

Clinical Supervision of Group Work: A Conceptual Review

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Despite the vast amount of group work that is conducted in clinical mental health agencies across the nation, scholarship on the supervision of group work is limited. This article will review the literature pertinent to the supervision of group work and highlight salient research of the supervision of group work with special populations.

Recommendations for clinical supervisors and supervisees engaged in group work are provided.

Keywords: supervision, group work, supervisor, supervisee, mental health counseling

Counseling supervision and group work are two distinct counseling pillars which have been heavily researched over the past five decades. The American Counseling Association (ACA) has two specialty divisions that address supervision and group work: the Association of Counselor Education and Supervision (ACES) and the Association of Specialists in Group Work (ASGW). ACES (2011) describes clinical supervision to include: “the supportive and educative activities of the supervisor designed to improve the application of counseling theory and technique directly with clients” (p. 1). In contrast,

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not define supervision, but provides best practice recommendations for group workers: “Group workers seek consultation and/or supervision regarding ethical concerns that interfere with effective functioning as a group leader. Supervisors have the responsibility to keep abreast of consultation, group theory, process, and adhere to related ethical guidelines” (ASGW, 2007, p.114). Neither ACES nor ASGW defines or provides best practices for the supervision of *group work*.

Although ACA, ACES, and ASGW have developed ethical standards and best practices for supervision and group work separately (ACA, 2014; ACES, 2011; ASGW, 2000), there remains a paucity of literature addressing the standards and practices for the clinical supervision of group work (Atieno Okech & Rubel, 2007). Counseling professionals seeking resources and guidelines on best practices of the clinical supervision of group work find little information on how the two intersect and are interrelated (Rubel & Atieno Okech, 2006), supporting a call for further research to best identify supervision approaches and guidelines specific to group work (Granello & Underfer-Babalis, 2004). The purpose of this paper is to review the salient scholarship related to the supervision of group work to inform counseling supervision practices, as well as introduce the Clinical Supervision of Group Work Process (CSGWP) model (Table 1).

Table 1*Clinical Supervision of Group Work Process (CSGWP)*

Process 1: Pre-Supervision	Process 2: Active Supervision	Process 3: Post-Supervision
<p><i>Supervisee</i></p> <ul style="list-style-type: none"> • Knowledge of group stages and group work competencies • Awareness of group setting • Training and supervised experience in group they intend to lead • Goal setting (supervision goals and group goals) • Develop plan for group • Preparation for supervision 	<p><i>Supervisee</i></p> <ul style="list-style-type: none"> • Awareness of critical incidents in group work • Process group plan • Working relationship with co-leader (if applicable) • Have prepared questions for supervisor to address in supervision • Being on time to supervision, be open and honest 	<p><i>Supervisee</i></p> <ul style="list-style-type: none"> • Adapt group plan • Self-evaluation of group and supervision goals • Effectively deliver group competencies • Follow through with supervisor directives • Seek additional supervision as needed
<p><i>Supervisor</i></p> <ul style="list-style-type: none"> • Formal training in supervision and group work • Awareness of group setting • Assess/evaluate competence and awareness level of supervisee • Awareness of multiple supervisory roles (administrative/clinical) • Goal setting (supervision goals and group goals) • Preparation for supervision 	<p><i>Supervisor</i></p> <ul style="list-style-type: none"> • Process critical incidents • Personalize supervision to meet your supervisee where they are at • Supplement individual supervision with group supervision • Time management (how to delegate time in supervision) 	<p><i>Supervisor</i></p> <ul style="list-style-type: none"> • Evaluate supervision and group goals • Re-evaluate resistance and anxiety in supervisee, as related to supervisee growth • Continue to provide supervisee support, flexibility, and accessibility outside of the allotted supervision time • Documentation (i.e., critical incidents) • Treatment Planning (i.e., reviewing and signing notes)

Note: Process 4 (Concurrent Supervision) continues to occur across all phases of supervision. Within Process 4, the supervisee engages in the following: provide a safe environment for group members; monitor critical incidents; mindful of ethical considerations; monitor group dynamics (i.e., power differential and boundaries); maintain knowledge, skill, and awareness of multicultural and social justice competencies; and engage in self-reflection, emotion regulation, cognitive complexity, and developing consciousness. The supervisor engages in the following: provide a safe environment for supervisee; mindful of ethical considerations; engage in assessment and evaluation of self and supervisee; self-awareness and reflection; direct observation of supervisee's work; and provide structured feedback consistently throughout supervision.

Review of Literature

Clinical supervisors must be efficient and competent in addressing the unique needs required for the supervision of group work (Granello & Underfer-Babalis, 2014; Fernando & Herlihy, 2010; Rubel & Atieno Okech, 2006). Prior research has centered on supervision models and group leader preparedness after supervision training (Atieno Okech & Rubel, 2007; Champe et al., 2013; McWhirter & Frey, 1986; Ohrt et al., 2014; Page et al., 2001), yet little is written on the ways in which the clinical supervision of group work is conducted when providing supervision to group workers. In this critical review of literature, these authors highlight scholarship related to the education and training of group work, clinical supervisors (those who supervise clinical mental health counseling students) and supervisors of group work and include the supervision of group work with special populations.

Education and Training of Group Work

Clinical mental health counseling (CMHC) programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) require counselor trainees to participate in a minimum of 10 hours as a group member during their master's degree program (CACREP, 2015). CACREP (2015) also requires that counselor trainees have some experience leading group during their practicum and/or internship; yet, no minimum number of hours is given. Although many counseling programs may exceed this minimum standard of group work hours, CACREP has not altered this accreditation standard since 1994 (CACREP 1994; 2001; 2009; 2015). Yalom was an early contributor to the formulation group work (Yalom & Leszcz, 2020) and it is widely utilized in a variety of agency settings due to its proven efficacy of client improvement and cost effectiveness (Spitz, 2013). It is essential that counseling students

receive sufficient training for the group work duties and responsibilities in their future career as a professional counselor within an agency setting.

Education and training of group work facilitators includes effective and ethical practices of group work (ASGW, 2018). Although ASGW is a specialty division of ACA, ASGW utilizes the word *group workers* to include: group counselors, group facilitators, and group leaders who may also be members of other helping professions. With 15 state branches recognized by ASGW (ASGW, 2018), the national organization has created professional standards for the training of group workers; however, these standards have not been updated in nearly two decades (ASGW, 2000). ASGW recommends group workers obtain a minimum of 30 clock hours of supervised group practice post-master's degree to facilitate psycho-education groups, and a minimum of 45 clock hours of supervised group practice to facilitate therapeutic/counseling groups (ASGW, 2000). ASGW further recommends a minimum of 60 hours of group work during a CMHC master's internship which may be very difficult depending on the internship site services.

Researchers have examined the education and training of student group workers (Childers, 1986; McWhirter & Frey, 1986; Page et al., 2001; Ohrt et al., 2014; Champe et al., 2013). Though dated, Childers (1986) discussed his findings from a study involving doctoral students who co-led a masters-level group course, participated in a self-management growth group, and engaged in supervision. Students viewed supervision as the most important component of their training. McWhirter and Frey (1986) examined the impact of pre-group training and supervision on master's level counseling students. Pre-group training allowed students to build trust and open communication between group workers and supervisors, to review basic group work concepts, sharpen group leader's skills, and minimize group leader anxiety. Results indicated that pre-group training and supervision sessions were perceived as a benefit for those who engaged in those activities (McWhirter & Frey, 1986). Although the results from these studies may be applicable today, three decades have passed and more exploration of current needs of counseling students, mental health agencies, and counseling programs is needed.

Self-efficacy and self-reflections of group workers-in-training has also been explored by counseling researchers. To determine group worker's self-efficacy, Page et

al. (2001) developed the Group Leader Self-Efficacy Instrument (GLSI); a six-point Likert-type scale consisting of 37 items addressing the self-efficacy of group leader skills among counseling trainees. Results of their study indicated that counselor trainees may benefit from utilizing the GLSI to increase self-awareness, as well as assist counselor educators with planning curriculum for counselor trainees. Supervisors who use the GLSI in supervision may help their supervisees gain insight into their level of self-efficacy in their group leadership skills, enhancing the supervision process.

Ohrt et al. (2014) built on the skill of self-reflection as they incorporated the Skilled Group Counselor Training Model (SGCTM) and the training standards of ASGW and CACREP. Ohrt et al. explored the experiences of 22 participants using phenomenological research methods. Participants identified that supervision of group work was a main component in effective training and experience, with most participants desiring more intensive supervision (Ohrt et al., 2014). Additionally, Champe's et al. (2013) further emphasized the importance of counselor trainee self-reflection in the supervision process, stating that "assessing supervisees" emotion reactions, and the intensity thereof, may provide clues about the cognitive appraisal that group work trainees have made about their own performance, the group's development, or the supervisory relationship" (Champe et al., 2013, p. 364).

Education and Training of Clinical Supervisors

CACREP accredited counseling programs have experienced changes in supervision standards over time. In the 1994 and 2001 CACREP standards, there was only one statement in the doctoral program standards that included information on the theories and practices of counselor supervision. The 2009 CACREP standards included six standards for doctoral student training in supervision and the 2016 standards contain 11 standards for doctoral student training. Despite improved clarity within the supervision standards, there is a lack of national standards for counseling licensure and supervisory designations. Little is known about non-CACREP programs' guidelines for

clinical supervision. Counseling research has also yet to uncover recommended training standards for master's only counseling supervisors, which is needed as the majority are master's level counselors (Gazzola et al., 2013). Various supervisor training requirements depend on the state in which the supervisor is licensed in (Field et al., 2019) such as: CA, FL, IL, KY, ME, NY, OH, TX, and WY.

ACES published *Best Practices for Supervision* (2011) which included a section titled “*Supervisor preparation: Supervision training and supervision of supervision.*” This section emphasized didactic and experiential training aligning with a developmental perspective, as well the supervision of supervision. Several elements focused on individualizing supervision to meet the supervisee’s need (clinically and professionally) and included direct observation of the supervisee’s work (4.c.i. and 11.a.xi). Although the *Best Practices for Supervision* (2011) did not provide specific guidelines in formal training of clinical supervision, it did recommend the guidelines from relevant organizations, such as ACA and ACES, and other credentialing bodies (ACES, 2011). Thirteen best practices addressed training requirements for supervisors, yet there is no mention of the clinical supervision of group work. The ACA Code of Ethics (2014) states that supervisors should be trained in supervision methods and techniques and should regularly participate in continuing education that include both counseling and supervision topics yet there are no national uniform standards on supervision.

The Center for Credentialing and Education (CCE) established a credential for an Approved Clinical Supervisor (ACS) for counseling supervisors which requires extended training and experiences in supervision. Fifteen states have chosen to recognize this national credential as their supervision credential of choice (CCE, 2019). While counselors may choose to take additional coursework and continuing education in supervision and ethics, it is important to note that not all states offer a supervisory designation for professional counselors, nor do all states require professional counselors to graduate from a CACREP accredited program. As such, the quality of clinical supervision provided to counselor trainees or newly licensed professional counselors may be negatively impacted without national standards.

Training of Clinical Supervisors

Clinical supervisors who supervise CMHC students in non-academic settings are often master's level counselors where only 20% of clinical supervisors have had formal training in supervision (Gazzola et al., 2013). Authors posited that this limited training could impact the efficacy of supervision because without a theoretical framework, supervisors may rely on their prior supervisee experiences to direct them. This practice can lead to fruitless interactions and potentially detrimental supervisory outcomes (Gazzola et al., 2013). Gray et al. (2001) also discussed how counterproductive events impact the therapeutic process and client outcomes and can lead to counterproductive skills in supervision. Gray et al. (2001) explained how knowledge of counterproductive events is important in the training of supervisors.

Supervisors-in-training may experience a variety of challenges in their supervisor development. Gazzola et al. (2013) qualitatively explored the difficulties experienced by supervisors-in-training while providing supervision to masters-level counselor trainees. Findings included five main challenges: (a) difficulties with the gatekeeping role; (b) difficulties managing extra supervisory dynamics; (c) ongoing struggle in deciding on a supervision stance; (d) self-doubt; and (e) difficulties managing dynamics with their co-supervisor (Gazzola et al., 2013). Authors discussed the importance of finding balance in facilitating the growth of supervisors-in-training, while also addressing less pleasant duties (such as remediation). Supervisors-in-training need to be prepared for these types of challenges.

Best practices in clinical supervision have been identified, which included 12 focus areas involving the characteristics, attitudes, and behaviors for a competent supervisor (Borders et al., 2014). These focus areas expand on initiating supervision, goal setting, giving feedback, conducting supervision, the supervisory relationship, diversity and advocacy considerations, ethical considerations, documentation, evaluation, supervision format, the supervisor, and the supervisor preparation (supervision training and supervision of supervision) (Borders et al., 2014). Borders et al. did not provide

practice recommendations for the clinical supervision of group work, reinforcing the need for research to establish best practices in this area.

Techniques and Models for Supervisors of Group Work

In the absence of guidance on the supervision of group work from professional counseling organizations, scholars have applied conceptual constructs and techniques from other fields. Four salient group work supervision techniques and models have been identified in the supervision literature: direct supervision (Moody et al., 2014; Walker et al., 1985; Wise & Lowery, 1989), Gross' process model (Champe et al., 2013), Bloom's Taxonomy (Granello & Underfer-Babalis, 2004), and family supervision strategies (Wise & Lowery, 1989). Below, they are discussed within the utilization of the supervision of group work.

Techniques

Group workers can benefit from making concentrated efforts when preparing for supervision. DeLucia-Waack (2002) provided a guide for planning and processing group sessions in anticipation of supervision. The author discussed the importance for both the group worker and the supervisor to identify the unique characteristics of the group to engage in effective supervision. The guide helps novice group workers prepare for supervision by organizing the vast information they have in regard to group interactions and group members. DeLucia-Waack (2002) provided example planning and processing sheets for the supervisee and supervisor to use within supervision sessions. These supervisory techniques can help identify problem areas that may require additional attention in supervision. Supervisees who plan and process in supervision become more reflective and self-aware (DeLucia-Waack, 2002).

Traditionally, supervisors have relied on post-session reports from supervisees once they have completed their group work. Direct/live supervision of supervisees helps

to eliminate omissions and distortions during the supervisee's report of their group session perceptions (Walker et al., 1985). By utilizing a one-way mirror, the supervisor provides immediate, direct feedback and interventions where group leaders may feel supported and gain a sense of trust. Walker et al. (1985) found that the use of the one-way mirror provided more power to both the supervisor and the group leader. Supervisors watched the live group process, which provided an opportunity to provide appropriate and relevant feedback to the supervisee. Moody et al. (2014) explored direct supervision and its role for counselors to tie in feedback and knowledge from their supervisor with insight from personal beliefs and group concepts into live practice. Results highlighted that the critical subjective learning experience was instrumental to learning to lead groups. Moody et al. (2014) suggested that it would be beneficial for supervisors to personalize supervision for each student. Unfortunately, some counseling programs and/or agencies may not be able to provide live/direct feedback due to the lack of one-way mirrors and/or the new technology (such as cellphone apps) in their settings. As such, it is recommended that supervisors co-facilitate group with their supervisee (Wise & Lowery, 1989).

Models

Group work supervisors may be able to improve the supervisee's self-awareness and emotion regulation strategies to avoid countertransference in supervision. Supervisors can utilize the Process Model of Emotion Regulation, developed by James Gross (2001), as a technique to facilitate the supervisee's self-awareness improvement (Champe et al., 2013). Gross's (2001) conceptual model that allows for an individual to reflect on their emotion regulation strategies while depicting the four points in the emotion generation process timeline: situation, attention, appraisal, and response. Champe et al. (2013) analyzed group work practice and training using Gross's model as a lens. The authors stated that effective group leader emotion regulation is critical for adequate group work. Supervisors could use the timeline to further explore supervisees' reactions in supervision, using the timeline as a visual aid. Champe et al. (2013)

highlighted how supervisors could utilize the timeline to identify patterns of avoidance, helping supervisees to gain insight and self-awareness.

Granello and Underfer-Babalis (2004) discussed the importance of supervisee self-awareness to address the complexity within the supervision of group work. The authors stated that “all models of group counselor training emphasize the supervisory relationship as vital for processing both the cognitive (e.g., knowledge, skill-building) and affective (e.g., self-understanding, relationship-management)” (p. 159). Granello and Underfer-Babalis discussed the use of Bloom’s Taxonomy of Educational Objectives (Bloom et al., 1956) as a way for developing critical thinking. Bloom’s Taxonomy is comprised of six hierarchical levels (least complex to most complex) that build upon one another. These levels include: knowledge, comprehension, application, analysis, synthesis, and evaluation (Bloom et al., 1956). Using a variation of Bloom’s Taxonomy, Granello and Underfer-Babalis provided a model that helps supervisors conceptualize supervisee cognitive complexity and group developmental stages. The authors suggested that supervisors of group work use questions and interventions that start at the knowledge level and then proceed through the hierarchy of levels, especially when working on new material or cases. As supervisees develop cognitively, less time is spent in the lower levels and more focus is given to higher order complexities. Granello and Underfer-Babalis (2004) recommended that supervisors of group work use such as modeling, role-playing, and feedback, to assist with the development of supervisees’ cognitive complexity.

Wise and Lowery (1989) emphasized applying family supervision models to the supervision of group work through four methods: the traditional method, co-therapy method, the triadic model of supervision, and the direct supervision model. Authors identified the traditional method as when a supervisee meets one-on-one with a supervisor on a consistent basis. The co-therapy method occurs when the supervisor co-facilitates a group with their supervisee. For the triadic model, two supervisees co-facilitate a group together and are supervised by the same supervisor. Direct supervision can be applied instantaneously (supervisor has the ability to intervene directly during the group) or delayed through the use of audio or video recordings. The authors provided

little guidance on how supervisors of group work could directly apply these family supervision models to their clinical practice. Despite the supervision method, Wise and Lowery (1989) stated “...group leaders need training and supervised experience in every type of group they intend to lead” suggesting that thorough training and supervision is required to better prepare group workers for their future work (p. 57). Wise and Lowery acknowledged the lack of attention and specific training requirements for supervisors of group work and the counseling profession continues to be stagnated in training requirements for the supervisors of group work.

Thus, supervisors are in need of evidenced based practices, models and frameworks that address the specific issues that arise in the supervision of group work.

Research on the Supervision of Group Work

There are few studies that investigate the use of a previously developed supervision model with supervisees who facilitate group work (Atieno Okech & Rubel, 2007; Rubel & Atieno Okech, 2006; Rubel & Atieno Okech, 2009). Rubel and Atieno Okech (2006), created a model for the supervision of group work (SGW) by adapting the discrimination model of supervision, one of the more researched models of supervision (Bernard & Goodyear, 2019). The SGW model combined components of the discrimination model with three group interaction levels (individual level, interpersonal level, and group-as-a-system level), allowing the unique needs of group work supervisors to be addressed. Rubel and Atieno Okech (2006) emphasized that competent group workers must have group-specific skills and conceptualization in addition to individual counseling skills and conceptualization. Rubel and Atieno Okech (2006) further highlighted the limited attention paid to novice group work supervisors by the literature and how the SGW model could provide a template for the supervision process. In this process, an emphasis was placed on the supervisor being knowledgeable in the interpersonal and group-specific skills in addition to being able to improve the supervisee’s conceptualization of the group process. (Rubel & Atieno Okech, 2006). To

date, no study has further explored the supervision of group work model resulting in limited progress in approximately 15 years.

Rubel and Atieno Okech (2009) also studied the experiences of expert group work supervisors (identified by their peers to have exceptional effectiveness, knowledge, and skill in supervising group workers) through the supervision process. Participants in this study had varied backgrounds (i.e., psychologists, counselors, social workers) and degrees (i.e., doctoral degrees). Two properties of the group work supervision process were identified: supervisor apperception and supervisor actions. Dimensions of supervisor apperception included assessment focus, assessment outcome, and assessment level, whereas dimensions of supervisor actions included intervention purpose, intervention intensity, and interaction level. Rubel and Atieno Okech focused on the interdependent relationships between supervisor apperception and supervisor actions. “...supervisors need to be aware of how their cognitive and emotional processes during group work supervision impact the choices they make when interacting and intervening with supervisees and supervisees’ groups” (Rubel & Atieno Okech, 2009, p. 247). Atieno Okech and Rubel’s (2009) research suggested that note taking, reflective practice, and peer consultation are beneficial to processing multilayered information discussed in supervision. Implications of their research include the importance of supervisor self-awareness and the awareness of multiple systemic levels (self to macrosystems). It is important to note that many of the previously mentioned articles utilized group supervision, as opposed to one-on-one supervision. Although authors provided insight into the multilayered supervision process of group work supervisors, the generalizability of the outcomes, especially as it relates to clinical supervision of group work in the counseling profession has yet to be explored.

Group Work and Supervision with Special Populations

Organizations such as ACES, ASGW, ACA, and CACREP stress the importance of supervisor competency, especially in social justice and work with special populations. Group work is conducted in a variety of settings and with a variety of populations;

therefore, it is important for supervisors of group work to be aware of the social justice and advocacy needs of special populations to ensure supervisee development and adequate client care. In addition to Rubel and Atieno Okech's research, few publications on the topic of the supervision of group work with special populations have been identified.

Social Justice and Advocacy

ASGW developed the *Multicultural and Social Justice Competence Principles* (2012) for group workers with the aim to address the intersection of multicultural and social justice concepts with the practice of group work. When facilitating group work, supervisees must be competent and responsive to issues related to individual concerns, interpersonal (i.e., subgroup) and group-as-a-system concerns. Diversity is to be integrated in the supervision of group work because of the presence of these multiple relational dynamics. The SGW model has been studied to examine cultural diversity within the supervision of group work. Atieno Okech and Rubel (2007) used their model to develop a framework for supervision of group work focusing on diversity competence, however the authors did not offer any suggestions as to where and as to how to obtain diversity competence. Atieno Okech and Rubel (2007) suggested that supervisors examine supervisee's cultural awareness early on in supervision. Authors proposed using self-assessment inventories, case studies, and addressing cultural issues directly in supervision to improve the cultural awareness among supervisees.

Fernando and Herlihy (2010) emphasized supervisors fostering the development of their supervisees' social justice consciousness in an academic setting. To create a supervisory environment that promotes growth and learning, supervisors must acknowledge their role in determining supervisees' competency in social justice issues (Fernando & Herlihy, 2010). Fernando and Herlihy provided strategies for facilitating supervisees' social justice consciousness and discussed the advantages of group supervision with multiple supervisees, such as providing supervisees with a non-judgmental and empowering setting for processing social justice concerns. Authors did

not address supervision in a clinical setting or how clinical supervisors may utilize the strategies in individual supervision.

LGBTQ+ Populations

Luke and Goodrich (2013) explored group work with the LGBTQ community and developed the LGBTQ Responsive Model for Supervision of Group Work to help school counseling supervisors conceptualize and intervene with this marginalized client population. The *LGBTQ Responsive Model for Supervision of Group Work*, based on Rubel and Atieno Okech's (2006) SGW model, provided supervisors with four points of entry for supervision interventions and three supervisory roles in which to intervene (Luke & Goodrich, 2013). The study acknowledged that by utilizing the *LGBTQ Responsive Model for Supervision of Group Work*, supervisees demonstrated increased awareness which in turn allowed for the supervisee to facilitate groups with the LGBTQ population more effectively (Luke & Goodrich, 2013). It is unknown how clinical supervisors could utilize Luke and Goodrich's (2013) model, or if it would provide the same outcomes for supervisees as it did in the school counseling settings. Further research is needed to determine how clinical supervisors of group work can assist supervisee social justice and advocacy development, as well as ways in which supervisors of group work can provide sufficient supervision to supervisees working with special populations.

This review of literature has reinforced that the education and training of group workers, supervisors, and supervisors of group work is critical. However, most research centered on counseling student development or special populations, leaving a significant deficit of resources related to clinical supervisors who supervise group work in the field. It is plausible that many clinical supervisors lack specific training on the supervision of group work. Infusing information gained from the literature, we provide recommendations to help guide clinical supervisors while conducting supervision of group work.

Recommendations for Practice and Future Research

Clinical supervisors of group work need advanced knowledge and skills in both supervision and group work. Informed by the aforementioned scholarship, a conceptual model of supervision processes for clinical supervisors providing supervision of group work was developed. The Clinical Supervision of Group Work Process (CSGWP) model (Table 1) provides a framework for clinical supervision sessions within four supervision processes (i.e., Pre-supervision, Active Supervision, Post-Supervision and Concurrent Supervision). The processes listed should be understood as fluid in which one process flows into the next, and where the fourth process is unfolding concurrently throughout supervision. Within each supervision process, both the supervisee and supervisor have various tasks while working with clients in group work. We recognize this model may need to be altered to meet the unique needs of the supervisee, supervisor, and group. Agency settings, policies, and procedures will need consideration when utilizing the CSGWP model, as well as the group type and theoretical orientation. Below, we provide details on our model to demonstrate its application and utility.

Pre-Supervision Process

Prior to facilitating group work, we recommend that supervisors ensure that supervisees are adequately prepared for group work by reviewing supervisees' education and training backgrounds. Supervisors can inquire about supervisees' group work course experiences and awareness of group competencies (i.e., ASGW best practices). We recommend supervisees to actively gain and apply knowledge of group stages and recognize the context of their group setting. Further, we recommend supervisees engage in ample training and supervised experiences in the group they intend to lead. For example, if a supervisee is going to be leading a grief therapy group, it is important that they have had sufficient preparation (i.e., experiential training and education beyond the classroom) to lead the group effectively. When supervisors have an understanding of the supervisees' preparation experiences, they can collaborate to co-construct unique and

informed goals for the group and for supervision. Co-construction of goals assists with tracking progress throughout the supervision processes and allows for feedback and growth for the supervisees. Should a supervisor deem a supervisee unprepared, supervisors are advised to work with the supervisee to determine a thorough plan of action. Supervisees who are inexperienced or feel unprepared are more vulnerable to group work critical incidents.

Supervisors should provide a detailed agency orientation where supervisees will be conducting group to ensure awareness of agency protocols and procedures. During the orientation, supervisors can also discuss expectations of supervision (i.e., being open/honest, come prepared to supervision, follow supervisor directives, the evaluation process) and begin to set preliminary goals and develop a plan for the group. Supervisors should also include informed consent regarding supervision, as well as a supervision contract that highlights supervision expectations. We recommend supervisors use inventories, such as the GLSI (Page et al., 2001) to obtain a baseline assessment of supervisees' self-efficacy, which can also assist with initial goal setting. Supervisors must ensure they have adequate preparation in both supervision and group work to provide effective supervision and help to reduce critical incidents. Supervisors are encouraged to plan for supervision and personalize supervision to the unique needs of the supervisee and group dynamics.

Active Supervision Process

In active supervision, we recommend supervisees and supervisors use supervision to process items of high importance, such as group critical incidents, the progress of the group, and the supervisees' relationship with the group co-leader (if applicable). If the supervisor took time in the pre-supervision process to orient the supervisee to supervision, the supervisee will be more likely to be open and honest about the aforementioned items of importance. This transparency allows for the supervisor to provide personalized, constructive feedback to improve the supervisee's competence in group work, self-reflection as a counselor, and ensure clients' needs are being met.

Supervisees are advised to bring their questions and/or concerns, and the supervisor can assist in problem solving by using techniques such as role playing and modeling.

Supervisors are advised to plan for supervision and be mindful of time management aspects (i.e., how to delegate the supervision hour), as it is likely that supervisees maintain an individual case load in addition to the group(s) they are leading. Supervisors should be prepared to offer more than one hour of supervision if needed, especially if the supervisor has other duties at the agency (i.e., their own case load or administrative duties). Supplementary supervision, such as group supervision, can be also useful if there are two or more group leaders.

Post-Supervision Process

During the post-supervision process, we recommend the supervisee follow the supervisor's directives, take the feedback and insight gained from supervision and adapt the group plan as needed. Self-reflection is encouraged for both the supervisee and the supervisor. Supervisee self-reflection helps to ensure they are effectively delivering group competencies (see Page et al., 2001), which is essential to ethical group work practice. Should supervisees need additional support, they are encouraged to seek additional supervision time. Supervisors are recommended to engage in reflection to re-evaluate goals and supervisee growth (e.g., moments of anxiety). Additionally, supervisors are recommended to maintain flexibility and accessibility outside of supervision time for continued support of the supervisee. We suggest that supervisors take time to document (e.g., critical incidents) and review the documentation of the supervisee.

Concurrent Supervision Process

Supervisor and supervisee self-awareness within a safe environment is crucial in advancing cognitive complexity, processing critical events, and generating effective planning for group. Self-awareness can assist with identifying ethical considerations and

bring awareness of social justice/advocacy aspects of the group. We recommend supervisors provide direct observation of supervisee work to provide constructive feedback influencing their growth and development. We recognize there are several variables impacting the supervision of group work; therefore, it is important to be mindful of the concurrent processes of supervision. As a profession that depends on evidence-based practice, we recognize the need for future research beyond the CSGWP model that informs the supervision of group work.

Future Research

Based on the literature reviewed, we recommend a variety of areas that need further exploration on the supervision of group work. First, counselors in the field need research informed strategies targeting clinical settings which can provide practical suggestions and/or problem-solving strategies for clinical supervisors (e.g., how to structure supervision sessions, ways to navigate critical incidents) . Second, clinical supervisors of group work would benefit from more research to determine best practices in the number of training hours and continuing education recommendations. Lastly, research on the supervision of group work outside the academic setting may provide a unique perspective to current and aspiration practices for supervisors. Research unaffiliated with academic settings may further illuminate nuances with third party payers, theoretical orientation and best practices with specific populations. As such, it would be valuable to explore these areas in quantitative, qualitative and case study methods to gain further understanding of the advantages and disadvantages of supervision and their impact on the supervision of group work. Research questions examining clinical supervisors' perspective of the supervision of group work would be beneficial in understanding supervisor self-efficacy in the supervision of group work process.

Conclusion

The clinical supervision of group work continues to be an area in need of further attention within the counseling profession. This article highlighted literature related to the clinical supervision of group work and important considerations when providing supervision of group work with special populations. In order to provide best practices to clinical supervisors of group work, future research and scholarship need to explore how clinical supervision and group work continuously interconnect and overlap. We encourage future use and research on the CSGWP model to continuously support evidenced based practices in work with supervisees. Supervisors and supervisees use of the CSGWP model is one strategy within group work that can provide critical guidance to ultimately support clients.

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