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Supervision

An Analysis of Peer Feedback Exchanged in Group Supervision

Edward Wahesh, Gulsah Kemer, Ben T. Willis, and Christopher D. Schmidt

The authors examined the peer feedback exchanged in 2 supervision groups of counselors-in-training (CITs). CITs generated 169 statements grouped into 10 clusters representing 5 regions of peer feedback: counselor focus and engagement, insight-oriented skills, exploratory skills, therapeutic alliance, and intervention activities. Both positive and corrective peer feedback was exchanged on topics ranging from counselor performance skills to case conceptualization.

Keywords: group supervision, peer feedback, counselors-in-training

The Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2015) requires that counselors-in-training (CITs) enrolled in practicum and internship courses participate in group supervision an average of 1.5 hours per week. Group supervision has been defined as a regular meeting of supervisees with a designated supervisor to monitor performance outcomes and facilitate supervisee professional development (Bernard & Goodyear, 2014). Despite being a required pedagogical intervention in counselor education, the literature on group supervision remains insufficient. Holloway and Johnston (1985) and later Prieto (1996) suggested that group supervision was widely practiced, yet poorly understood. Subsequent analyses of the literature revealed few empirical studies on group supervision processes and outcomes (Bernard & Luke, 2015; Borders, 2006). This gap in the literature presents a challenge to counselor educators and supervisors who wish to utilize evidence-based practices in group supervision. It also limits the professional preparation of supervisors-in-training to use this modality in counselor education programs. The purpose of this study was to contribute to the literature on group supervision by identifying the types of peer feedback exchanged in a supervision group comprising clinical mental health counseling interns.

Feedback has been defined as verbal or written evaluation communicated to a CIT regarding her or his performance (Coleman, Kivlighan, & Roehlke, 2009). Swank and McCarthy (2013) elaborated on this definition by describing

Edward Wahesh and Christopher D. Schmidt, Department of Education and Counseling, Villanova University; Gulsah Kemer, Department of Counseling and Human Services, Old Dominion University; Ben T. Willis, Counseling and Human Services Department, University of Scranton. Correspondence concerning this article should be addressed to Edward Wahesh, Department of Education and Counseling, Villanova University, SAC 302, 800 East Lancaster Avenue, Villanova, PA 19085 (e-mail: edward.wahesh@villanova.edu).

two types of feedback: positive and corrective. Positive feedback reflects the supervisee's strengths and is given with the intention of reinforcing behavior, whereas corrective feedback addresses problematic behaviors to promote supervisee change. Peer feedback is most often exchanged during case presentations, which involve a review and discussion of an audio- or videotaped segment of a supervisee's counseling session (Bernard & Goodyear, 2014). Group supervision was found to be an ideal setting for the communication of diverse perspectives (Borders et al., 2012; Carter, Enyedy, Goodyear, Arcinue, & Puri, 2009), and the exchange of feedback among group members is believed to contribute to successful group supervision (Borders, 1991; Carter et al., 2009; Linton, 2003). In fact, facilitating the exchange of "meaningful and productive" feedback among supervisees during group supervision has been presented as a best practice for clinical supervisors by the Association for Counselor Education and Supervision (ACES; 2011, p. 6). However, the usefulness and quality of the exchanged peer feedback in group supervision are still in question.

In a qualitative investigation of four students in practicum, the absence of constructive feedback emerged as a limitation of the participants' group supervision experience (Linton, 2003). The participants believed that their peers were not open to providing corrective feedback, and instead shared superficial feedback. Similarly, Borders et al. (2012) reported that both supervisees and supervisors perceived the exchange of feedback as a challenge and a disadvantage of group supervision in comparison with other supervision modalities (i.e., triadic and individual). More specifically, feedback during group supervision was perceived as being less open and constructive, whereas feedback during individual and triadic supervision was understood as more challenging and in-depth. Because of a reported lack of quality feedback shared by group supervisees, researchers have found that some supervisees prefer individual supervision over group supervision (Ray & Altekruse, 2000).

The findings that the feedback exchanged among group members was perceived as superficial and unhelpful are troubling considering the benefits of constructive feedback on group supervision processes and supervisee development. Swank and McCarthy (2013) argued that fostering peer feedback in group supervision helps teach supervisees an important skill that is transferable to their clinical work, as providing feedback to clients is a quality of an effective counselor. Furthermore, supervisees who participated in peer group supervision believed that peer feedback not only contributed to their engagement within the group but also led to increased confidence and development of self-supervision skills (Christensen & Kline, 2001). Other researchers also reported that feedback among supervisees was a key quality of a successful group supervision experience (Starling & Baker, 2000; Walter & Young, 1999).

Several approaches have been discussed within the literature to promote the exchange of clear and constructive feedback among supervisees in group supervision. Perhaps the most well-known of these models is Structured Peer

Group Supervision (SPGS), developed by Borders (1991), which was later expanded to address multicultural competencies (Lassiter, Napolitano, Culbreth, & Ng, 2008). In the SPGS, group members provide feedback based on a specific role or perspective that they either assumed or were assigned prior to the review of a video segment from a supervisee's counseling session. The SPGS primarily serves as a framework for group supervisors to structure case presentations. A more recent model, the Counselor Feedback Training Model (CFTM), was proposed by Swank and McCarthy (2013) to train supervisees on how to give feedback. In the CFTM, before the start of supervision, supervisees are prepared through didactic training on feedback-related skills and practices via role plays. An important component of this model is encouraging reflection among supervisees regarding their personal beliefs related to sharing corrective feedback using the Corrective Feedback Instrument–Revised (Hulse-Killacky, Orr, & Paradise, 2006). Despite some preliminary support, it is unknown whether these models improve the quality of feedback exchanged during group supervision (Borders et al., 2012; Swank & McCarthy, 2013).

One possible venue for understanding and enhancing feedback exchange is to examine the types of peer feedback shared during group supervision. Supervisees may be dissatisfied with peer feedback because specific skills or aspects of counseling are not discussed. Despite the importance of peer feedback for successful group supervision and supervisees' reports on superficial and vague peer feedback experiences, to date, only a few studies have assessed the types of peer feedback in supervision sessions. In one of these attempts with practicum students, Linton and Hedstrom (2006) found that the types of feedback discussed in group session were constructive criticism, comments on counseling performance skills, and general observations. Although the data provided valuable information on the types of peer feedback in groups, they were collected through retrospective supervisee self-report and, thus, were likely limited on what was actually offered throughout the experience.

Instead of examining perceptions of received feedback, Coleman et al. (2009) developed a taxonomy of peer feedback exchanged in group supervision. These authors instructed group members to write down positive and corrective feedback statements following live observation of group counseling sessions. Results indicated that group members gave more feedback on technical elements of the session than on personal aspects (i.e., relationship variables). Coleman and colleagues' findings also revealed differences between the types of feedback shared by students enrolled in an introductory course on group methods and students conducting group counseling as part of their internship. Avent, Wahesh, Purgason, Borders, and Mobley (2015) also found a similar finding between practicum and internship students' peer feedback during triadic supervision. Although they offered an evidence-based model for classifying peer feedback, Coleman et al. were limited by the fact that they solely focused on group supervision of CITs delivering group counseling. Furthermore, their findings were not generalizable to other training settings where CITs provide services using

other treatment modalities. Thus, there is a need for further inquiry into the feedback exchanged within specific cohorts of CITs with a variety of counseling experiences.

In the present study, we sought to establish a preliminary framework for understanding the types of peer feedback exchanged during group supervision of CITs in the final semester of internship. By focusing on this phase of counselor training, our goal was to provide a snapshot of peer feedback among CITs who were on the verge of professional practice. Therefore, we used concept mapping (CM) to develop a conceptual framework around the abstract concept of peer feedback in our sample. CM is a mixed-methods approach combining different rounds of data collection and analyses to summarize and create visual representations of ideas from a small number of participants (Kane & Trochim, 2007). Findings from the current study can inform curricular and clinical experiences in counselor education programs as well as existing supervision practices to improve the quality of constructive feedback shared among supervisees. Consequently, our research was premised on the following question: What are the types of peer feedback exchanged in group supervision of final semester internship students?

Method

Participants

Student interns. Participants included 10 students from two 5-member supervision groups in a clinical mental health counseling program at a midsized northeast university. Participants included three men and seven women with an average age of 29.9 years (SD = 13.16; range = 24–67). One was Black and nine were White. At the time of the study, participants were completing their final semester of internship. Participants were required to have completed 300 internship hours during the semester. This included a minimum 120 hours of direct service with clients at their internship site. All internship sites provided work experiences appropriate for future clinical mental health counselors. The faculty supervisors for the two internship groups also served as sorters and members of the research team.

Sorters. A group of counselor educators experienced in group supervision worked on sorting student interns' peer feedback statements into groups, based on their similarity, to develop a structured conceptualization of the data. Sorters included 11 full-time faculty members in counselor education programs (10 White, one Black; seven women, four men) with a mean age of 33.8 years (SD = 3.62; range = 29–42). All sorters held a degree in counselor education and supervision from a CACREP-accredited doctoral program, had completed formal training in clinical supervision (i.e., a didactic graduate course in clinical supervision and/or a practical course involving supervised supervision of students in practicum and/or internship), and had experience in supervising student interns in a group setting. Participants' average years of experience as a clinical supervisor was 5.4 (SD = 2.7; range = 3–11). Four of the sorters served as the research team for coordinating and finalizing the data analysis procedures in this study.

Data Collection Procedure and Data Analysis

We used a modified version of CM to explore the areas of CITs' peer feedback in group supervision of internship. As a sequential exploratory mixed-methods design (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005), CM allows researchers to summarize knowledge and/or perspective structures of small groups of participants (Kane & Trochim, 2007). CM involves several rounds of data collection and analysis procedures (i.e., generation of statements, structuring statements, and representation of statements). To enhance the richness, credibility, and utility of our results, we involved different stakeholders (i.e., student interns and counselor educators) of the supervision process in our procedures (Kane & Trochim, 2007; Kemer, Borders, & Willse, 2014; Kemer, Pope, & Neuer Colburn, 2017). By including a group of counselor educators who have supervision training and experience with group supervision of interns, we aimed to obtain literature-based as well as experience-based conceptualization and structure of the CITs' peer feedback.

Generation of statements. Using convenience sampling, we collected data from two supervision groups made up of students completing their final semester of internship in a clinical mental health counseling master's level graduate program. All procedures were approved by the local institutional review board prior to data collection. Each student conducted three case presentations during the semester. Case presentations involved: (a) a brief overview of the case, (b) a request for feedback from the group, and (c) a review of a video or audio segment of the student's counseling session. Following the case presentation, the students observing the presentation filled out a structured feedback form. Based on a measure developed by Coleman et al. (2009), the peer feedback exchange form (available from the first author) included a definition of feedback that we had developed and had separate pages for students to write positive and corrective feedback. Different sentence stems were used to elicit positive (e.g., "Your counseling effectiveness in the session seemed to be enhanced by the following behaviors.") and corrective (e.g., "Your counseling effectiveness in the session seemed to be hindered by the following behaviors.") feedback. Following each sentence stem, participants wrote in allotted spaces two positive and two corrective feedback statements. Once the forms were completed, the faculty supervisor facilitated discussion of the student's case presentation, and the case presenter received feedback from the group that was similar to what was provided on the forms.

Peer feedback exchange forms were collected from students after each case presentation. A total of 357 feedback statements were generated across 30 case presentations conducted during the semester. For the editing, syntheses, and preparation of the data for a sorting task, two of the four research team members reviewed each statement independently to (a) remove redundant or identical statements, (b) exclude statements that were unclear, and (c) divide peer feedback that contained multiple ideas into separate statements. This process included identifying the core idea (or ideas) represented within each statement and flagging those that were similar or unclear. Once we reviewed the statements, we met to compare our findings and reconcile

any differences. During this process, 192 statements were removed from the data set: three statements that were determined to be unclear and 189 statements that were identical to other statements retained in the data set. For example, seven statements contained nearly identical language regarding the case presenters' pacing in session; therefore, six of these statements were removed. Furthermore, 10 statements were divided because they contained multiple types of feedback. Once we reached consensus, we finalized the distilled list of 169 peer feedback statements.

Structuring statements. In the second round, 11 counselor education faculty members independently sorted 169 final peer feedback statements into groups based on their conceptual similarity. We also asked sorters to assign a representative word or short phrase describing the group of statements once they sorted all the statements into separate groups. In our guidelines, we also highlighted that each statement must be assigned to only one group, all statements could not be put into a single group, and a statement could be in a group by itself. Across the 11 sorters, the smallest number of groups that the statements were sorted into was seven and the largest number of groupings was 37 ($M = 14.81$, $SD = 9.57$; $Mdn = 10$).

Representation of statements. To perform the statistical procedures, we used the statistical program R (R Development Core Team, 2015). First, we used the sorting data to create a group similarity matrix (GSM), which summarized all the sorted data into one data set. Next, we used GSM as the input data to conduct a two-dimensional, nonmetric, multidimensional scaling (MDS) procedure. MDS results provided us with a point map (see Figure 1), where the proximity among statements indicated their perceived conceptual similarity across participants (Kane & Trochim, 2007). Indicating the two-dimensional solution fit, the stress value of .372 was above the recommended value of .313 and slightly higher than the range of yielded values from approximately 95% of CM studies (.205–.365; Kane & Trochim, 2007). The stress value indicates the consistency among the sorters' conceptual view of the data and is known as being sensitive to slight movements on the map; thus, the large number of statements in the current data set may have influenced the obtained value (Kane & Trochim, 2007). In a table of MDS stress value cutoffs for one-, two-, and three-dimensional solutions with an upper limit of 100 objects/statements, Sturrock and Rocha (2000) reported that two-dimensional MDS solutions were not interpreted as random or without structure with a produced stress value below .396. Thus, the obtained stress value with a larger statement size in this study was acceptable for the interpretation of the results. We then used the two dimensions' coordinate values from MDS to perform a hierarchical cluster analysis (HCA) yielding a dendrogram representing clusters of statements. Two of the research team members worked on the point map and clusters yielded by the dendrogram to determine preliminary clusters and preliminary cluster map.

To finalize the data analyses, the other two research team members served as an advisory group (Kane & Trochim, 2007) by collaboratively examining (a) the reasonableness of each statement in their respective groups, (b)

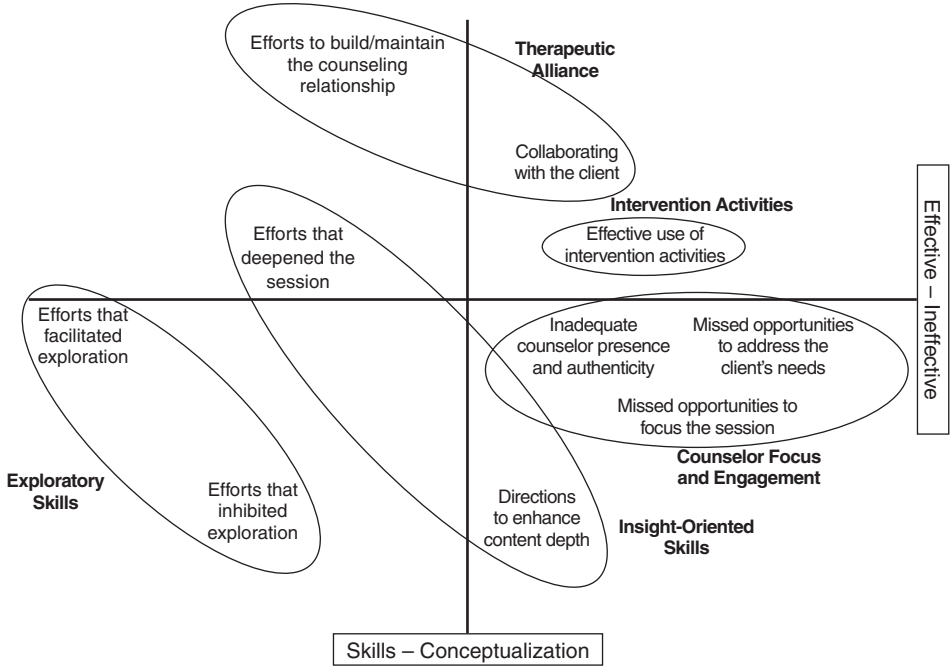

FIGURE 1

Cluster Map With Feedback Areas

oddly assigned statements, and (c) the representativeness of group labels. The advisory group then offered changes following this examination. Based on the suggestions, we moved some of the statements to nearby clusters that were conceptually better fits. We finalized the analyses by determining final clusters and regions for CITs' peer feedback in group supervision.

Results

The CITs in internship group supervision created 169 statements representing a wide range of feedback for their peers' counseling sessions. These peer feedback statements were categorized into 10 clusters. The visual representation of the clusters (Figure 1) revealed five different but related regions of feedback, involving varying numbers of conceptually similar clusters.

In Figure 1, the right side of the cluster map appeared as the Counselor Focus and Engagement area, including the clusters (a) missed opportunities to address the client's needs, (b) missed opportunities to focus the session, and (c) inadequate counselor presence and authenticity. The missed opportunities to address the client's needs cluster involved peer feedback on the counselor's lack of synchrony with client needs due to lack of focus, hesitancy, or defensiveness, as well as suggestions for returning focus to the clients. The missed opportunities to focus the session cluster included peer

feedback statements for increasing intentionality to refine, steer, or focus the session with more direct interventions. Last, in this area, the inadequate counselor presence and authenticity cluster represented feedback statements regarding counselors' affect and body language reflecting a lack of desire to connect or understand clients and hesitancy to explore relevant issues. Both the missed opportunities to focus the session and inadequate counselor presence and authenticity clusters appeared as transition clusters from this area to the Insight-Oriented Skills area.

From the middle part of the map to the bottom, the Insight-Oriented Skills area involved clusters pointing out the depth in the session: directions to enhance content depth and efforts that deepened the session. The directions to enhance content depth cluster included guidance for seeking further inquiry in relevant topic areas through "challenges" or points of focus that are instrumental to enhance the depth of clients' processing. On the other hand, the efforts that deepened the session cluster represented feedback on the effective use of authenticity, immediacy, and confrontation that encouraged clients to explore with greater depth.

The left side of the map represented clusters in the Exploratory Skills area. The efforts that inhibited exploration cluster represented potential areas of improvement needed with regard to active listening skills, such as reflection of feeling, summary, paraphrasing, questioning, and use of encouragers. The efforts that facilitated exploration cluster represented feedback on active listening skills that were performed well and were helpful to the process of counseling.

The efforts that deepened the session and efforts that facilitated exploration clusters were transition clusters to the Therapeutic Alliance area, representing the efforts to build/maintain the counseling relationship and collaborating with the client clusters in the upper as well as upper right side of the map. The efforts to build/maintain the counseling relationship cluster included feedback on the successful use of counseling techniques (e.g., asking permission, affirmation, validation, and normalizing) to develop and sustain a sound therapeutic bond with the client. Similarly, the collaborating with the client cluster included statements highlighting the counselor's effectiveness in helping and engaging the client's focus on devising goals and selecting interventions that reflect the client's needs.

The last area of peer feedback, Intervention Activities, was represented by the effective use of intervention activities cluster, which included feedback on the counselor's successful use of structured therapeutic activities and interventions in session (e.g., decisional balance activity, values card-sort exercise, mindfulness meditation).

Finally, five peer feedback regions represented by 10 conceptually related clusters revealed two conceptually meaningful dimensions of the cluster map for these data. Dimension 1 (from left to right side of the map) represented a continuum of feedback areas from skills to conceptualization of counseling process, whereas Dimension 2 (from bottom to the upper side of the map) appeared as a range of feedback on ineffective to effective efforts by the counselor.

Discussion

The purpose of this study was to establish a preliminary framework to classify peer feedback in a group supervision context for CITs in their final semester of internship. Using CM, we summarized CITs' commentary into five regions representing 10 clusters on various aspects of peer feedback about the use of skills to facilitate the counseling process. Our findings revealed that CITs offered a broad range of feedback on conceptualization, therapeutic alliance, and the use of skills and structured interventions observed in their peers' counseling sessions.

The regions of peer feedback that we obtained in the current study appear to mirror several current models of counseling process and practice. Hill (2009), for example, described a three-stage model of helping clients that included exploration, insight, and action. Clusters of peer feedback within the Exploratory Skills and Therapeutic Alliance (e.g., efforts to build/maintain the counseling relationship) regions align with the person-centered nature of Hill's exploration stage, whereas feedback clusters within the regions Insight-Oriented Skills (e.g., efforts to deepen the session) and Counselor Focus and Engagement (i.e., inadequate counselor presence and authenticity), appear to coincide with the Insight-Oriented stage of Hill's model. Finally, the region Intervention Activities, which included feedback on the use of counselor-initiated therapeutic activities that focused on facilitating client change, more closely resembles the action stage discussed in the three-stage model of helping.

In addition to encompassing elements of Hill's (2009) model, feedback collected also included statements representing Bordin's (1979) definition of the counselor–client working alliance. More specifically, the Therapeutic Alliance region included feedback related to agreement on counseling goals and tasks (e.g., collaborating with the client), as well as on the development of a bond between counselor and client (e.g., efforts to build and/or maintain the counseling relationship). The Counselor Focus and Engagement region also addressed elements of the working alliance; however, this region included fewer observations about what the counselor did to develop a therapeutic relationship (e.g., use of skills) and was composed mostly of commentary on the deleterious effects of problematic therapeutic engagement on the counseling process.

Although it is promising that feedback shared by participants is consistent with several well-known models of counseling, comparing the regions found in the present study with the stages of counseling outlined by Hackney and Cormier (2013) suggests that some key processes were absent from discussion. According to Hackney and Cormier, the process of counseling progresses through the following stages: relationship building, defining the problem, setting goals, implementing interventions, and terminating counseling. Although the first four stages appear to be represented in the data, no region or cluster directly addressed the termination stage of counseling. The fact that this particular counseling stage did not appear may indicate a lack of

attention on the part of the CITs in helping clients transition out of counseling, or it may be an artifact of the study. Participants may have completed their case presentation requirements prior to terminating counseling with their clients, making it less likely that this stage would be discussed. It is possible that an analysis of feedback exchanged during each participant's final case presentation, conducted toward the end of the semester and the conclusion of the internship, would have revealed greater attention to this counseling stage.

Findings from our study also are comparable to existent research on peer feedback given in group supervision. Coleman et al. (2009) found that peer feedback exchanged during the group supervision of CITs facilitating group counseling focused mainly on the counselor's use of skills to provide emotional support to clients and to facilitate group tasks. Peer feedback in the present study addressed the use of clinical skills by the CITs but also included observations of the counseling process and the client's engagement in counseling. A possible reason for the presence of this process commentary may be the developmental level of the participants in our study. Coleman and colleagues' participants were students from introductory courses, whereas our participants were in their final semester of internship. McNeill and Stoltenberg (2016) theorized that entry-level supervisees tend to be more self-focused, concerned about correctly applying skills, and less attentive to the perspective of the client. More advanced supervisees, on the other hand, have an increased awareness of their clients' needs and can communicate this understanding back to the client (McNeill & Stoltenberg, 2016). Thus, our CIT interns appeared to pay greater attention to counselor/client process and case conceptualization in their feedback.

The dimensions (skills–conceptualization, effective–ineffective) that emerged on the cluster map offer additional information on the types of feedback given. Dimension 1, skills–conceptualization, indicates that peer feedback addressed important and common components of student case presentations (Sperry & Sperry, 2012; Zubernis & Snyder, 2016) as well as critical foci in clinical supervision (Bernard & Goodyear, 2014). Indeed, peer feedback appeared to include the areas of focus discussed in Bernard's (1979) Discrimination Model (i.e., performance skills, conceptualization skills, and personalization skills). The range of feedback representing effective and ineffective efforts of the counselor (Dimension 2) indicates that, when prompted (e.g., through the use of a structured worksheet), CITs are able to provide constructive feedback to their peers in a group supervisory setting. It also may indicate that the sorters, counselor educators who had experience conducting group supervision, intuitively interpreted feedback statements as being either positive or corrective in nature.

The types of feedback statements may also be indicative of the approach of the two supervisors. Because all participants came from the same counseling program and interacted with both of the supervisors, there may be an effect of the supervisor that impacted what types of feedback were provided

to peers. Different theoretical orientations focus on different facets of the client and of CITs, and the supervisor's approach to conducting group supervision may lead CITs to give some types of feedback over other types (Goodyear et al., 2016).

Limitations

This study has several methodological limitations. First, this sample of CITs was a small and homogeneous sample. Moreover, we drew them from one counseling program and geographic location. Another cohort of CITs, particularly a more diverse one, may generate different feedback statements. Similarly, another group of sorters, perhaps with more or less training or experience with clinical supervision, could have produced a different taxonomy of peer feedback statements. An additional limitation of our study is the use of a written form to collect peer feedback statements. It is possible that our findings would have been different if the participants had only shared feedback verbally, rather than using the peer feedback exchange form.

Finally, the obtained stress value for the MDS procedure was slightly higher than the recommended and commonly obtained values (Kane & Trochim, 2007), indicating that the sorters in the current study appeared to have diverse perspectives on the categories of peer feedback. Therefore, the generalizability of our findings is limited and further research is necessary to understand, refine, and enhance the categories of peer feedback exchanged during group supervision.

Implications for Research and Practice

Our study yielded a number of questions that can be explored in future research. Replication with other CITs can help refine the preliminary framework for feedback generated in this study. Furthermore, assessing for the presence or absence of specific types of peer feedback given by CITs during different periods of counselor training (i.e., prepracticum, practicum, internship) may offer additional information that can be utilized to enhance or even expand upon the point map fashioned in this study. Comparing different cohorts of CITs can also help provide a greater understanding of how supervisee level of development influences peer feedback exchange and the group supervision process in general. Indeed, it is conceivable that the occurrence of specific types of peer feedback varies based on CITs' experience and training.

Researchers should also consider assessing the impact of specific supervisory methods on the types of peer feedback shared in group supervision. In the present study, CITs were given the flexibility to request feedback that they believed was most salient to their case presentation. There also was limited direction provided on how CITs were to respond to the prompts listed in the peer feedback exchange form. More specifically, CITs were instructed to share which areas of feedback they believed were the most important. Perhaps with added structure during the case presentations by using an approach such as the SPGS (Borders, 1991), our framework of peer feedback

would have looked different. Similarly, the use of reflecting teams, which is a method of training group leaders (Cox, Bañez, Hawley, & Mostade, 2003) that has been adapted for triadic supervision (Stinchfield, Hill, & Kleist, 2007), may produce different peer feedback.

It may also be beneficial to determine whether peer feedback given in group supervision varies based on the specific psychotherapy orientation espoused by the supervisor (Goodyear et al., 2016). Because factors such as evaluation anxiety and group cohesion can influence openness and honesty in group supervision (Mastoras & Andrews, 2011), it is likely that the way in which the supervisor manages group processes and establishes supervisory outcomes can shape the exchange of peer feedback by CITs. Comparing the types of peer feedback given in groups facilitated by supervisors with different theoretical orientations is one way to examine the influence of the group leader on peer feedback.

Relatedly, assessing group cohesion may also be a fruitful means of studying the exchange of feedback by CITs. In the present study, participants were members of their respective groups during the previous semester of internship. As a result, it is likely that they had addressed many of the challenges that groups in the early stages of development face, such as building rapport and establishing group norms, and had become relatively cohesive groups. Researchers might, for example, compare feedback at different points in time. They might also use a measure of group process variables, such as the Group Dynamics Inventory (Phan, Rivera, Volker, & Garrett, 2004), to assess the potential role that group climate plays on CIT feedback exchange.

Examining how peer feedback is utilized by CITs may also be warranted. Some CITs in the study may not have benefited from the peer feedback that they received because they might have misunderstood or disagreed with it. Coleman et al. (2009) assessed acceptance of peer feedback by having participants answer questions about how they perceived the accuracy, desirability, strength, and helpfulness of the feedback that they received and found that acceptance varied based on feedback category. This may also be the case among CITs in group supervision of internship. Additionally, it is important to determine how CITs apply peer feedback in their clinical work. Perhaps CITs are not as amenable to specific kinds of feedback; therefore, they may be less likely to incorporate it into their counseling practice. Having CITs maintain a journal of what they learned from group supervision and how they used it is one way to investigate the impact of peer feedback on counselor performance. Observing counseling sessions and monitoring assessment data of clients seen by CITs following their case presentations may also help shed light on the potential role of supervision in influencing counseling practices and outcomes.

Supervision best practices include providing a model of supervision to CITs: its nature, how it works, and how supervisees provide helpful feedback to each other (ACES, 2011). Supervisors might use these finding to help supervisees understand the different types of feedback they can offer to their peers. This in turn may enhance the effectiveness of group supervision in promoting counselor development. For example, Swank and McCarthy

(2015) reported that providing training to CITs on effectively giving and receiving positive and corrective feedback increased their self-efficacy and openness to feedback. Our study sought to understand the varying nature of peer feedback, including but not limited to whether the statements were positive or corrective. This increased specificity, and therefore understanding, of peer feedback in group supervision may offer a method for potentially updating and enhancing current models of training.

Findings from this study hold other implications for the practice of group supervision with CITs. Clinical supervisors may find it beneficial to encourage CITs to provide feedback from the different regions of feedback identified in this study. Supervisors can remain cognizant of these different types of feedback and help guide CITs to share commentary that reflects each of the five regions (Counselor Focus and Engagement, Insight-Oriented Skills, Exploratory Skills, Therapeutic Alliance, and Intervention Activities). Prompting supervisees to give feedback from the various regions makes certain that the CITs presenting their cases receive thorough input. Additionally, it may help to challenge CITs to think about their peers' performance with clients (and subsequently their work with their own clients) in new ways. Modeling missing types of feedback, or feedback that CITs struggle with identifying or sharing, may also be beneficial, as it can increase self-efficacy (Yalom, 2005). Furthermore, commenting on the group dynamics and themes of peer feedback can lead to greater awareness among CITs (Borders & Brown, 2005).

References

Association for Counselor Education and Supervision. (2011). *Best practices in clinical supervision.* Retrieved from https://www.acesonline.net/sites/default/files/ACES-Best-Practices-in-clinical-supervision-document-FINAL.pdf

Avent, J. R., Wahesh, E., Purgason, L. L., Borders, L. D., & Mobley, A. K. (2015). Content analysis of peer feedback in triadic supervision. *Counselor Education and Supervision, 54,* 68–80. doi:10.1002/j.1556-6978.2015.00071.x

Bernard, J. M. (1979). Supervisor training: A discrimination model. *Counselor Education and Supervision, 19,* 60–68. doi:10.1002/j.1556-6978.1979.tb00906.x

Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5th ed.). Upper Saddle River, NJ: Merrill.

Bernard, J. M., & Luke, M. (2015). A content analysis of 10 years of clinical supervision articles in counseling. *Counselor Education and Supervision, 54,* 242–257. doi:10.1002/ceas.12024

Borders, L. D. (1991). A systematic approach to peer group supervision. *Journal of Counseling & Development, 69,* 248–252. doi:10.1002/j.1556-6676.1991.tb01497.x

Borders, L. D. (2006). Snapshot of clinical supervision in counseling and counselor education: A five-year review. *The Clinical Supervisor, 24,* 69–113.

Borders, L. D., & Brown, L. L. (2005). *The new handbook of counseling supervision.* Mahwah, NJ: Erlbaum.

Borders, L. D., Welfare, L. E., Greason, P. B., Paladino, D. A., Mobley, A. K., Villalba, J. A., & Wester, K. L. (2012). Individual and triadic and group: Supervisee and supervisor perceptions of each modality. *Counselor Education and Supervision, 51,* 281–295. doi:10.1002/j.1556-6978.2012.00021.x

Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16,* 252–260. doi:10.1037/h0085885

Carter, J. W., Enyedy, K. C., Goodyear, R. K., Arcinue, F., & Puri, N. N. (2009). Concept mapping of the events supervisees find helpful in group supervision. *Training and Education in Professional Psychology, 3,* 1–9. doi:10.1037/a0013656

Christensen, T. M., & Kline, W. B. (2001). The qualitative exploration of process-sensitive peer group supervision. *The Journal for Specialists in Group Work, 26,* 81–99. doi:10.1080/01933920108413779

Coleman, M. N., Kivlighan, D. M., Jr., & Roehlke, H. J. (2009). A taxonomy of the feedback given in the group supervision of group counselor trainees. *Group Dynamics: Theory, Research, and Practice, 13,* 300–315. doi:10.1037/a0015866

Council for Accreditation of Counseling and Related Educational Programs. (2015). *CACREP 2016 Standards.* Alexandria, VA: Author.

Cox, J. A., Bañez, L., Hawley, L. D., & Mostade, J. (2003). Use of the reflecting team process in the training of group workers. *Journal for Specialists in Group Work, 28,* 89–105. doi:10.1177/0193392203252180

Goodyear, R. K., Borders, L. D., Chang, C. Y., Guiffrida, D. A., Hutman, H., Kemer, G., . . . White, E. (2016). Prioritizing questions and methods for an international and interdisciplinary supervision research agenda: Suggestions by eight scholars. *The Clinical Supervisor, 35,* 117–154. doi:10.1080/07325223.2016.1153991

Hackney, H. L., & Cormier, L. S. (2013). *The professional counselor: A process guide to helping* (7th ed.). New York, NY: Pearson.

Hanson, W. E., Creswell, J. W., Plano Clark, V. L., Petska, K. S., & Creswell, J. D. (2005). Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology, 52,* 224–235. doi:10.1037/0022-0167.52.2.224

Hill, C. E. (2009). *Helping skills: Facilitating exploration, insight, and action* (3rd ed.). Washington, D.C.: American Psychological Association.

Holloway, E. L., & Johnston, R. (1985). Group supervision: Widely practiced but poorly understood. *Counselor Education and Supervision, 24,* 332–340. doi:10.1002/j.1556-6978.1985.tb00494.x

Hulse-Killacky, D., Orr, J. J., & Paradise, L. V. (2006). The Corrective Feedback Instrument–Revised. *The Journal for Specialists in Group Work, 31,* 263–281. doi:10.1080/01933920600777758

Kane, M., & Trochim, W. M. (2007). *Concept mapping for planning and evaluation.* Thousand Oaks, CA: Sage.

Kemer, G., Borders, L. D., & Willse, J. (2014). Cognitions of expert supervisors in academe: A concept mapping approach. *Counselor Education and Supervision, 53,* 2–18. doi:10.1002/j.1556-6978.2014.00045.x

Kemer, G., Pope, A. L., & Neuer Colburn, A. (2017). Expert site supervisors' cognitions when working with counselor trainees. *The Clinical Supervisor.* doi:10.1080/07325223.2017.1305937

Lassiter, P. S., Napolitano, L., Culbreth, J. R., & Ng, K. (2008). Developing multicultural competence using the structured peer group supervision model. *Counselor Education and Supervision, 47,* 164–178. doi:10.1002/j.1556-6978.2008.tb00047.x

Linton, J. M. (2003). A preliminary qualitative investigation of group processes in group supervision: Perspectives of master's level practicum students. *The Journal for Specialists in Group Work, 28,* 215–226. doi:10.1080/714860222

Linton, J. M., & Hedstrom, S. M. (2006). An exploratory qualitative investigation of group processes in group supervision: Perceptions of masters-level practicum students. *The Journal for Specialists in Group Work, 31,* 51–72. doi:10.1080/01933920500341390

Mastoras, S. M., & Andrews, J. J. (2011). The supervisee experience of group supervision: Implications for research and practice. *Training and Education in Professional Psychology, 5,* 102–111. doi:10.1037/a0023567

McNeill, B. W., & Stoltenberg, C. D. (2016). *Supervisory methods and techniques.* Washington, D.C.: American Psychological Association.

Phan, L. T., Rivera, E. T., Volker, M. A., & Garrett, M. T. (2004). Measuring group dynamics: An exploratory trial. *Canadian Journal of Counselling, 38,* 234–245.

Prieto, L. R. (1996). Group supervision: Still widely practiced but poorly understood. *Counselor Education and Supervision, 35,* 295–307. doi:10.1002/j.1556-6978.1996.tb01930.x

Ray, D., & Altekruse, M. (2000). Effectiveness of group supervision versus combined group and individual supervision. *Counselor Education and Supervision, 40,* 19–30. doi:10.1002/j.1556-6978.2000.tb01796.x

R Development Core Team. (2015). *R: A language and environment for statistical computing.* Vienna, Austria: R Foundation for Statistical Computing.

Sperry, L., & Sperry, J. (2012). *Case conceptualization: Mastering this competency with ease and confidence.* New York, NY: Routledge.

Starling, P. V., & Baker, S. B. (2000). Structured peer group practicum supervision: Supervisees' perceptions of supervision theory. *Counselor Education and Supervision, 39,* 162–176. doi:10.1002/j.1556-6978.2000.tb01229.x

Stinchfield, T. A., Hill, N. R., & Kleist, D. M. (2007). The reflective model of triadic supervision: Defining an emerging modality. *Counselor Education and Supervision, 46,* 172–183. doi:10.1002/j.1556-6978.2007.tb00023.x

Sturrock, K., & Rocha, J. (2000). A multidimensional scaling stress evaluation table. *Field Methods, 12,* 49–60. doi:10.1177/1525822X0001200104
Swank, J. M., & McCarthy, S. (2013). The counselor feedback training model: A developmental approach to teach feedback skills. *Adultspan Journal, 12,* 100–112. doi:10.1002/j.2161-0029.2013.00019.x
Swank, J. M., & McCarthy, S. (2015). Effectiveness of the counselor feedback training model. *The Journal of Counselor Preparation and Supervision, 7.* doi:10.7729/71.1078
Walter, C. A., & Young, T. M. (1999). Combining individual and group supervision in educating for the social work profession. *The Clinical Supervisor, 18,* 73–89. doi:10.1300/J001v18n02_06
Yalom, I. D. (2005). *The theory and practice of group psychotherapy.* New York, NY: Basic Books.
Zubernis, L., & Snyder, M. (2016). *Case conceptualization and effective interventions: Assessing and treating mental, emotional, and behavioral disorders.* Thousand Oaks, CA: Sage.