of the interview to provide the researcher factual information about the structure and requirements of case presentations as utilized in the participant's practicum course. Information to be obtained for each participant include: 1) Whether case presentations were required; 2) How many were required; 3) How soon in practicum did case presentations begin; 4) What instructions were provided (i.e., template, outlined format); 5) Did case presentations include audio-visual components (i.e., recordings, PowerPoint); 6) Was there a written component; 7) Were any written components (i.e., case summary, case conceptualization paper) distributed to the peer group and/or submitted to the instructor and, if so, when; 8) Were case presentations graded and, if so, how.

I think I have a good sense now of how case presentations were used in your practicum course. Is there anything about this process I may have overlooked?

Okay, great, so now I want you to take me back in time. You're in practicum and you just learned that you have this assignment to complete. What were your first feelings about this?

I'm assuming that students got to pick when they'd give their case presentations, is that right? How did you go about deciding when you would give yours?

So, now you know when you are going to give your case presentation, the date is rapidly approaching, what were you experiencing?

How did you go about selecting which client to present?

What were some of the things you found most challenging about preparing your case presentation?

3. Peri-Presentation Inquiry

Goal: To elicit a textural description of the participant's experience giving their first case presentation.

Questions/Prompts:

Okay, so, the day has come for you to give your case presentation. Can you paint this picture for me?

In order to elicit information-rich data, the researcher exercises flexibility in responding with follow-up questions within the natural flow of conversation unique to each participant's recounting of their experience. Because each participant's experience is expected to be different, pre-scripted questions will not be utilized. Some areas of inquiry remain consistent across interviews, including 1) the experience of oral delivery of case material; 2) interaction with and involvement of peers; 3) interaction with and involvement of the supervisor.

Appendix C (cont.)

4. Post-Presentation Inquiry

Goals: 1) To elicit a textural description of the participant's experience of having completed his or her first case presentation, and 2) To elicit descriptions of the participant's feelings and/or thoughts about the helpfulness of the assignment to their counselor development.

Questions/Prompts:

How did you feel once you finished your case presentation?

Because this question is intentionally designed and predicted to yield a short but highly informative response, the researcher can expect to ask:

Can you tell me a little bit more about that?

Follow-up questions in this portion of the interview will seek to gain a sense of the participant's attitudes and reflections about the helpfulness of the assignment to their training as a counselor.

Thinking back on that time, what do you remember most liking/disliking about the whole experience of giving your case presentation?

Note: Both questions (i.e., liking or disliking) should be asked of each participant. The question that best reflects the predominant experience of the participant—primarily favorable versus primarily unfavorable—will determine which of the two questions is asked first. If more than one case presentation was performed over the course of practicum, participants will be asked to describe how subsequent experiences differed from the first.

Appendix C (cont.)

5. Audience Membership

Goal: To gain a clear sense of the participant's experience of listening to and participating in the case presentations of others.

Questions/Prompts:

Now I'd love to know what your experience was like listening to the case presentations of your classmates. What was that experience like for you?

What kinds of thoughts or feelings do you remember having while listening to someone else give their case presentation?

What was it like for you to try to offer feedback to your peers? Can you tell me a bit about what that whole experience was like for you?

What are your thoughts or feelings about how feedback was exchanged during case presentations throughout your practicum course, whether between members of the group or from the supervisor to students?

Thinking back on practicum, do any memories stand out to you that you think I should know about?

Appendix C (cont.)

6. Closing

Goals: 1) To fill in any gaps overlooked by the interview; 2) To solicit participant's thoughts about how case presentations may be improved; 3) To prelude what future participation in the study will entail; and 4) To express gratitude to the participant for participating in the study.

Questions/Prompts:

> *Do you think that there is anything important that I failed to ask you about, anything at all?*
>
> *What would be your advice to supervisors about what, if anything, could be changed about how case presentations are used in practicum? Pretend I'm a supervisor. What should I know?*
>
> *I can't think of a single other question to ask you. Thanks so much for helping out. I've enjoyed our conversation immensely. Do you have any questions for me?*

After answering the participant's questions, the interviewer asks the participant for permission to contact them in the future in the event that new questions emerge over the course of the research process. Participants are also asked if they are willing to read a narrative account describing their experience to verify that it is accurate and true to their experience. The interview ends with the interviewer again thanking the participant for contributing to the study.