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The Impact of Supervisory Training and Workload upon the Licensed Specialist in School Psychology Supervisors' Perception Providing Field-Based Supervision to Interns in a Public-School Setting

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THE IMPACT OF SUPERVISORY TRAINING AND WORKLOAD UPON THE LICENSED SPECIALIST IN SCHOOL PSYCHOLOGY SUPERVISORS' PERCEPTION PROVIDING FIELD-BASED SUPERVISION TO INTERNS IN A PUBLIC-SCHOOL SETTING

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ABSTRACT

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Quality supervision is essential for developing high-performing professionals in the mental health profession. Licensed Specialists in School Psychology (LSSP) i n Texas can begin supervising LSSP Interns after three years of unsupervised field experience. Workloads for LSSP supervisors can be highly diverse, and LSSP supervision training can be limited. The present study explored the impact of workload and lack of supervision training on the supervisors' perceived ability to supervise Licensed Specialist in School Psychology (LSSP) interns in Texas public school settings. Using a quantitative cross-sectional survey design, 146 LSSP supervisors with at least three years of unsupervised field experience, and one year of experience as a supervisor, completed a twenty-five-item questionnaire designed by the author. Descriptive statistics, Analysis of Variance, Independent Sample T-Tests, and Ordinal Logistic Regression were used to analyze the survey data. Although LSSP supervisors reported very diverse and demanding workloads, results indicated that workload did not impact their perceived ability to provide supervision. Conversely, a lack of training significantly affected the perceived ability to supervise after training was received. The study results suggest that LSSP supervisors would benefit from access to training on providing supervision.

DEDICATION

My mother, Priscilla King, my wife, Andrea Garcia, and my two children, Andrés Garcia King and Chris Garcia King, wholeheartedly supported and motivated me to accomplish my educational goal. Completing my doctoral studies would not have been possible without my family's love, support, and patience. Thank you for all your patience, support, and love through this process.

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TABLE OF CONTENTS

Page

ABSTRACT…… iii

DEDICATION…… iv

ACKNOWLEDGEMENT…….. v

TABLE OF CONTENTS……... vi

LIST OF TABLES……. ix

LIST OF FIGURES…… xiii

CHAPTER I. INTRODUCTION…… 1

Statement of the Purpose…… 3

Limitation of the Study…….. 5

Definition of Terms……... 5

Significance…… 6

CHAPTER II. REVIEW OF THE LITERATURE……..... 8

School Psychology……. 8

Supervision……. 9

Function of Supervision……. 9

Supervision Methods, Models, and Techniques…… 11

Challenges of Providing Supervision within the Current

Model……. 13

Challenges of Multicultural Supervision…… 14

Challenges of Ethical Supervision……. 15

Challenges of Supervisory Alliance……... 16

Challenges of Supervisory Assessment and Feedback……... 18

Supervisor/Supervision Training…….....…… 18

Supervision Credentials…….. 20

Adult Learning…… 22

Supervisors' Perspective…… 22

Research Question.…… 23

Summary…… 24

CHAPTER III. METHODOLOGY……... 25

Introduction……..... 25

Research Methodology……... 25

Participants……. 27

Instrumentation……... 28

Procedures……... 29

Analysis…….. 30

Summary…… 31

CHAPTER IV. RESULTS…… 32

Demographic Results…… 32

Data Analysis…….. 37

Research Question 1……... 37

Research Question 2……... 40

Research Question 3…….. 47

Research Question 4…….. 77

Research Question 5…….. 80

Research Question 6…….. 97

CHAPTER V. DISCUSSION…… 104

Introduction…… 104

Interpretation of Results……. 106

Study Limitations…….. 110

Recommendations for Future Research…….. 111

Clinical Implications…….. 112

Summary and Conclusions…… 113

REFERENCES…….. 114

APPENDIX A……..... 120

APPENDIX B……..... 123

APPENDIX C……..... 127

APPENDIX D…… 130

BIOGRAPHICAL SKETCH……. 133

LIST OF TABLES

Page

Table 1: Demographic Results for Race/Ethnicity, Gender, Age, and Education……. 34

Table 2: Demographic Results on the Number of Years as an LSSP……. 36

Table 3: Demographic Categorical Variable Results for Years of LSSP Experience…… 36

Table 4: Demographic Results Number of Years as an LSSP Supervisor……. 36

Table 5: Demographic Categorical Variable Results for Years of Experience as an LSSP Supervisor……..... 37

Table 6: Workload Percentages per Week……. 38

Table 7: Case Management Workload…….. 39

Table 8: Diagnostic Assessments Workload……. 39

Table 9: Durbin-Watson & R-Squared Results of LSSP Supervisors' Workload and the Perceived Ability to Supervise…… 46

Table 10: ANOVA Results for Number of Case Management Cases and Years of LSSP Experience……... 54

Table 11: ANOVA Results for Number of Assessments and Years of LSSP Experience…..... 55

Table 12: ANOVA Results for Percentage of Administrative Duties and Years of LSSP Experience……... 55

Table 13: ANOVA Results for Percentage of Psychoeducational Duties and Years of LSSP Experience……... 55

Table 14: ANOVA Results for Percentage of Diagnostic Assessments and Years of LSSP Experience……... 56

Table 15: ANOVA Results for Percentage of Case Management Duties and Years of LSSP Experience……... 56

Table 16: ANOVA Results for Number of Case Management Cases and Years of LSSP Supervision Experience……... 64
Table 17: ANOVA Results for the Number of Diagnostic Assessments and Years of LSSP Supervision Experience……... 64
Table 18: ANOVA Results for the Percentage of Administration Duties and Years of LSSP Supervision Experience……... 65
Table 19: ANOVA Results for the Percentage of Psychoeducational Services and Years of LSSP Supervision Experience…….. 65
Table 20: ANOVA Results for the Percentage of Diagnostic Assessments and Years of LSSP Supervision Experience……... 66
Table 21: ANOVA Results for the Percentage of Case Management Duties and Years of LSSP Supervision Experience……... 66
Table 22: Independent Samples T-test of Education Levels and Number of Case Management Cases with Equal Variance……... 75
Table 23: Independent Samples T-test of Education Levels and Number of Diagnostic Assessments……... 76
Table 24: Independent Samples T-test of Education Levels and Percentage of Administrative Duties……... 76
Table 25: Independent Samples T-test of Education Levels and Percentage of Psychoeducational Duties……..... 76
Table 26: Independent Samples T-test of Education Levels and Percentage of Diagnostic Assessment Duties…… 77
Table 27: Independent Samples T-test of Education Levels and Percentage of Case Management Duties…… 77
Table 28: Percentage of Participation in Supervision Models and Techniques Training……..….. 78
Table 29: Percentage of Participation in Multicultural Issues in Supervision Training……..…. 79
Table 30: Percentage of Participation in Ethical Issues in Supervision Training……... 79

Table 31: Percentage of Participation in Developing a Supervisory Alliance Training……..…. 79
Table 32: Percentage of Participation in Supervision Assessment and Feedback Training……... 80
Table 33: Test of Parallel Lines for Training in Supervision Models and Techniques and Perceived Ability to Provide Supervision……. 81
Table 34: Goodness-of-Fit for Training in Supervision Models and Techniques and Perceived Ability to Provide Supervision……. 82
Table 35: Model Fitting Information for Training in Supervision Models and Techniques and Perceived Ability to Provide Supervision……... 82
Table 36: Estimated Odds Ratio for Training in Supervision Models and Techniques and Perceived Ability to Provide Supervision……. 83
Table 37: Wald Chi-Square for Training in Supervision Models and Techniques and Perceived Ability to Provide Supervision…… 83
Table 38: Test of Parallel Lines for Training in Multicultural Issues in Supervision, and Perceived Ability to Provide Supervision…… 85
Table 39: Goodness-of-Fit for Training in Multicultural Issues in Supervision and Perceived Ability to Provide Supervision…… 85
Table 40: Model Fitting Information for Training in Multicultural Issues in Supervision and Perceived Ability to Provide Supervision…… 86
Table 41: Estimated Odds Ratio for Training in Multicultural Issues in Supervision and Perceived Ability to Provide Supervision……. 86
Table 42: Wald Chi-Square for Training in Multicultural Issues in Supervision and Perceived Ability to Provide Supervision…… 87
Table 43: Test of Parallel Lines for Training in Ethical Issues in Supervision, and Perceived Ability to Provide Supervision…… 88
Table 44: Goodness-of-Fit for Training in Ethical Issues in Supervision, and Perceived Ability to Provide Supervision……... 89
Table 45: Model Fitting Information for Training in Ethical Issues in Supervision and Perceived Ability to Provide Supervision…… 89

Table 46: Estimated Odds Ratio for Training in Ethical Issues in Supervision, and Perceived Ability to Provide Supervision……. 90
Table 47: Wald Chi-Square for Training in Ethical Issues in Supervision, and Perceived Ability to Provide Supervision……... 90
Table 48: Test of Parallel Lines for Training in Supervisory Alliance, and Perceived Ability to Provide Supervision……... 92
Table 49: Goodness-of-Fit for Training in Supervisory Alliance and Perceived Ability to Provide Supervision…… 92
Table 50: Model Fitting Information for Training in Supervisory Alliance, and Perceived Ability to Provide Supervision…… 93
Table 51: Wald Chi-Square for Training in Supervisory Alliance and Perceived Ability to Provide Supervision…… 93
Table 52: Test of Parallel Lines for Training in Supervision Assessment and Feedback and Perceived Ability to Provide Supervision…… 93
Table 53: Goodness-of-Fit for Training in Supervision Assessment and Feedback, and Perceived Ability to Provide Supervision……. 95
Table 54: Model Fitting Information for Training in Supervision Assessment and Feedback and Perceived Ability to Provide Supervision…… 96
Table 55: Estimated Odds Ratio for Training in Supervision Assessment and Feedback and Perceived Ability to Provide Supervision…… 96
Table 56: Wald Chi-Square for Training in Supervision Assessment and Feedback and Perceived Ability to Provide Supervision…… 97
Table 57: ANOVA Results for the Perceived Ability to Supervise and Years as an LSSP…… 99
Table 58: ANOVA Results for the Perceived Ability to Supervise and Years of LSSP Supervision……... 101
Table 59: Independent Samples T-test of Education Levels and Perceived Impact to Providing Supervision……. 103

LIST OF FIGURES

Page

Figure 1: Regression Plot of the Number of Case Management Cases and Perceived Ability to Supervise…… 41
Figure 2: Regression Plot of the Number of Diagnostic Assessments and Perceived Ability to Supervise…… 42
Figure 3: Regression Plot of Percentage of Administration Duties and Perceived Ability to Supervise…… 43
Figure 4: Regression Plot of Percentage of Psychoeducational/Behavioral Duties and Perceived Ability to Supervise……. 44
Figure 5: Regression Plot of the Percentage of Diagnostic or Assessment Duties and Perceived Ability to Supervise……... 45
Figure 6: Regression Plot of Percentage of Case Management Duties and Perceived Ability to Supervise…… 46
Figure 7: Box-Wisker Plot of Number of Case Management Cases and Years of Experience as an LSSP…… 48
Figure 8: Box-Wisker Plot of Number of Assessments and Years of Experience as an LSSP…… 49
Figure 9: Box-Wisker Plot of Percentages of Administrative Duties and Years of Experience as an LSSP…… 50
Figure 10: Box-Wisker Plot of Percentages of Psychoeducational Services and Years of Experience as an LSSP…… 51

Figure 11: Box-Wisker Plot of Percentages of Diagnostic Duties and Years of Experience as an LSSP……. 52
Figure 12: Box-Wisker Plot of Percentages of Case Management Duties and Years of Experience as an LSSP…….. 53
Figure 13: Box-Wisker Plot of Number of Case Management Cases and Years of LSSP Supervision Experience……. 57
Figure 14: Box-Wisker Plot of Number of Assessments and Years of LSSP Supervision Experience…….. 58
Figure 15: Box-Wisker Plot of Percentage of Administrative Duties and Years of LSSP Supervision Experience……. 59
Figure 16: Box-Wisker Plot of Percentage of Psychoeducational Services and Years of LSSP Supervision Experience……. 60
Figure 17: Box-Wisker Plot of Percentage of Diagnostic Assessments and Years of LSSP Supervision Experience……. 61
Figure 18: Box-Wisker Plot of Percentage of Case Management Duties and Years of LSSP Supervision Experience……. 62
Figure 19: Box-Wisker Plot of Number of Case Management Cases and Levels of Education…… 68
Figure 20: Box-Wisker Plot of Number of Assessments and Levels of Education……..…... 69
Figure 21: Box-Wisker Plot of Percentage of Administrative Duties and Levels of Education……70
Figure 22: Box-Wisker Plot of Percentage of Psychoeducational Services and Levels of Education……... 71
Figure 23: Box-Wisker Plot of Percentage of Diagnostic Services and Levels of Education…… 72
Figure 24: Box-Wisker Plot of Percentage of Case Management Duties and Levels of Education…… 73
Figure 25: Box-Wisker Plot of Ability to Supervise and Years of LSSP Experience……... 98

Figure 26: Box-Wisker Plot of Ability to Supervise and Years of Supervision Experience…….. 100
Figure 27: Box-Wisker Plot of Ability to Supervise and Levels of Education…….. 102

CHAPTER I

INTRODUCTION

School psychologists are role models for ethical and professional behavior to practicum and intern students. According to the National Association of School Psychologists (NASP, 2020), Principles of Professional Ethics supervision or mentoring is an obligation that school psychologists owe to the students whom the school psychologist serves and the school psychology profession. Similar to teaching, supervision improves the supervisees' skills and knowledge through applied learning, evaluation, and supervisors' feedback (Harvey & Struzziero, 2008). Supervision also mirrors consultation in that supervision aims to problem-solve with supervisees to develop new and richer perspectives on working with clients and students. Supervision is also very similar to counseling because supervisors establish a working alliance with the supervisees to address patterns of behaviors that need to be changed so that countertransference does not become an issue for supervisees (Harvey & Struzziero).

School psychologists who provide supervision are accountable for all the professional work of the practicum students and interns they supervise (National Association of School Psychologists, 2020). Supervisors have the role of helping the individuals they supervise to become aware of what supervisees are doing well and the areas where improvement is needed (Harvey & Struzziero, 2008). The effects of supervision can be powerful when the focus of supervision is on the supervisees' professional growth (Bernard & Goodyear, 2019). To facilitate professional development, supervisors need to be competent in providing supervision and be

diligent about seeking out training to improve their supervision knowledge and skills (Barnett & Molzon, 2014). According to Barnett and Molzon, clinical supervisors fall into two categories regarding supervision competency. The supervisor is either competent at providing supervision or the supervisor is entirely incompetent. The stark view of supervisors being either competent or incompetent is meant to point out that supervision cannot be mediocre. Supervisors either provide quality supervision or they provide inadequate supervision.

The American Counseling Association (2014) stated that supervisors must know the various supervision models and follow a theoretical foundation for their counseling and supervision. Peake et al. (2002) found that many individuals providing clinical supervision lack the training and skills necessary to provide supervision competently. Supervisors must be well prepared to provide supervision and take on the responsibility of being accountable for supervisees' professional actions. No studies were found that address the amount and type of supervision training completed by supervisors to help them improve the supervision they provide.

Supervisors also have their standard job responsibilities while being given the added task of providing supervision (Carrola et al., 2016). There is significant research on the perspective and experiences of supervisees providing mental health services (Cook et al., 2018; Fernando & Hulse-Killacky, 2005; Murphy & Wright, 2005; Shaffer & Friedlander, 2017; Quarto, 2002), but there are limited studies found examining the supervisors' perspective and relatively little on the views of a school psychologist or Licensed Specialist in School Psychologist (LSSP) providing supervision (Calvert et al., 2018). By contrast, no studies explored supervisors' perspectives on managing their regular duties or workload as they provide supervision.

Statement of the Purpose

This study examines the experiences of field-based LSSP supervisors providing supervision to LSSP interns in Texas public schools. Because public schools have inherent workloads and time constraints, this study will focus on LSSP supervisors providing supervision to LSSP interns in a public school and not in private practice or private schools. The study will focus on gathering information on field-based supervisors' experiences in public schools, gaining insight into supervisors' perceptions of how prepared they feel and how effective they think they are at providing supervision. Few field-based supervisors in public schools receive the formal training needed to provide clinical supervision, and the training available is not always beneficial (Gazzola et al., 2013; Gosselin et al., 2015; Peake et al., 2002). Consequently, this study will examine how workload and training impact LSSP supervisors' perspectives on providing supervision.

NASP (2020) allows individuals with three years of unsupervised LSSP field experience to provide field-based supervision without formal supervision training. NASP (2020) recommends that LSSP supervisors participate in formal supervision training to provide supervision, but supervision training is not mandated. The NASP supervision training recommendation aligns with the Texas Behavioral Health Executive Council and Texas State Board of Examiners of Psychologists requirements for LSSP supervisors (Texas Behavioral Health Executive Council, 2020). Do LSSPs providing supervision adhere to the NASP and the Texas Behavioral Health Executive Council recommendation by seeking supervision training?

This study will utilize a quantitative cross-sectional survey design to investigate the impact of workload and supervisory training upon providing supervision. It needs to be noted that the term 'workload" cannot be operationally defined since LSSP work responsibilities vary across school districts. To address clarity on the term "workload," the researcher will gather data on the differences in workload responsibilities of the participants. To clarify, field-based supervision by an LSSP in a public-school setting consists of a minimum of two hours of supervision per week, of which at least one hour must be face to face while the other can be through electronic means with the intern whom they supervise (Texas Behavioral Health Executive Council, 2020).

Research Question 1: What are the field-based LSSP supervisors' work responsibilities (e.g., number of cases, administrative duties, psychoeducation/behavioral services, diagnostic responsibilities, case management) as they provide supervision?

Research Question 2: Is there a relationship between field-based LSSP supervisors' workload and the perceived provision of field-based supervision in public schools?

Research Question 3: Are there differences in workload based on the demographic variables of (a) years of experience in the field, (b) years of experience supervising, and (c) level of education?

Research Question 4: What areas of training in supervision (supervision models and techniques, multicultural issues in supervision, ethical issues in supervision, developing a supervisory alliance, and supervision assessment and feedback) have field-based LSSP supervisors in public schools completed before or while providing supervision?

Research Question 5: Is there a relationship between the areas of supervision training and the supervisors' perceived ability to provide supervision?

Research Question 6: Are there differences in the perceived ability to provide supervision because of a lack of training based on the demographic variables of (a) years of experience in the field, (b) years of experience supervising, and (c) level of education?

Limitations of the Study

A limitation of this study is the narrow focus of the supervisory group to be studied. The sample group for this study is clinical LSSP supervisors working in public-school settings in Texas, which will limit the study's generalization. Another limitation is that some respondents may not be entirely forthcoming about their experiences for fear of admitting to providing lower-quality supervision. No data can give an estimate on the number of LSSPs who are providing supervision to interns. Because of this, it will be impossible to determine the return rate on the surveys or decide if the number of respondents is a good sample size for the target population.

Definitions of Terms

Definitions will be expressed in the simplest forms for this research.

Licensed Specialist in School Psychology (LSSP). According to the Texas State Board of Examiners of Psychology Acts and Rules (2019), LSSP is the credential provided to a person who provides psychological services as defined by Texas's Education Code. An LSSP has a graduate degree from a regionally accredited institution of higher learning specializing in: (a) psychological foundations, (b) educational foundations, (c) interventions, (d) assessments, and (e) professional issues and ethics (Texas State Board of Examiners of Psychologists, 2019). An LSSP has passed the state psychological licensure exam and completed 1200 hours of supervised

experience. To become an LSSP, individuals must also pass a nationally recognized qualification examination. An LSSP can only provide psychological services in a public school.

Supervisor. An LSSP supervisor is responsible for all supervisees who provide psychological services in a public school (Texas State Board of Examiners of Psychologists, 2019). Supervisors utilize methods of supervision that allow supervisors to monitor supervisees' practice. An LSSP can only provide LSSP supervision with a minimum of three years of experience providing psychological services in public education.

LSSP Intern. An individual who is currently enrolled in a school psychology program at a regionally accredited institution of higher education and has completed all their coursework to meet graduation criteria but needs to complete a minimum of 1200 hours of supervised internship, 600 of the hours in a public school (Texas State Board of Examiners of Psychologists, 2019). Interns must receive a least two hours a week of direct supervision, with no more than half of the supervision hours being in group supervision.

Significance

Supervision is crucial to developing future LSSP clinicians to ensure the safety and well-being of the clients served (American Counseling Association, 2014; American Psychological Association, 2015; Commission on Rehabilitation Counselor Certification, 2017; National Association of School Psychologists, 2020). This research will address LSSP field-based supervision provided to LSSP interns in Texas public schools. This research aims to gather information about the experiences of LSSP supervisors providing supervision to develop

suggested interventions to assist supervisors in providing beneficial supervision that will grow the potential and practice of future supervisees. Another goal of this study is to establish baseline data on the LSSP supervisors' workload details so ideal workload recommendations can be made to the Texas Association of School Psychology.

By gathering information on the experiences of delivering supervision and how prepared and trained supervisors are to provide supervision, a picture of the supervision process of LSSP supervisors will be developed. One goal of this study is to provide insight into the workload demands on LSSP supervisors as they provide supervision. Understanding the workload demands of LSSPs providing supervision would provide data that could be utilized for workload recommendations for LSSPs while providing supervision. Another goal of this study is to identify the supervision training completed by LSSP supervisors and if they feel the training or lack of training is having a perceived impact on their ability to supervise. The results from the training attended and the perceived effects can be utilized to improve supervision training opportunities and give supervisors recommendations on needed training.

CHAPTER II

REVIEW OF THE LITERATURE

School Psychology

The American Psychological Association (2005) defines school psychology as a specialty practice in psychological services focused on students of all ages in school and the processes of learning and education. School psychology was created in the knowledge of psychology, education, and child development. School psychologists are trained specifically to be a part of the team of school personnel who address students' learning, behavior, and socialization in an education setting (National Association of School Psychologists, n.d.). School psychologists work with students, the student's families, school administrators, teachers, and other professionals to facilitate a safe learning environment where students can be successful.

School psychologists generally complete a specialist-level master's degree, consisting of at least 60 hours of graduate work, or through a doctoral program of at least 90 semester hours (National Association of School Psychologists, n.d.). Course work in the school psychology program needs to address the foundations of psychology, the foundations of learning and education, assessments, interventions, and professional ethics (Texas State Board of Examiners of Psychology, 2019). A 1,200-hour supervised internship must be completed before the graduate degree is completed, and the individual can apply for state licensure. The clinical supervision of developing school psychologists is critical for the individual to obtain their degree and licensure and benefit the profession.

Supervision

Supervision has been identified as key to developing new counselors, and client outcome is directly related to the quality of supervision of counselors-in-training (Gazzola et al., 2013; Gonsalvez & Milne, 2010; Thielsen & Leahy, 2001). Dollarhide and Miller (2006) described clinical supervision as how counselors-in-training develop and hone therapeutic skills. The ultimate goal in clinical supervision is counselor competence, so counselors-in-training supervision is a crucial part of supervisees' developmental process to ensure high-quality professional care (Boie & Lopez, 2011; Gazzola et al., 2013).

Supervision is meant to be a collaborative arrangement between the supervisor and the supervisee (Milliren et al., 2006). Barnett and Molzon (2014) found that clinical supervision benefits new counselors because supervisors provide the feedback needed to develop applied counseling skills. The Commission on Rehabilitation Counselor Certification (CRCC, 2017) explains that supervision can occur in an academic setting or on a worksite, and supervision can be face-to-face, online, or a combination of both, pointing out that the supervision feedback can be provided in various modalities. Barnett and Molzon (2014) noted that supervisors take on the roles of quality assurer, supportive guide, researcher, trainer, and mentor. Supervisors take on many roles while providing supervision and supervision can be provided in various ways.

Function of Supervision

Bucky et al. (2010) describe the two fundamental functions of supervision: the supervisees' development and the upholding of the principles of therapeutic services provided to the supervisees' clients. It is crucial to understand that supervisors are considered the gatekeeper of the mental health profession and are tasked with monitoring the supervisees' performance along with the welfare and progress of the supervisees' clients (American Counseling

Association, 2014). The supervisors' primary focus is the safety and well-being of the supervisees' clients and the development of competent mental health professionals. The clients' well-being is so paramount that the CRCC (2017) mandates that supervisors ensure the safety and well-being of the clients by advancing ethical behavior.

Supervision explores how the client and therapist perceive reality based on their experiences (Kopp & Robles, 1989). Supervisors and the supervisees, working in collaboration, should identify and monitor professional growth goals that benefit the supervisees' clients (Milliren et al., 2006). Supervisors should focus not only on exploring the supervisees' strengths but also on the group characteristics and strengths to develop more prosocial aspects and social-emotional intelligence in the supervisees (Fialkov & Haddad, 2012).

The American Counseling Association (ACA, 2014) states that supervisors must strive to be unbiased and accurate when assessing the supervisee. To be accurate and impartial, supervisors must provide constructive feedback to supervisees to facilitate their professional development. The CRCC (2017) recommends that supervisors complete documentation and give feedback to supervisees on their progress or lack thereof.

The most fundamental benefit of supervision is the acquisition of applied counseling skills, which ultimately affect the quality of counseling services provided to the clients (Gazzola & Thériault, 2007). Supportive supervision facilitates the supervisees' development of an individual counseling style and professional identity (Dollarhide & Miller, 2006). Knox et al. (2014) examined the influences supervisors had on supervisees' professional and personal growth and noted that supervision improved the supervisees' processing of therapeutic and ethical decisions. Supervision can help show resistance to therapy caused by countertransference on the part of the therapist (Kopp & Robles, 1989).

Supervision Methods, Models, and Techniques

Significant research has been conducted on various models and supervision practices (Bernard & Goodyear, 2019; Boie & Lopez, 2011; Flam, 2016; Lemberger & Dollarhide, 2006; McCurdy, 2006; Maki & Delworth, 1995; Zeligman, 2017). Developmental supervision models can be based on several different developmental theories (Bernard & Goodyear, 2019). Some supervision models use psychosocial developmental stages, and some are based on Erikson's or Piaget's linear stages of development. All developmental models of supervision are based on the assessment of the developmental needs of the supervisee.

Psychoanalytic and clinical supervision has a long history since its inception with Freudian psychoanalysis (Bernard & Goodyear, 2019). Supervision reflected the psychoanalytic theory supervisors utilized in their practice. Psychodynamic supervision has two approaches: 1) client-centered and 2) supervisee-centered. Both methods have the supervisor in the role of the uninvolved expert. Supervisors are experts in the technique and are teaching the supervisee.

Supervisors can develop three different foci when supervising (Bernard & Goodyear, 2019). Supervisors can attend to 1) clients, 2) the relationship between supervisors and supervisees, or 3) just supervisees. Supervisors and supervisees work closely together to teach supervisees to resolve relational conflicts that may develop between supervisors and supervisees. Having the supervisees resolve relational conflicts between supervisors and supervisees would benefit supervisees in resolving future conflicts between the supervisees and their clients. Putney et al. (1992) found that when supervisors shared theoretical similarities with supervisees, supervisees felt the supervision was more effective and beneficial to their professional growth.

Regarding theory, the transtheoretical clinical supervision model (TMCS) has nine foundational principles (Aten et al., 2008). No supervision model addresses every aspect of supervision. Supervisees come into supervision anxious about their lack of experience, but TMCS can identify growth areas. Supervisees can function in several different stages at once, and the supervisors can assess where the supervisees are in the various stages. Supervisors and supervisees will become increasingly focused while the working alliance is built. TMCS is eclectic, inclusive of other modalities, and strongly focuses on multicultural and social issues. Aten et al. stated that supervisors' only limitation to TMCS is their lack of experience using the supervisory model.

The integrated developmental model (IDM) developed by Stoltenberg and McNeill (2011) encompassed motivation theory, social learning and interpersonal influences, cognitive learning, and human development models. The ability to consider the developmental changes a supervisee can make in the supervision process is a fundamental reason for using a developmental supervisory model like IDM (Boie & Lopez, 2011). In IDM, the supervisors adapt their supervision style to enable the continued growth of the supervisees.

Postmodern models of supervision have a common stance that individuals' understanding of their world is based on their perception of their world (Bernard & Goodyear, 2019). In postmodern supervision models, there is an emphasis on the supervisor collaborating with the supervisee. The supervisor is a consultant and strives to maintain an equal partnering with the supervisee. Supervisors use reflective activities and draw attention to the supervisee's strengths. The supervisor facilitates the supervisee's self-assessment and self-awareness. Multicultural aspects are also strongly acknowledged and considered in postmodern supervision.

The Developmental Narrative Model (DNM) of supervision is a postmodern approach to supervision (Zeligman, 2017). DNM and solution-focused therapy are considered postmodern approaches to supervision because the model's core is a collaborative relationship between the supervisor and supervisee. The supervisor is also knowledgeable and includes multicultural aspects into the supervisory experience by addressing race, ethnicity, and gender differences. Postmodern models also encourage supervisees to advocate for their client's social justice and help them develop their social justice interests. Farmer and Aguinis (2005) presented a supervisory model based on supervisory power and how supervisors' power over the supervisees can impact the supervisee's development of clinical and professional identity, both positively and negatively.

Challenges of Providing Supervision within the Current Model

Mental health counselors' supervision can be taxing for the supervisor due to the various duties and responsibilities placed upon the supervisor by the supervisor's employer (Carrola et al., 2016). Site supervisors balance assisting counselors-in-training in developing counseling skills, learning, and following the placement agency's policies and procedures while managing the supervisors' primary job responsibilities (Kemer et al., 2017).

Cook et al. (2019) conducted a transcendental qualitative study to examine practicum and interns' experience with the nondisclosure of information in their supervision dyad. Cook et al. found three themes as to why supervisees did not disclose information to their supervisors. Supervisees reported they decided not to disclose information to their supervisors because of the supervisory relationship's supervisees' perspective. The supervisors' style did not match the supervisees' style, and supervisees were motivated to present themselves favorably because of the supervision's evaluative nature. A qualitative study of black clinical supervisors found that

supervisors were frequently asked, by ethnically similar supervisees, for supervision, which placed higher demands on the supervisors' workload (Goode-Cross, 2011).

Challenges of Multicultural Supervision. Jernigan et al. (2010) stated the importance of open discussion and contemplation of multicultural issues in the supervision dyad. Supervisors should encourage supervisees to embrace their discomfort about multicultural topics by building trust and confidence (Butler-Byrd, 2010). Supervisors are accountable for the development and continued acquisition of multicultural awareness training for individuals they supervise (Borders, 2006; Inman & Kreider, 2013).

In a qualitative study of clinical supervisors' perspectives on the influences affecting their ability to provide sensitive, multicultural supervision, Thrower et al. (2020) found that supervisors identified two core themes that influenced supervision: the supervisors' feelings about how multicultural issues were addressed by their employer or institution and the lack of support of the institution to encourage multicultural development. In a qualitative study, Burkard et al. (2006) examined supervisors' engagement or disengagement in addressing multicultural issues during supervision and found that supervisees reported having a negative experience in supervision when supervisors were not receptive to addressing multicultural issues. Burkard et al. also found that when supervisors were receptive to addressing multicultural issues, supervisees' supervision experience was favorable, and the supervisees felt a closer alliance with the supervisors.

In a qualitative study where supervisors and supervisees were people of color, Jernigan et al. (2010) found that when the supervisors were open to discussing multicultural issues in supervision, supervisees felt a closer connection to their supervisors and felt the supervision was beneficial to their growth as professional counselors. When supervisors did not encourage

supervisees to examine multicultural issues in supervision, Jernigan's study found that supervisees were hesitant about addressing multicultural issues with their counseling clients. This study shows the importance of handling sensitive issues in supervision so the supervisee is comfortable addressing sensitive issues with their clients.

Chang et al. (2010) reported that social justice for multicultural issues is a crucial component of counseling because it is inappropriate to hold a client individually responsible for therapeutic change without understanding how institutional and environmental factors can create barriers for the client. Similarly, Goode-Cross (2011) conducted a qualitative study about multicultural issues in supervision and found that African American supervisors felt responsible for helping their African American supervisees learn to find their professional counseling identity. The supervisors also wanted to teach the supervisees how to be genuine to themselves when working in a field or institution with a few minority peers. Both of these studies show that supervisors should help supervisees develop treatment plans for clients utilizing counseling theories and approaches with social justice and multicultural considerations.

Challenges of Ethical Supervision. In examining ethical issues related to supervision, Barnett and Molzon (2014) concluded that quality supervision should include assessing the supervisees' training needs and counseling competence. Another study by Landon and Schultz (2018) was a grounded theory qualitative analysis examining the supervisors' role in developing supervisees' ethical decision-making ability. Landon and Schultz found that supervisors reported that the supervision's primary goal was improving the supervisees' immediate recognition of ethical issues in counseling and managing the ethical issue swiftly and sensitively.

Ethical standards mandate counselors to be aware of areas in their personal life that can contribute to countertransference within the counseling dyad (Pakdaman et al., 2015). Supervisors are responsible for creating a trusting supervisory alliance that facilitates supervisees disclosing personal and possibly uncomfortable information to work through the countertransference before it becomes an ethical violation. To summarize, these uncomfortable conversations can lead to the supervisees' growth if addressed well in supervision.

Nejati and Shafaei (2018) found that supervisors who provide guidance and exhibit ethical behaviors significantly influence supervisees developing ethical and prosocial behaviors, even in their personal lives. The results from a study conducted by Nejati and Shafaei of 240 postgraduate students from three universities in Malaysia showed that ethical supervision facilitated the development of supervisees' prosocial behaviors. The study also found that supervisees, who had highly ethical supervisors, showed more empathy for their clients (Nejati & Shafaei, 2018).

Challenges of Supervisory Alliance. Lemberger and Dollarhide (2006) describe supervision between the supervisor and supervisee as a collaborative exploration of the events in the counseling relationship between the supervisee and the client. Benmore (2016) states that the supervisory relationship is friendly, professional, and mutually respectful. Milliren et al. (2006) determined that the supervisory alliance's collaborative nature facilitates shared knowledge and professional growth. Also, competent clinical supervisors must establish a relationship with supervisees, fostering the supervisees' professional growth (Thielsen & Leahy, 2001).

Supervision success depends on the supervisory alliance's development, as the working partnership in the counseling relationship facilitates success (Bucky et al., 2010). Exploitive relationships between supervisor and supervisee are prohibited (CRCC, 2017). Supervisors must

develop healthy boundaries between supervisors and supervisees and between supervisees and clients. The ACA (2014) states that supervisors must maintain appropriate and respectful boundaries in their code of ethics while developing a meaningful relationship with the supervisee. Gazzola and Thériault (2007) remarked that it was the supervisors' responsibility to establish safe and healthy boundaries between the supervisors and the supervisees and ensure safe and healthy boundaries between the supervisees and their clients.

For example, Bucky et al. (2010) found that when a supervisee rated their supervision as positive, the supervisee also rated the working alliance the supervisee developed with their clients as positive. A shared goal is formed between the supervisor and supervisee by creating a supervisory alliance and examining the supervisee's social interest (Lemberger & Dollarhide, 2006). The developed shared goal will improve the client's quality of life and enhance the supervisee's counseling skills. Milliren et al. (2006) asserted that the supervisory alliance should allow for positive reflection and feedback so the supervisor can create cognitive dissonance and encourage growth.

A five-year review of published articles focusing on clinical supervision in counseling showed that supervisors' relationships with supervisees were crucial (Borders, 2006). Goode-Cross (2011) conducted a phenomenological qualitative study on the experiences of supervisors of the same ethnicity as their supervisees and found that the supervisor-supervisee relationship was quickly established. However, the professional boundaries had to be clear and well-established because of the easy rapport. Supervisors must develop a trusting and safe environment where supervisees can take risks and develop as clinicians (Borders).

Challenges of Supervisory Assessment and Feedback. A post hoc analysis conducted by Romans et al. (1995) examining the importance of supervision found providing immediate supervisory feedback to supervisees as a crucial aspect of the supervisory process. Supervisees must feel comfortable in the supervisory alliance because supervision means having honest and professional discussions about supervisee errors or inaccurate assessments to assist in the supervisees' professional growth (Peake et al., 2002). The supervisor must assess each supervisee's counseling skills, knowledge, and self-awareness (McCurdy, 2006; McMahon & Fall, 2006). For example, in a five-year review of articles published between 1999-2004 addressing clinical supervision in counseling, the review found that additional studies are needed to address supervisors providing clear and accurate feedback to supervisees (Borders, 2006).

In another study, supervisors voiced that analyzing client issues and conceptualizing a plan to facilitate client growth is crucial to the individual development of a counselor (Landon & Schultz, 2018). Landon also noted attending and providing feedback to the supervisees to improve supervisees' conceptualization skills as paramount to providing supervision. It is important to note that supervisors who have open discussions with supervisees, give feedback on ethical behaviors and situations, and model ethical behaviors help supervisees develop as clinicians (Nejati & Shafaei, 2018).

Supervisor/Supervision Training. Supervisors may have clinical and even supervisory experience, but training specific to providing supervision and the different supervisory models is recommended before providing supervision (Crook-Lyon et al., 2011; NASP, 2020, Texas Behavioral Health Executive Council, 2020). Supervision is considered crucial to supervisees' development and improved treatment outcomes for clients, yet only about 20% of supervisors have formal training in supervision (Gazzola et al., 2013; Peake et al., 2002). CRCC (2017)

asserts that supervisors must be trained in supervision methods, techniques, and multicultural diversity. Supervisors need to know different supervision models and have a theoretical foundation for their clinical work and supervision (ACA, 2014). Fialkov and Haddad (2012) stated that strength-based supervision training was becoming more prevalent, and Appreciative clinical training focused on and reinforced strengths in the supervisory alliance.

Although supervision is a crucial aspect of the counseling profession, formal supervision training is a very recent phenomenon (Gazzola et al., 2013). Supervisors are frequently counseling professionals who are viewed as having obtained sufficient experience to supervise individuals in the counseling field (Dollarhide & Miller, 2006). A supervisor's role is often identified as a core competency for counseling professionals; as such, the preparation and training needs of supervisors are worthy of continued scrutiny and study (Crook-Lyon et al., 2011).

For example, in a qualitative study exploring the supervisory roles in supervisees' ethical development, Landon & Schultz (2018) found that supervisors acknowledged the role differentiation between supervisor and counselor. In addition, supervisors stated that there was a lack of training to prepare supervisors for supervision. According to Goode-Cross (2011), supervisors lack formal training in providing supervision. Gosselin et al. (2015) conducted a qualitative-constructivist review of data collected from published articles on supervisor development and found limited support for the current training benefits of becoming clinical supervisors. Borders (2006) also conducted a five-year review of articles published addressing clinical supervision in counseling and found a clear indication of a need for increased training in applying clinical supervision.

Thielsen and Leahy (2001) state that clinical supervisors must be proficient in ethical and legal issues, theories and models, intervention techniques and methods, evaluation and assessment, clinical counseling knowledge, and supervisory relationship. Thrower et al. (2020) conducted a qualitative study of eight clinical supervisors (n=6) and found that most had not enrolled and completed any academic classes on supervision nor completed any formal continuing education training on providing supervision. Romans et al. (1995) examined the difference in training programs between clinical, counseling, and school psychology programs and found that clinical psychology programs were more likely to have in-house counseling training opportunities than school psychology or counseling programs. In-house training allows supervisors to give direct and immediate feedback to supervisees, along with better opportunities for the training of supervisors.

Supervision Credentials

In the United States, Falender et al. (2004) presented a competency-based supervision framework to justify that clinical supervision should be considered an essential professional responsibility. Falender et al. proposed that the competencies should be the basis for supervision training and preparation. The competency areas established by Falender were: a) supervision models and research, b) giving effective supervisory feedback, c) supervisor alliance and values, and d) supervision ethics. In comparison, Gonsalvez and Milne (2010) reported that the Psychology Board of Australia proposed that supervisors complete board-approved supervision training and have three years of licensed experience before providing supervision. Gonsalvez and Crowe (2014) recommended that supervisors use various self-administered assessments to determine supervisory competency and areas to target for improvement. The American

Psychological Association (APA, 2015) established guidelines for clinical supervision but has not set mandatory supervisory training or standards.

The Texas Certification Board of Addiction Professionals (2012) has an application process for supervisors providing clinical supervision to counselors or related fields. The certificate is based on the performance of supervision skills and academic achievement, but the certification is voluntary and not mandated by any licensing body or professional association. The North Carolina Substance Abuse Professional Practice Board (2018) also has a certificate for clinical supervisors, but only for licensed clinical addiction specialists. The Center for Credentialing & Education (2020) provides an Approved Clinical Supervisor (ACS) credential for mental health professionals and is recognized in fifteen states. The ACS credential is voluntary, and the applicant has to submit an annual fee and documentation of 20 hours of continuing education in the five-year credential cycle to maintain certification.

On the other hand, the National Association for Alcoholism and Drug Abuse Counselors (NAADAC, n.d.) offers supervision training to individuals in the mental health profession (social work, rehabilitation counseling, psychology) who can show evidence they are employed full-time as an Addiction counselor for five years. The National Clinical Supervision Endorsement through NAADAC is not mandated by any state or national licensing board or professional association.

Adult Learning

Zorga (2003) noted that over the last 25 years, clinical supervision has been moving away from a counseling model to a more developmental model focused on the roles and tasks of the supervisors along with the stage of learning for the supervisees. A developmental model views supervision as occurring in developmental stages. The supervisor needs to be aware of the different supervisees' developmental stages and adjust to how supervision is being provided to the supervisee. Zorga's study shows that supervisors need to be well-trained in understanding the developmental model to provide supervision. In a study conducted by Morris (2019), the adapting model of modes of learning was recommended for adult learning because it encourages the learner to adapt to how they perform tasks. Critical thinking is encouraged, along with an understanding that knowledge and information are constantly changing. Supervisors must learn to be sensitive to changing social contexts facilitating self-directed learning. Supervisors need to be trained and guided on adapting the model of learning modes to help them develop as supervisors.

Supervisors' Perspective

Peake et al. (2002) reported that only 20% of psychologists who supervise had received formal academic classes in supervision. Borders (2006) conducted a five-year review of articles published addressing clinical supervision in counseling and found a clear indication of a need for increased training in applying clinical supervision. In a qualitative study examining the supervisory experiences of Black supervisors providing supervision to Black supervisees, supervisees lacked experience working with Black clients, and supervisors also lacked the needed training in their formal training (Goode-Cross, 2011). Schroeder (2019) conducted a qualitative case study to examine school psychology supervisors' perspectives on how well-

prepared Canadian school psychology students were for their internships and practicum experience. The academic instruction provided to the students was both online and in-person instruction. The study results found that students were better prepared for the practicum and internship clinical work when the classroom instruction was paired with applied skills training (Schroeder, 2019).

Research Question

Developing into a skilled supervisor is complicated and poorly understood, perhaps partly because there are limited studies examining components of supervisory training from the site supervisor or the supervisor-in-training (Crook-Lyon et al., 2011; Kemer et al., 2017; Trepal & Hammer, 2014). For example, Rapisarda et al. (2011) conducted a qualitative study on the development of new supervisors. Rapisarda discovered that many of the doctoral student supervisors felt overwhelmed with guiding the development of counseling skills and providing emotional support to counselors-in-training.

Thielsen and Leahy (2001) theorized that the lack of research examining clinical supervisors' experiences might be due to the myth that a good counselor is automatically a good supervisor. Hein and Lawson (2009) report several qualitative studies that have examined the supervisors' and supervisees' experiences in triadic supervision, but there is scant research examining supervision from the supervisors' perspective. A lack of research on site supervisors' experiences and needs may result in supervisors not receiving the appropriate training necessary for clinical supervision (Romans et al., 1995; Thielsen & Leahy, 2001).

Summary

Clinical supervision is essential to school psychologists' and LSSPs' graduate degree achievement, licensure, and professional growth. Supervisors who provide supervision have a heavy responsibility to the supervisees, the supervisees' clients, and the school psychology profession. The literature review shows that many LSSP supervisors have limited training in providing supervision. Individuals with a master's degree in school psychology and licensed as a specialist in school psychology in Texas start supervising practicum and interns in school psychology after three years of field experience.

Providing supervision takes much effort and knowledge on the part of the supervisors. Besides providing clinical supervision and all the inherent challenges in delivering supervision, supervisors must face workload and time management challenges. This study will utilize a survey to gather information on the workload experiences of LSSPs who have supervised school psychology LSSP interns. Information will also be collected on LSSP supervisors' participation in training to improve their supervision skills.

CHAPTER III

METHODOLOGY

Introduction

The previous two chapters established that providing clinical supervision takes training, preparation, and time on the supervisor's part. Providing supervision can be both rewarding and challenging. A limited number of studies examine the clinical supervisors' experience providing clinical supervision, and even fewer studies examine the school psychologists' experience providing clinical supervision. Reviewing the experiences of LSSPs providing field-based supervision in Texas public schools can provide information regarding supervision training and even offer guidance to employing institutions to adjust workloads and consider the extra time needed to provide supervision.

Research Methodology

There are three different types of research methodologies that need to be considered when developing a research study: (a) quantitative, (b) qualitative, and (c) mixed methods (Rovai et al., 2014). Quantitative research uses systematic steps to investigate a phenomenon with statistical analysis (Rovai et al., 2014). There are two types of quantitative analysis: (a) descriptive and (b) inferential. Descriptive statistics gather, order, summarize and present the data about the research population. Rovai et al. describe inferential statistics to quantify the data and generalize the results from the studied sample group. This study will examine the

demographic information to investigate any significant differences in the experiences of providing supervision to LSSP interns based on the demographic variables. The study design will use descriptive and inferential statistics to examine how workload and supervision training affect the LSSP supervisors' perceived ability to provide supervision.

The research questions guiding this study are:

Research Question 1: What are the field-based LSSP supervisors' work responsibilities (e.g., number of cases, administrative duties, psychoeducation/behavioral services, diagnostic responsibilities, case management) as they provide supervision?

Research Question 2: Is there a relationship between field-based LSSP supervisors' workload and the perceived provision of field-based supervision in public schools?

Research Question 3: Are there differences in workload based on the demographic variables of (a) years of experience in the field, (b) years of experience supervising, and (c) level of education?

Research Question 4: What areas of training in supervision (supervision models and techniques, multicultural issues in supervision, ethical issues in supervision, developing a supervisory alliance, and supervision assessment and feedback) have field-based LSSP supervisors in public schools completed before or while providing supervision?

Research Question 5: Is there a relationship between the areas of supervision training and the supervisors' perceived ability to provide supervision?

Research Question 6: Are there differences in the perceived ability to provide supervision because of a lack of training based on the demographic variables of (a) years of experience in the field, (b) years of experience supervising, and (c) level of education?

Demographic information is used to gather a complete picture of the study's participants (Huck, 2012). The study results could vary based on the different demographic characteristics of the sample population. The demographic information that will be gathered for this study will consist of: (a) Gender; (b) Age of the participant; (c) Race/ethnicity; (d) Years of work experience; (e) Years of supervision experience; and (f) level of education. Demographic information will be utilized to run the descriptive statistics. Descriptive statistics will summarize the results gathered from the demographics (Rovai et al., 2014).

Participants

A purposeful sample is a group of individuals deliberately chosen as the research group because the group has collective experience with the phenomenon being studied (Creswell & Poth, 2018). Criteria sampling, a type of purposeful sampling, is choosing the expertise of the group over a large sample size (Grant et al., 2012). A criterion sample will be used to gather the sample group for the quantitative study. The National Association of School Psychologists (2020) establishes the criteria to become an LSSP supervisor as follows:

> Individuals engaging in professional or administrative supervision of school psychologists have a valid state school psychology credential for the setting in which they are employed, and they have a minimum of three years of experience as a practicing school psychologist. Professional training and/or experience in the supervision of school personnel is preferred (p.25).

Participants in this study will have a minimum of a master's degree in school psychology from an accredited university and have a minimum of three years of unsupervised field experience in a public school as an LSSP to meet the criteria to become a field-based supervisor in public schools. The participants will also have at least one year of experience providing supervision to LSSP interns in a Texas public school. The study only looks at LSSP field-based supervisors working in a public-school setting and not LSSPs in private practice or a private school setting. The public-school setting offers particular challenges for supervisors due to caseload and time constraints that are of interest to this study. The study participants will not be contained in one geographical area and may come from public schools all over Texas.

Instrumentation

In a quantitative analysis, this research will gather information on the demographics of the sample population. The respondents will be asked to enter their responses using Qualtrics (XM, March 2022). The demographic information being gathered will be (a) Gender; (b) Age of the participant; (c) Race/ethnicity; (d) Years of work experience; (e) Years of supervision experience, and (f) level of education. The demographic data will be analyzed using IBM SPSS Statistics (Version 28) for frequency, mean, median, mode, and standard deviation. The developed research questions will be presented in a survey, some questions on a 5-point Likert scale. The survey responses will be entered using Qualtrics. The calculation of the projected sample size using G Power (Version 3.1.9.4) was 111 participants.

A literature review identified several essential components of supervision training, which will improve supervisors' knowledge and skills. The five areas of clinical supervision training have been identified as (a) training in multicultural supervision; (b) training in supervision methods and techniques; (c) training in supervision ethics; (d) training in the supervisory

working alliance, and (e) training in assessing supervisees' skills and providing feedback. The developed research questions will be presented in a survey using Qualtrics. The research questions will be analyzed using descriptive statistics. The IBM SPSS Statistics (Version 28) will examine any statistically significant differences in the demographic information.

Procedures

The Texas Behavioral Health Executive Council will be utilized to identify LSSP supervisors in the field who will be potential respondents for the study. An electronic notice was sent to all potential participants with more than three years of field-based experience practicing LSSP in a Texas public school setting. The email stated the study's purpose, the details of confidentiality for the respondents, and any potential risks associated with the study. Participants were given information on the benefits of participating in the study and the rights participants had to voluntarily withdraw from the study (Creswell & Poth, 2018).

Informed consent to participate in the study was obtained when the participants agree to participate and complete the survey. All participants were emailed a link to complete the survey gathering demographic information and details on their workload while providing supervision and supervision training questions using Qualtrics software. The questionnaire was electronically mailed to 3,400 LSSPs across Texas. Goyder (1985) found that a 70% response rate was possible with follow-up contact with the respondent. A reminder email with the Qualtrics link to the survey was sent to the initial group two weeks after the initial email to increase the response rate. Since there is no data on the number of LSSPs providing supervision, it was not possible to determine the response rate. The goal was to get at least 111 survey respondents out of the 3,400 who were sent the survey link. The estimated number would be a sufficient response number for a study sample size based on the G Power analysis.

Analysis

The quantitative data gathered using Qualtrics will be analyzed using IBM SPSS Statistics (Version 28) to examine any statistically significant differences in the demographic information and the data from the survey questions. The demographic data will be analyzed using IBM SPSS Statistics (Version 28) to establish the descriptive statistics and frequency using mean, median, and mode and the standard deviation of the reported data. The quantitative data will be analyzed using an analysis of variance (ANOVA) or bivariate correlational analysis using IBM SPSS Statistics (Version 28). The results will be reported in a chart format.

Research question number one will analyze what a workload looks like for a supervising LSSP using descriptive statistics. Research question two looks at the relationship between the different variables of workload and providing supervision. The impact of workload on providing supervision will be measured using a five-point Likert scale and analyzed using bivariate correlation. Research question three examines the differences between workload and the demographic variables of (a) years of experience in the field, (b) years of experience supervising, and (c) level of education. The years of experience as an LSSP and years of experience as an LSSP supervisor will be analyzed using an ANOVA. An Independent-Sample T-Test will be used for the LSSP workload and levels of education.

Research question four examines the different types of supervision training completed by the sample population. Descriptive statistics will be used to report the data gathered. Research question five explores the relationship between supervision training and the supervisor's ability to provide supervision. The survey question will be a five-point Likert scale response, which is ordinal data, so an Ordinal Logistic Regression will be used to analyze the data. Research question six will examine the differences between the perceived ability to provide supervision

and the three demographic variables of years as an LSSP, years as an LSSP supervisor, and education level. An ANOVA will be used to analyze years of experience as an LSSP and years of experience as an LSSP supervisor. An Independent-Sample T-Test will be used for the LSSP supervisors' perceived ability to supervise and levels of education.

Summary

This research will provide insight into LSSP supervisors' experiences providing supervision while employed in a Texas public education setting. This researcher hopes to provide information for future development in training for supervisors and the students they supervise. At this time, there are no foreseen negative consequences for any of the respondents. Confidentiality of all the information will be maintained, and the information provided will only be used to complete this study.

CHAPTER IV

RESULTS

This chapter will provide details on the work responsibilities of an LSSP supervisor; if there is a relationship between the workload and their ability to provide supervision; and if there are differences in workload based on field experience, supervision experience, and level of education. The chapter will begin by covering the demographic information on the study participants, then a description of the statistical methods used to analyze the selected independent variables, along with the results that addressed the study's research questions. Chapter four will also describe the various areas of supervision training the LSSP supervisors have received, if there is a relationship between the areas of supervision and their perceived ability to provide supervision, and if there are differences in the ability to provide supervision based on field experience, supervision experience and level of education.

Demographic Results

The online surveys were electronically mailed to 3,432 LSSPs in the state of Texas, based on a licensure listserv obtained from the Texas Behavioral Health Executive Council (TBHEC). The emails list comprised LSSPs with less than three years of field experience as an LSSP, LSSPs without experience providing supervision, and individuals who only had experience providing supervision to practicum students, along with the sample population of LSSP supervisors who have provided supervision to interns. LSSPs do not have to obtain any certification to provide supervision, so there is no means to determine the exact number of

LSSPs providing supervision at any given time. Of the 3,432 surveys sent, 214 responded and agreed to participate, providing a response rate of 6%. Of the 214 respondents who decided to take the survey, only 175 met the criteria of having three years of unsupervised field experience and providing supervision to an LSSP intern for at least one year. Of the 175 that met the two exclusionary factors, 146 completed the survey. Survey responses from 29 participants could not be used because they did not answer three on more survey questions. The response rate based on the 214 respondents who initially agreed to participate in the study was 68%.

As shown in Table 1, 104 respondents (71.2%) of the sample population reported their race/ethnicity as White. There were 29 (19.9%) who identified as Hispanic, eight respondents (5.5%) identified as Black or African American, one (.7%) was Native Hawaiian or Other Pacific Islander, and two (1.4%) were American Indian or Alaska Native, for a total of 11 (7.5%) survey respondents. Due to the small sample size for Black or African American, Native Hawaiian or Other Pacific Islander, and American Indian or Alaska Native, these three groups were combined in a category labeled Other Ethnicity. The sample population consisted of 114 (78.1%) female participants and 32 (21.9%) male respondents. The respondents' age ranged from 28 to 81 years, with a mean of 47.76 years. In the age range of 25 to 34 years, there were 16 respondents (11%), and between 35 to 44 years, there were 53 participants (36.3%). The age range of 45 to 54 had 38 participants (26%). In the range of 55 to 64 years, there were 15 LSSPs (10.3%); for 65 and older, there were 21 responses (14.4%). Three participants (2.1%) did not answer the age question. Refer to Table 1 for a summary of the demographic results. Ninety-one participants (62.3%) had a Master's degree, and 55 LSSPs (37.7%) had a Doctoral or professional degree (refer to Table 1).

Table 1

Demographic Results for Race/Ethnicity, Gender, Age, and Education

Variables	n	Percentage
Race/Ethnicity		
Hispanic	29	19.9
White	104	71.2
Other	11	7.5
No Response	2	1.4
Total	146	Total 100
Gender		
Female	114	78.1
Male	32	21.9
Total	146	Total 100
Age		
25-34	16	11.0
35-44	53	36.3
45-54	38	26.0
55-64	15	10.3
65+	21	14.4
No Response	3	2.1
Total	146	Total 100
Level of Education		
Master's	91	62.3
Doctoral	55	37.7
Total	146	Total 100

There were 146 responses to the number of years the survey participants had been an LSSP, with a range of 5 to 57 years and a mean of 17.35 years. The median was 16.50, and the mode was 12, with a standard deviation of 8.735 (see Table 2). The data for the number of years as an LSSP was converted into categorical ranges for further analysis. Most of the categories are based on four-year increments. The category of 3 to 10 years is a seven-year increment because a 3-to-5-year group had a sample size that would be too small to report. Of the total, 36 respondents (24.6%) had 3 to 10 years of experience, and 34 (23.3%) had 11 to 15 years of LSSP experience (refer to Table 3). There were 31 respondents (21.2%) who had 16 to 20 years of experience as an LSSP, 21 (14.4%) who had 21 to 25 years of experience, and 24 (16.4%) who had 26 or more years of experience as an LSSP.

One hundred forty-four LSSPs responded to the number of years they had supervised, with a range of 1 to 32 years, a mean of 7.67 years, a median of 5.00, a mode of two, and a standard deviation of 6.991 (Refer to Table 4). The data for the number of years as an LSSP Supervisor was converted into categorical ranges for further analysis. Sixty-three LSSPs (43.2%) were in the 1 to 4 years range for supervision experience, and 36 participants (24.7%) had 5 to 9 years of supervision experience (refer to Table 5). Twenty-two respondents (15.1%) endorsed having 10 to 15 years of experience as an LSSP supervisor, and 23 (15.8%) of the sample population had 16 or more years of experience supervising. Two participants (1.4%) did not respond to the question.

Table 2

Demographic Results on the Number of Years as an LSSP

Variables	n	Mean	Median	Mode	SD	Min	Max
Years as an LSSP	146	17.35	16.50	12	8.735	5	57
Total	146	17.35	16.50	12	8.735	5	57

Table 3

Demographic Categorical Variable Results for Years of LSSP Experience

Variable	n	Percentage
3-10	36	24.6
11-15	34	23.3
16-20	31	21.2
21-25	21	14.4
26+	24	16.4
Total	146	Total 100

Table 4

Demographic Results Number of Years as an LSSP Supervisor

Variables	n	Mean	Median	Mode	SD	Min	Max
Years as an LSSP	144	7.67	5.00	2	6.991	1	32
Total	144	7.67	5.00	2	6.991	1	32

Table 5

Demographic Categorical Variable Results for Years of Experience as an LSSP Supervisor

Variable	n	Percentage
1-4	63	43.2
5-9	36	24.7
10-15	22	15.1
16+	23	15.8
No Response	2	1.4
	Total 146	Total 100

Data Analysis

Research Question 1

What are the field-based LSSP supervisors' work responsibilities (e.g., number of cases, administrative duties, psychoeducation/behavioral services, diagnostic responsibilities, case management) as they provide supervision?

The data was gathered through four survey questions asking each recipient the percentage of time they spent performing administrative duties, including supervision, psychoeducational/behavioral services, diagnostic or assessment services, and case management duties (refer to Table 6). All 146 respondents answered all four workload percentage questions. The mean for the percentage of time a week spent performing administrative duties, including supervision, is 26.71% with a Median of 20.00%, a Mode of 20.00%, and a standard deviation of 19.528 (refer to Table 6). The percentage mean for the time spent providing psychoeducational/behavior services was 23.79% with a Median of 20.00%, a Mode of 20.00%, and a standard deviation of 18.508 (refer to Table 6). The mean for the percentage of time a week spent performing diagnostic or assessment services is 36.66%, with a Median of 40.00%, a

Mode of 40.00%, and a standard deviation of 19.196 (refer to Table 6). The percentage mean for the time spent providing case management duties (IEP meetings and compliance paperwork) was 21.62% with a Median of 20.00%, a Mode of 10.00%, and a standard deviation of 17.961(refer to Table 6).

Table 6

Workload Percentages per Week

Variable	n	Mean	Median	Mode	SD
Administrative Duties	146	26.71	20	20	19.53
Psychoeducational/Behavior Services	146	23.79	20	20	18.51
Diagnostic/Assessment Services	146	36.66	40	40	19.20
Case Management Duties	146	21.62	20	20	17.96
Total	146	100.0	100.0	100.0	

Two additional survey questions asked the approximate number of case management cases the LSSP supervisor had in a given year and the approximate number of assessments completed in a given year. As shown in Table 7, there were 145 responses to the approximate number of case management cases managed in a given school year and one that did not provide an answer. Twenty-three (15.8%) responded that they had zero cases for which they provided case management. Twenty-four (16.4%) had a caseload of between 1 and 30 cases they managed. Thirty-one (21.2%) endorsed having a caseload of 31 to 50 cases. Twenty-two (15.1%) had a caseload of 51 to 70, 20 (13.7%) had a caseload of 71 to 90, and 25 (17.1%) had a caseload of 91 cases or more to manage. One person (0.7%) did not respond to the question.

All 146 respondents replied to the question asking the approximate number of diagnostic assessments completed in a given school year (refer to Table 8). Fifteen (10.3%) LSSPs completed between 0 to 15 assessments a year. Seventeen (11.6%) LSSP supervisors completed between 16 to 30 assessments. Forty-five (30.8%) responded that they completed between 31 to 45 assessments. Twenty-seven (18.5%) completed between 46 to 60 assessments, and 42 (28.8%) said they completed 61 or more assessments a year while providing supervision.

Table 7

Case Management Workload

Variable	n	Percentage
0	23	15.8
1-30	24	16.4
31-50	31	21.2
51-70	22	15.1
71-90	20	13.7
91+	25	17.1
No Response	1	0.7
	146	100.0

Table 8

Diagnostic Assessments Workload

Variable	n	Percentage
0-15	15	10.3
16-30	17	11.6
31-45	45	30.8
46-60	27	18.5
61+	42	28.8
	146	100.0

Research Question 2

Is there a relationship between field-based LSSP supervisors' workload and the perceived provision of field-based supervision in public schools?

Using a visual inspection of the plot of studentized residuals versus unstandardized predicted values, the assumption of homoscedasticity was not met (refer to Figure 1-6). Residuals were independent, as assessed by a Durbin-Watson statistic of d=1.915 (refer to Table 9). The d score should fall between 1.5 to 2.5 for the results to support the independence of observations (Rovai et al., 2014). R-squared is a statistical measure used in regression models of statistical analysis which examines the proportional variation of LSSPs' perceived ability to provide supervision that can be explained by workload (Rights, 2021). The R-squared results for this analysis were 0.036 (refer to Table 9), which shows that workload (case management, diagnostic/assessments duties, administrative duties, and psychoeducational/behavioral services) did not affect the LSSP supervision's perceived ability to provide supervision. An R-squared value <0.3 is considered weak to no effect (Moore et al., 2021). A survey questionnaire was employed to measure different, underlying constructs. The scale had a high level of internal consistency, as determined by a Cronbach's alpha of 0.90.

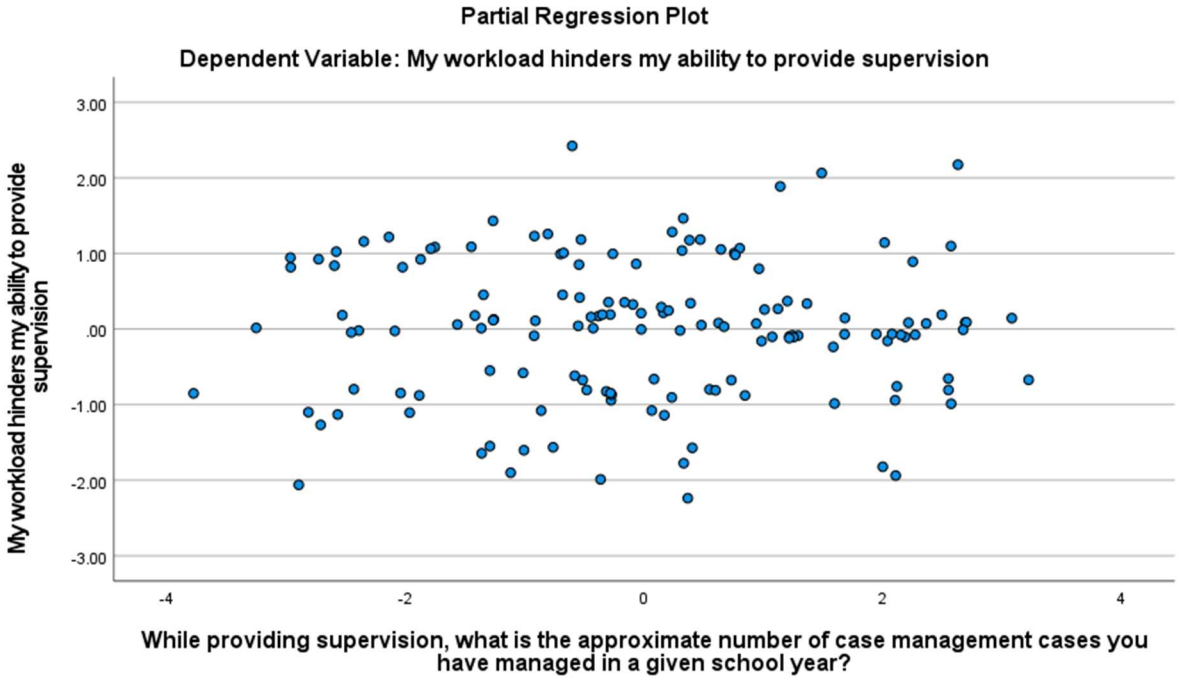

Figure 1

Regression Plot of Number of Case Management Cases and Perceived Ability to Supervise

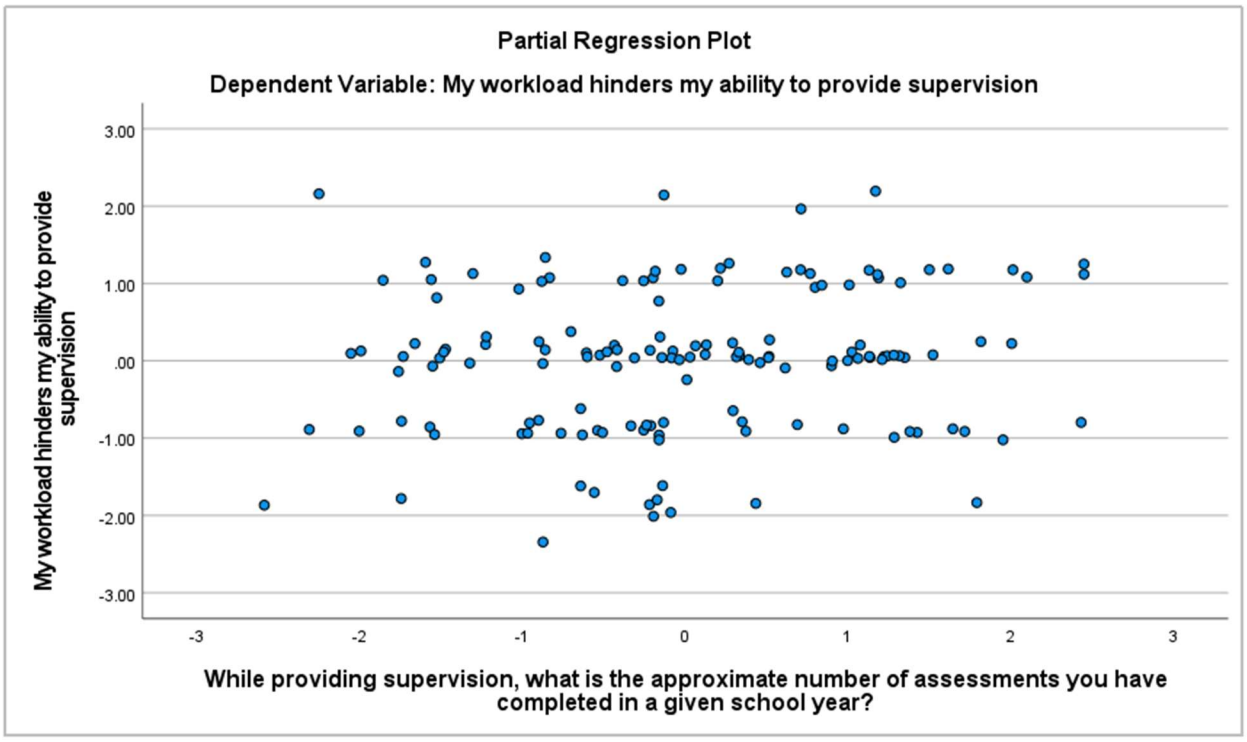

Figure 2

Regression Plot of Number of Diagnostic Assessments and Perceived Ability to Supervise

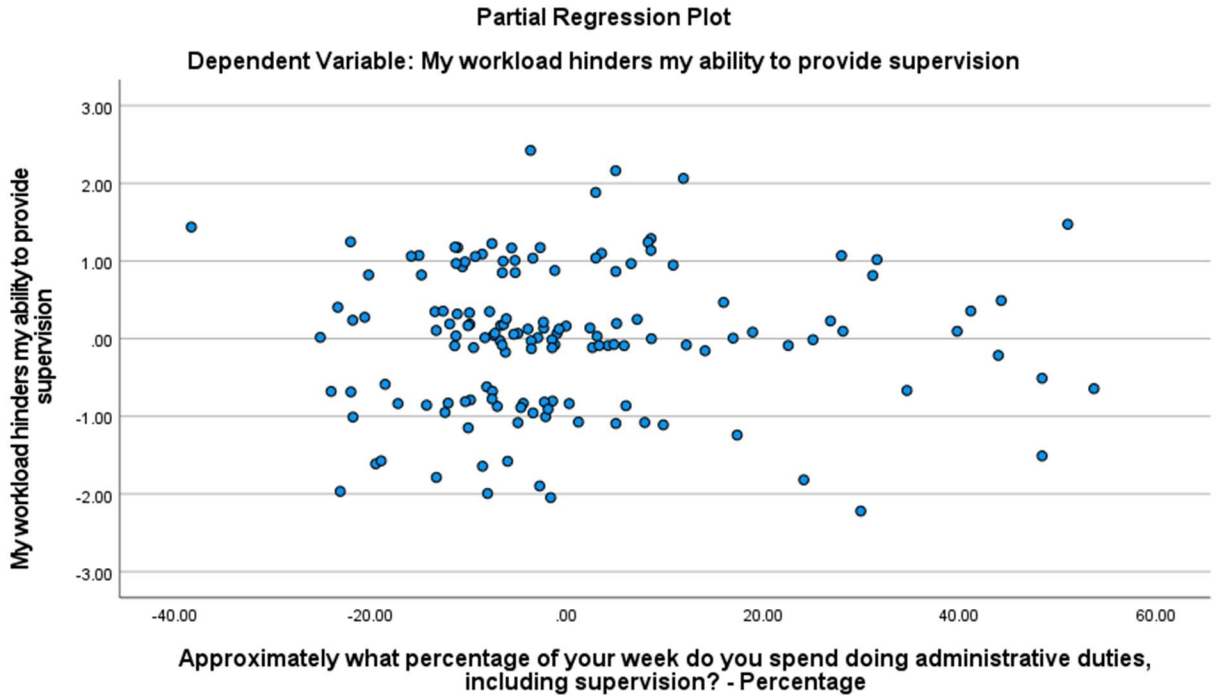

Figure 3

Regression Plot of Percentage of Administration Duties and Perceived Ability to Supervise

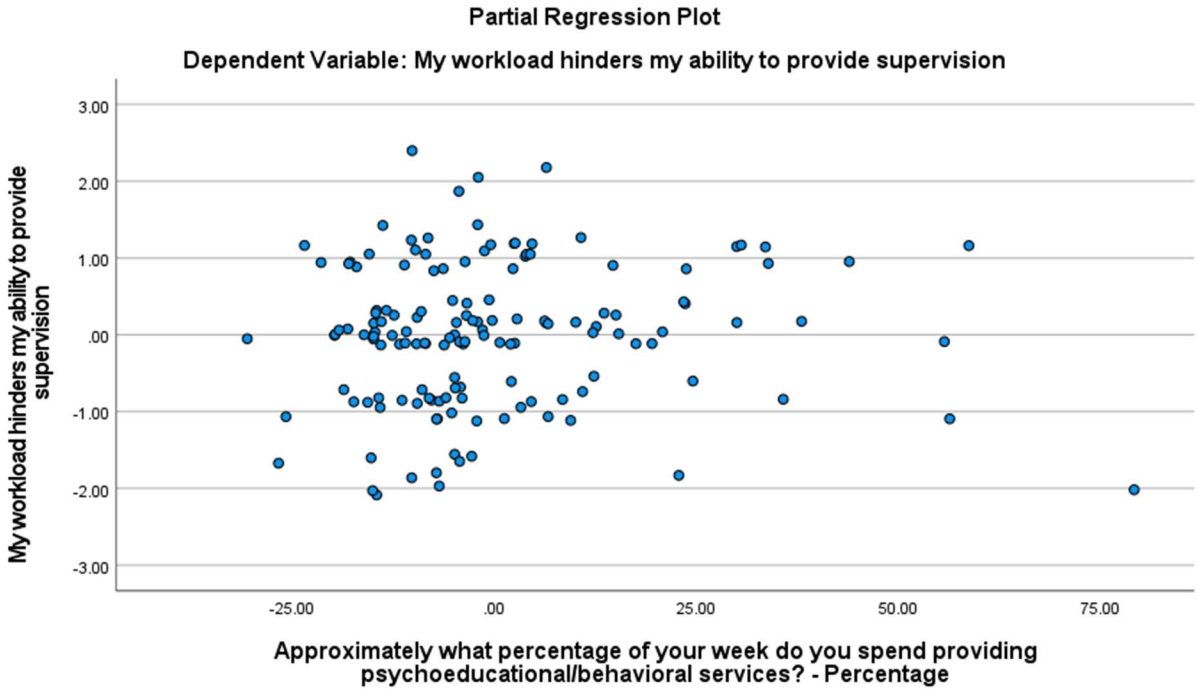

Figure 4

Regression Plot of Percentage of Psychoeducational/Behavioral Duties and Perceived Ability to Supervise

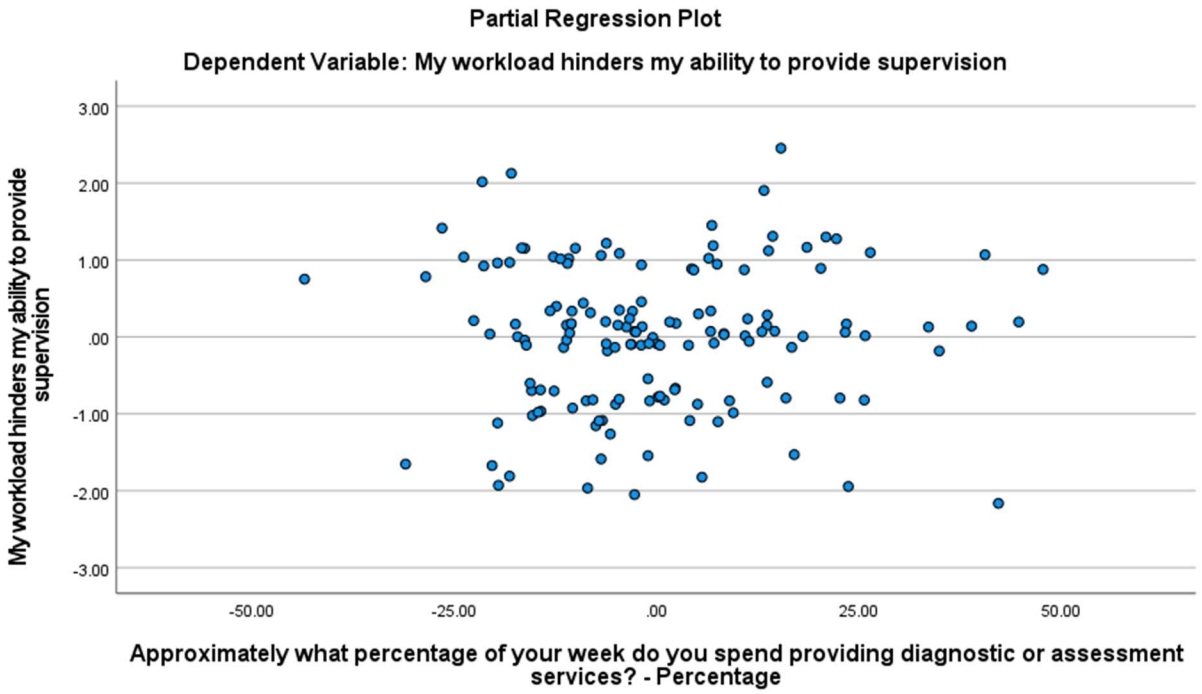

Figure 5

Regression Plot of Percentage of Diagnostic or Assessment Duties and Perceived Ability to Supervise

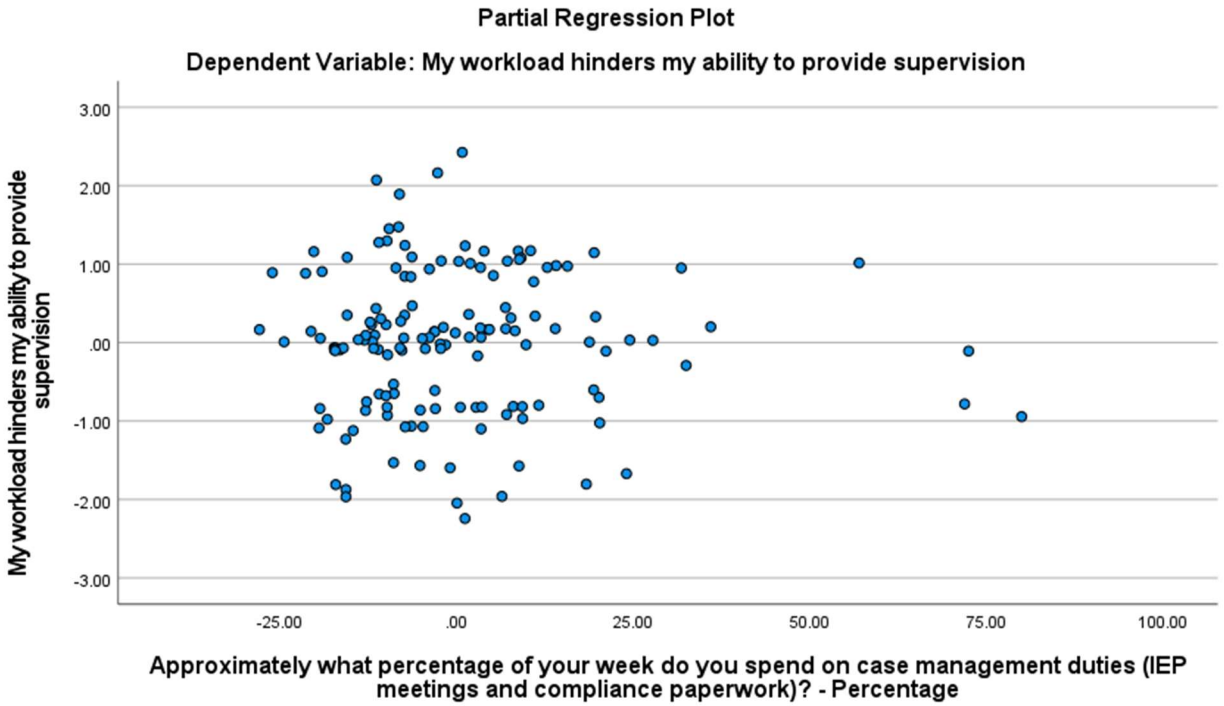

Figure 6

Regression Plot of Percentage of Case Management Duties and Perceived Ability to Supervise

Table 9

Durbin-Watson & R-Squared Results of LSSP Supervisors' Workload and the Perceived Ability to Supervise

R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
0.189	0.036	-0.006	0.951	1.915

Research Question 3

Are there differences in workload based on the demographic variables of (a) years of experience in the field, (b) years of experience supervising, and (c) level of education?

A one-way analysis of variance (ANOVA) was conducted, using an alpha of .05, to determine if there was a difference in workloads based on the years of experience as an LSSP. Using a Box-Wisker plot, there was no outlier data when examining the years of field experience and the number of case management cases (Refer to Figure 7). A Kolmogorov One Sample Case Test for Normality of Distribution showed that the number of case management cases was not normally distributed ($p < 0.001$). There were noted outliers in the data when examining the Box-Wisker plots for years of LSSP experience and the number of assessments completed, the percentage of administrative duties, the percentage of psychoeducational services provided, the percentage of diagnostic work completed, and the percentage of case management duties performed (Refer to Figures 8-12). It was determined to run the one-way ANOVA regardless of the deviations from normality because the ANOVA is reasonably robust to non-normality and does not substantially affect the Type I error rate (Maxwell & Delaney, 2004).

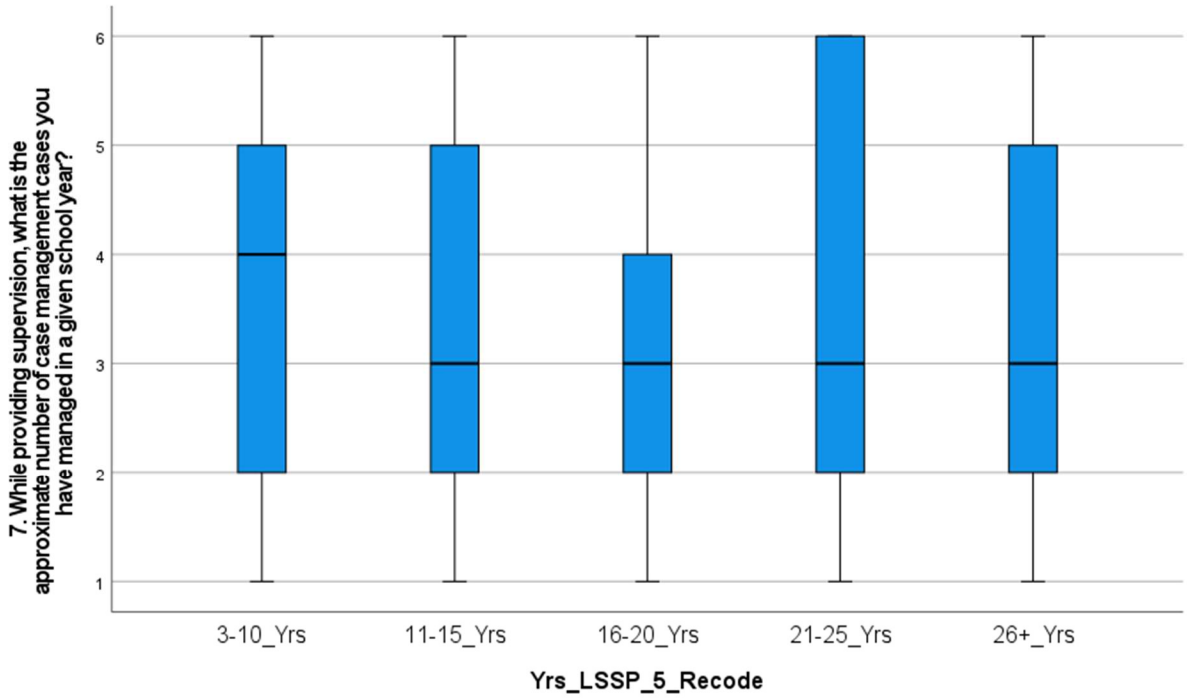

Figure 7

Box-Wisker Plot of Number of Case Management Cases and Years of Experience as an LSSP

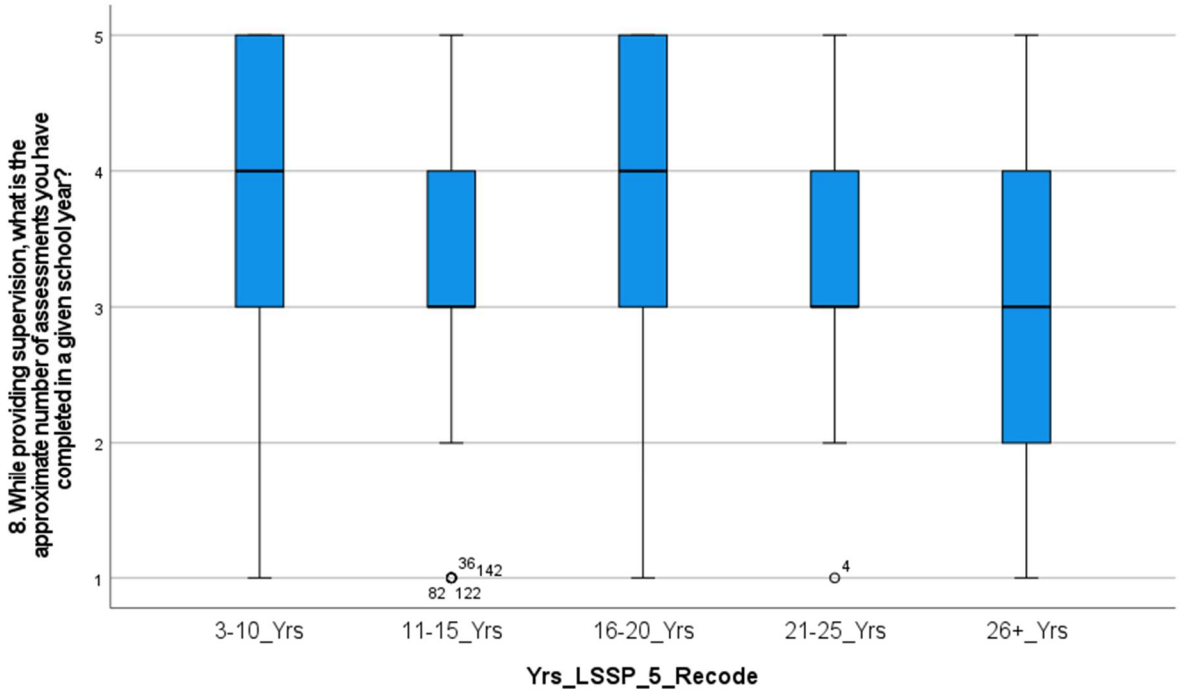

Figure 8

Box-Wisker Plot of Number of Assessments and Years of Experience as an LSSP

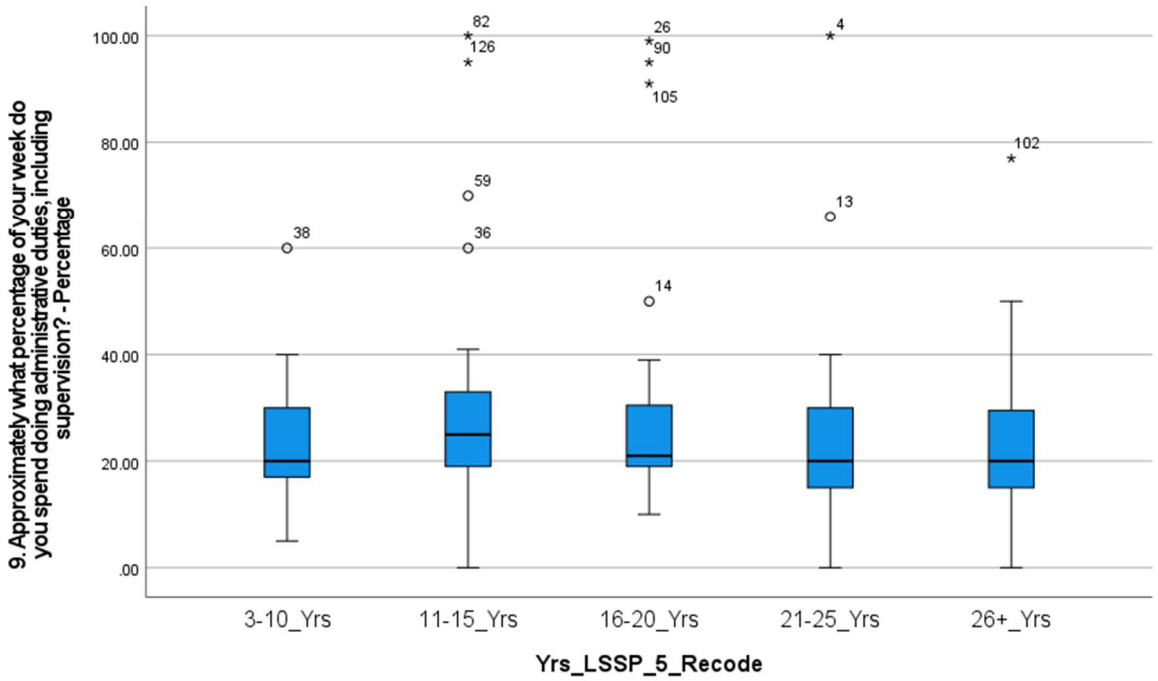

Figure 9

Box-Wisker Plot of Percentages of Administrative Duties and Years of Experience as an LSSP

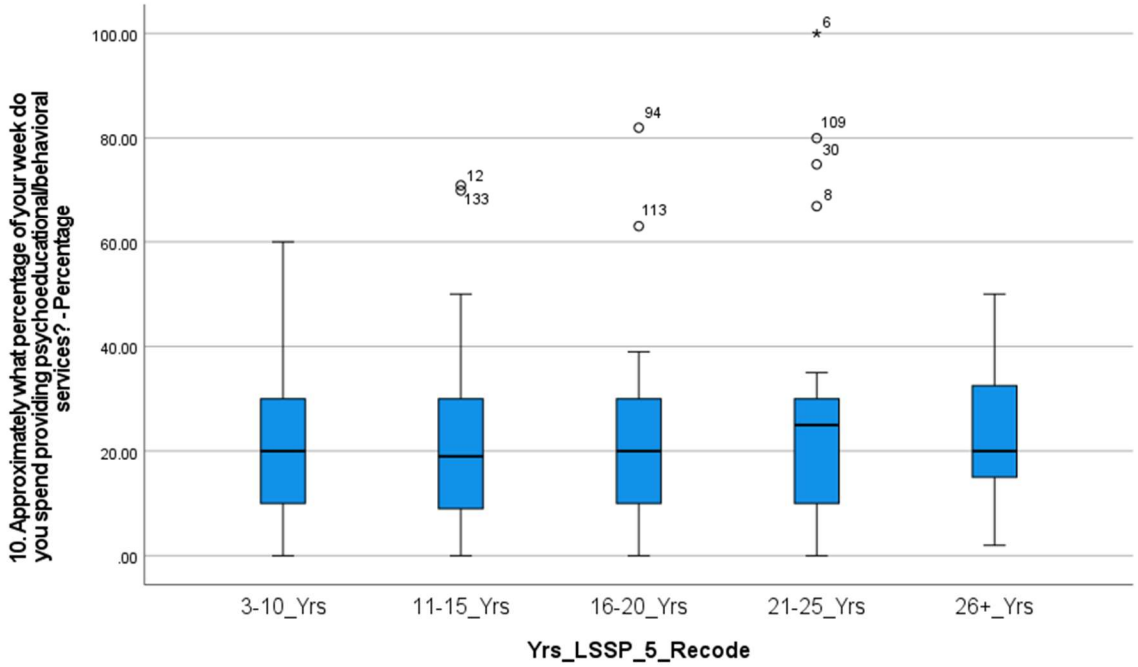

Figure 10

Box-Wisker Plot of Percentages of Psychoeducational Services and Years of Experience as an LSSP

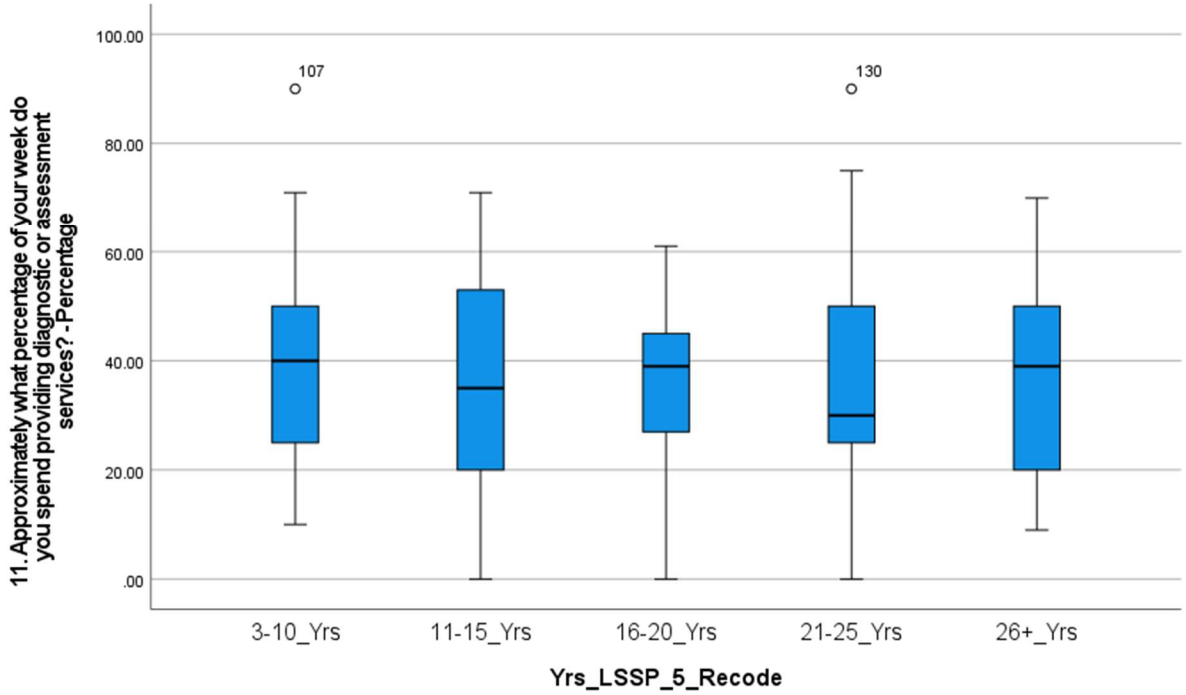

Figure 11

Box-Wisker Plot of Percentages of Diagnostic Duties and Years of Experience as an LSSP

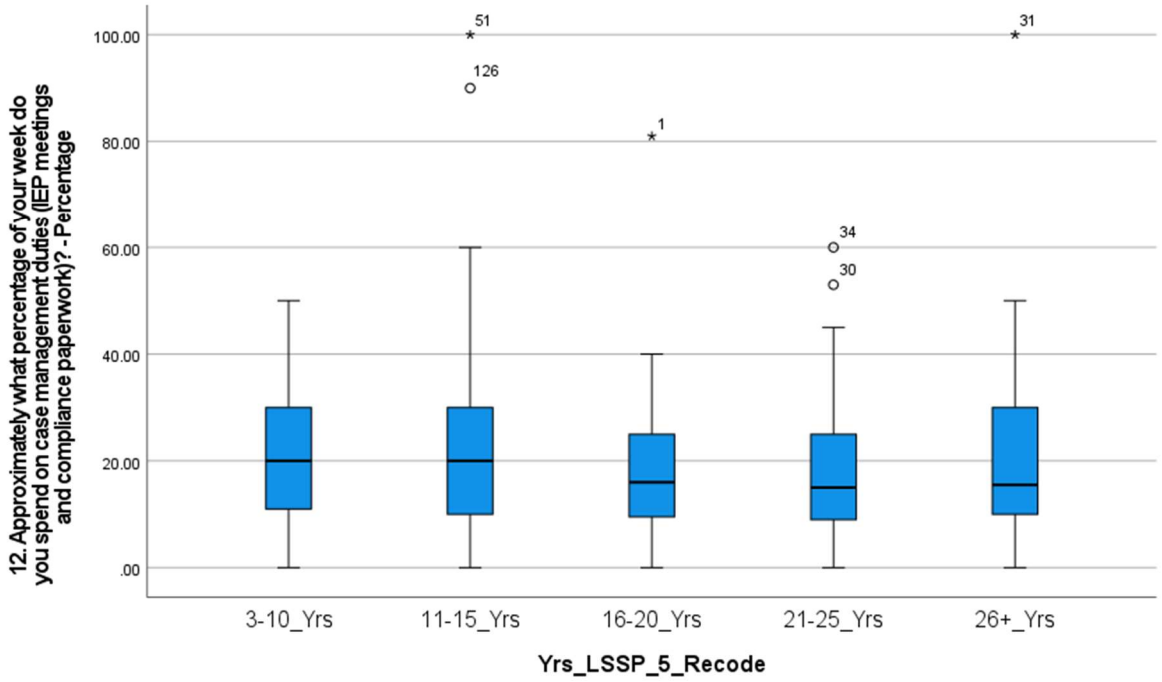

Figure 12

Box-Wisker Plot of Percentages of Case Management Duties and Years of Experience as an LSSP

Levene's test for equality of variances showed there was homogeneity of variances for the number of case management cases (p=0.725), the number of assessments completed (p=.0.721), the percentage of administrative duties (p=0.367), the percentage of psychoeducational services (p=0.099), percentage of diagnostic work (p=0.356) and percentage of case management duties (p=0.306). Table 10 shows no statistically significant differences between the number of case management cases and the years of experience as an LSSP, $F(4,140) = 1.092$, p=0.363). There were no statistically significant differences between the number of assessments and years of experience as an LSSP, $F(4,141) = 2.300$, p=.062 (Refer to Table 11). The percentage of time spent completing administrative duties and years of experience as an

LSSP had no statistically significant difference, $F(4, 141) = 0.621$, $p=0.648$ (Refer to Table 12). The percentage of time completing psychoeducation/behavioral services and years of experience as an LSSP showed no statistically significant differences, $F(4,141) = 0.723$, $p=0.578$ (Refer to Table 13). Table 14 shows no statistically significant differences between the percentage of time spent conducting diagnostic/assessment duties and years of experience as an LSSP, $F(4,141) = 0.386$, $p=0.818$. The percentage of time spent completing case management duties and years of experience as an LSSP showed no statistically significant differences, $F(4, 141) = 0.627$, $p=0.644$ (Refer to Table 15). No statistically significant differences ($p>.05$) were noted in workload and years of experience as an LSSP.

Table 10

ANOVA Results for Number of Case Management Cases and Years of LSSP Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	12.47	4	3.12	1.092	0.363
Within Group	399.57	140	2.85		
Total	412.04	144			

Table 11

ANOVA Results for Number of Assessments and Years of LSSP Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	14.95	4	3.74	2.30	0.062
Within Group	229.00	141	1.62		
Total	243.95	145			

Table 12

ANOVA Results for Percentage of Administrative Duties and Years of LSSP Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	957.78	4	239.45	0.621	0.648
Within Group	54338.55	141	385.38		
Total	55296.33	145			

Table 13

ANOVA Results for Percentage of Psychoeducational Duties and Years of LSSP Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	998.39	4	249.60	0.723	0.578
Within Group	48672.03	141	345.19		
Total	49670.42	145			

Table 14

ANOVA Results for Percentage of Diagnostic Assessments and Years of LSSP Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	579.35	4	144.84	0.386	0.818
Within Group	52853.53	141	374.85		
Total	53432.88	145			

Table 15

ANOVA Results for Percentage of Case Management Duties and Years of LSSP Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	…817.16	4	204.29	0.627	0.644
Within Group	45961.36	141	325.97		
Total	46778.52	145			

A one-way analysis of variance (ANOVA) was conducted, with an alpha level of .05, to determine if there was a difference in workloads based on the years of experience as an LSSP supervisor. Using a Box-Wisker plot, there was no outlier data when examining the years of LSSP supervision experience and the number of case management cases (refer to Figure 13). A Kolmogorov One Sample Case Test for Normality of Distribution showed that the number of case management cases was not normally distributed ($p < 0.001$). The Box-Wisker plot noted outliers in the data when looking at years of LSSP experience and the number of assessments completed (refer to Figure 14), the percentage of administrative duties (refer to Figure 15), the

percentage of psychoeducational services provided (refer to Figure 16), the percentage of diagnostic work completed (refer to Figure 17), and the percentage of case management duties performed (refer to Figure 18). It was determined to run the one-way ANOVA regardless of the deviations from normality because the ANOVA is reasonably robust to non-normality and does not substantially affect the Type I error rate (Maxwell & Delaney, 2004).

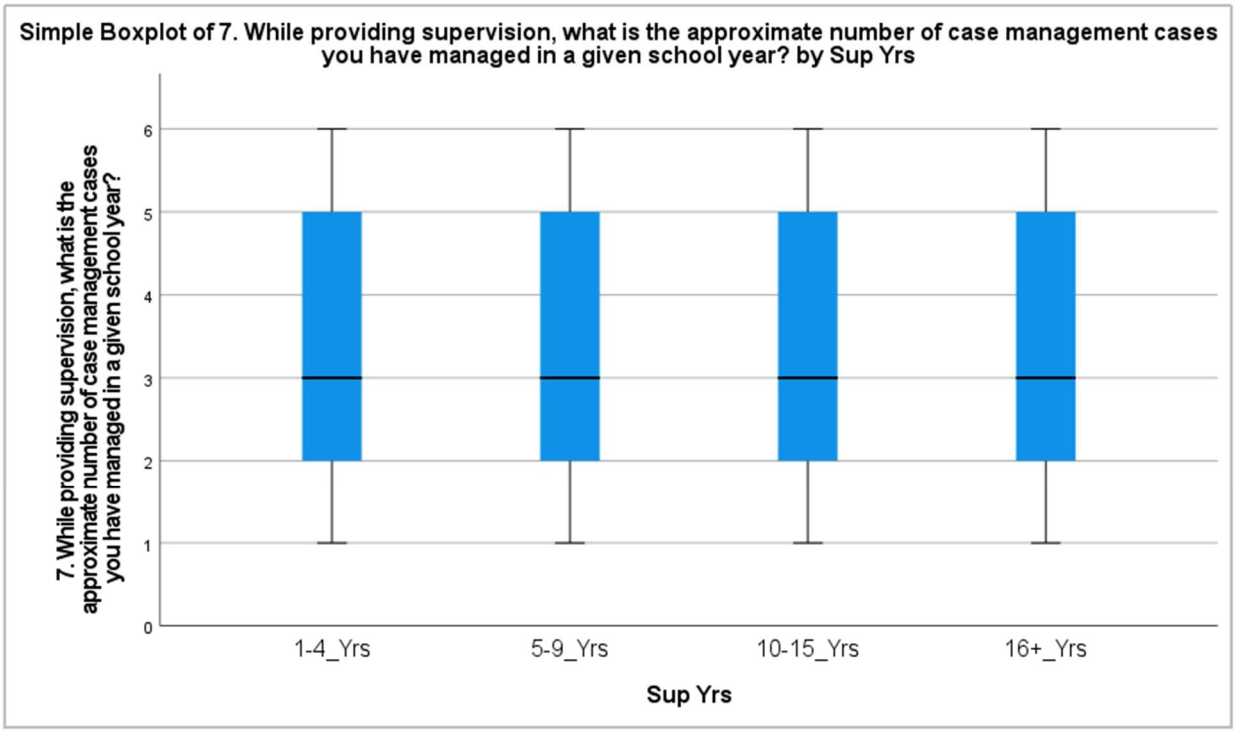

Figure 13

Box-Wisker Plot of Number of Case Management Cases and Years of LSSP Supervision Experience

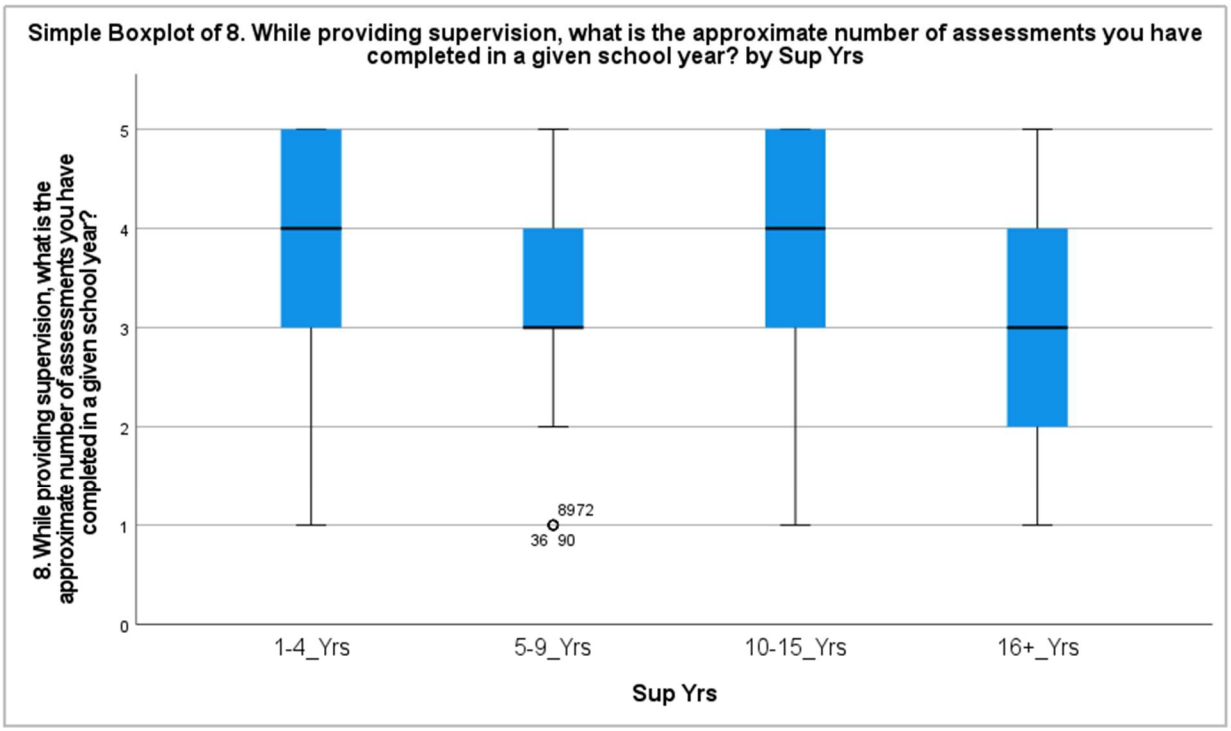

Figure 14

Box-Wisker Plot of Number of Assessments and Years of LSSP Supervision Experience

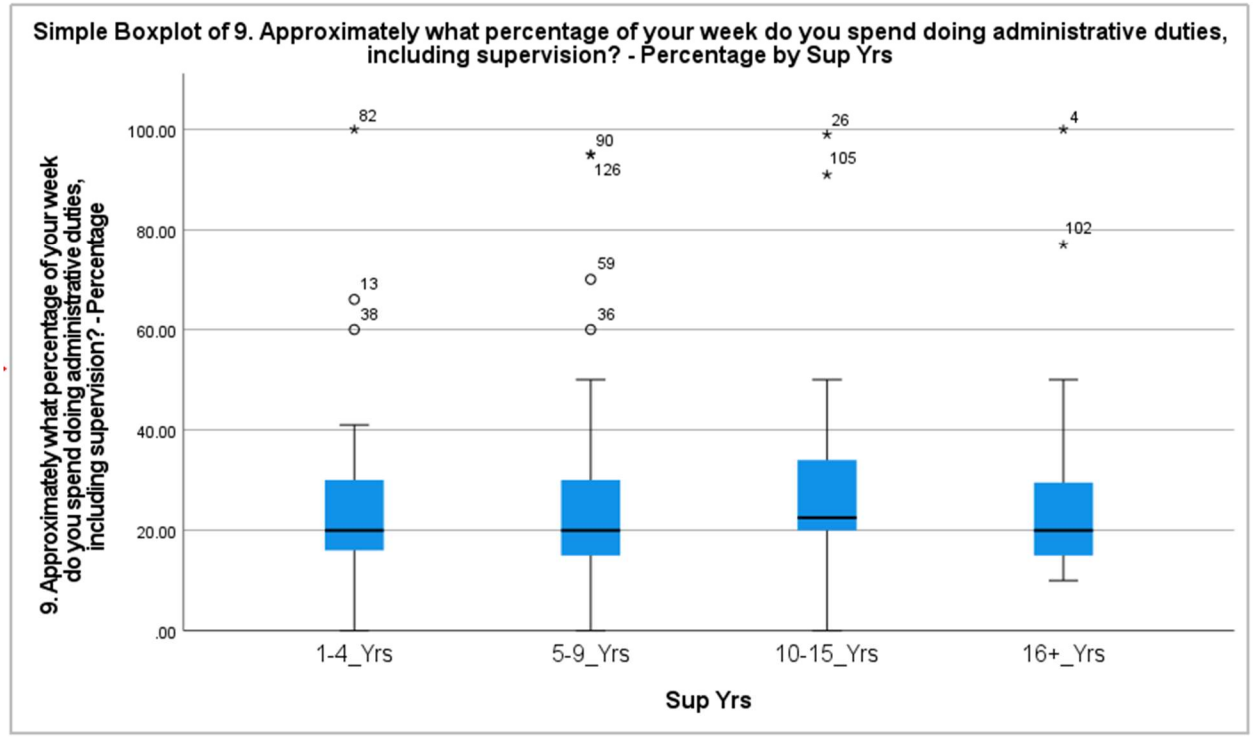

Figure 15

Box-Wisker Plot of Percentage of Administrative Duties and Years of LSSP Supervision Experience

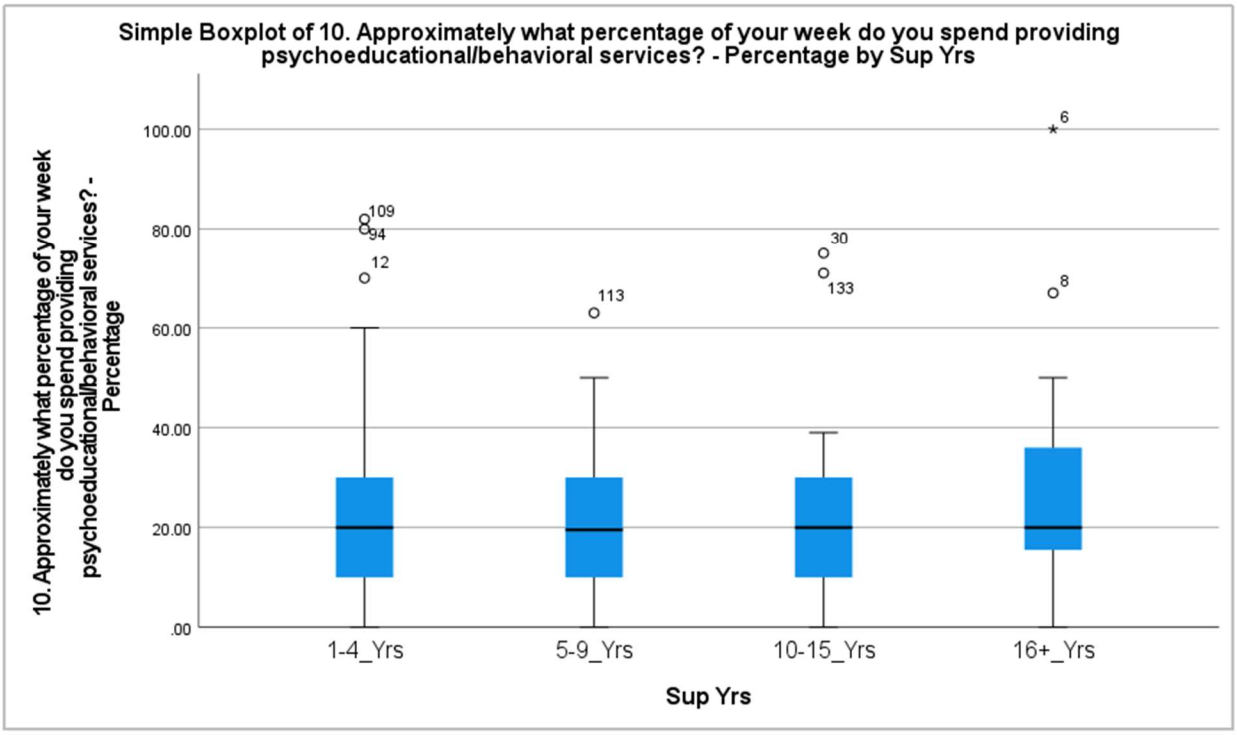

Figure 16

Box-Wisker Plot of Percentage of Psychoeducational Services and Years of LSSP Supervision Experience

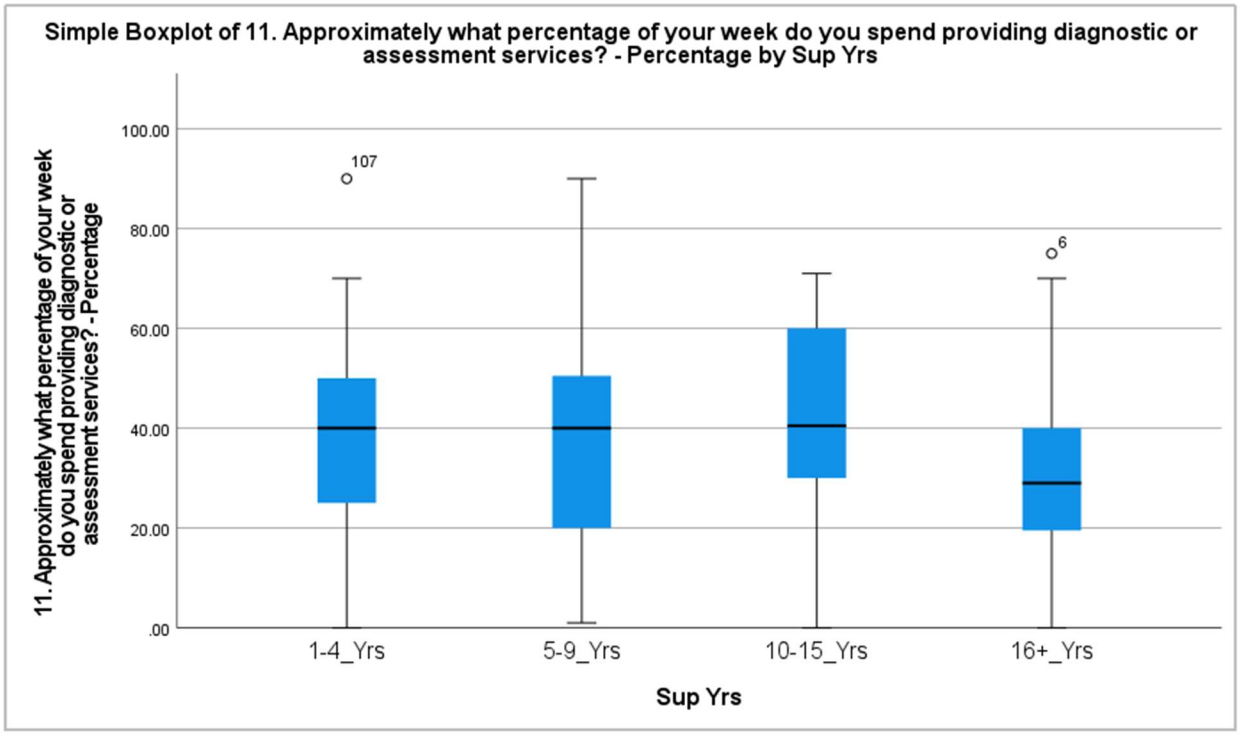

Figure 17

Box-Wisker Plot of Percentage of Diagnostic Assessments and Years of LSSP Supervision Experience

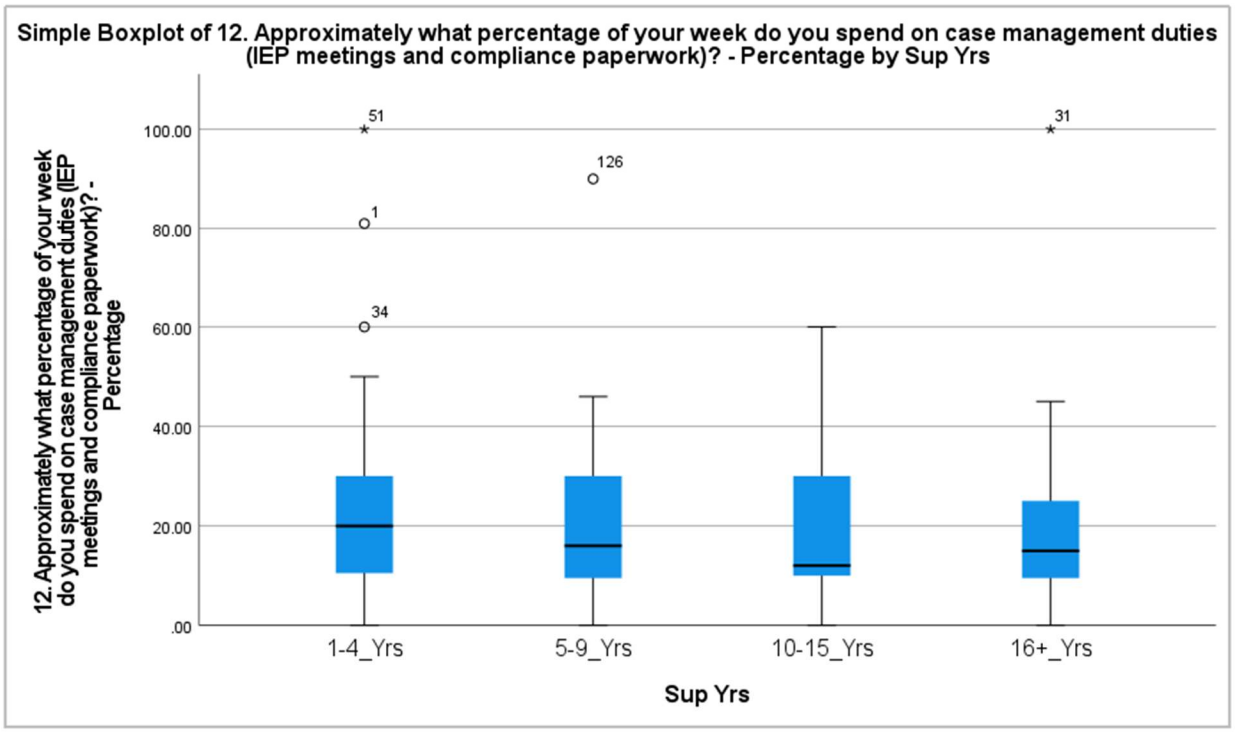

Figure 18

Box-Wisker Plot of Percentage of Case Management Duties and Years of LSSP Supervision Experience

Levene's test for equality of variances showed there was homogeneity of variances for the number of case management cases (p=.986), the number of assessments completed (p=.897), the percentage of administrative duties (p=.315), the percentage of psychoeducational services (p=.635), percentage of diagnostic work (p=.654) and percentage of case management duties (p=.853). As shown in Table 16, there were no statistically significant differences between the number of case management cases and the years of LSSP supervision experience, $F(3,139) = .111$, $p=.954$). There were no statistically significant differences between the number of assessments and years of experience as an LSSP supervisor, $F(3,140) = 1.951$, $p=.316$ (Refer to Table 17). Table 18 shows that the percentage of time spent completing administrative duties and years of supervision experience had no statistically significant difference, $F(3, 140) = .616$, $p=.605$. Examining the percentage of time completing psychoeducation/behavioral services and years of LSSP supervision experience showed no statistically significant differences, $F(3,140) = .830$, $p=.479$ (Refer to Table 19). There were no statistically significant differences between the percentage of time spent conducting diagnostic/assessment duties and years of supervision experience, $F(3,140) = .837$, $p=.476$ (Refer to Table 20). Table 21 shows the percentage of time spent completing case management duties and years of experience as an LSSP supervisor showed no statistically significant differences, $F(3, 140) = .634$, $p=.594$. No statistically significant differences (p>.05) were noted in workload and years of experience as an LSSP supervisor.

Table 16

ANOVA Results for Number of Case Management Cases and Years of LSSP Supervision Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	0.96	3	0.32	0.111	0.954
Within Group	402.49	139	2.90		
Total	403.45	142			

Table 17

ANOVA Results for the Number of Diagnostic Assessments and Years of LSSP Supervision Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	5.85	3	1.95	1.189	0.316
Within Group	229.70	140	1.64		
Total	235.55	143			

Table 18

ANOVA Results for the Percentage of Administration Duties and Years of LSSP Supervision Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	717.17	3	239.06	0.616	0.605
Within Group	54296.77	140	387.83		
Total	55013.94	143			

Table 19

ANOVA Results for the Percentage of Psychoeducational Services and Years of LSSP Supervision Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	852.66	3	284.22	0.830	0.479
Within Group	47939.50	140	342.43		
Total	48792.16	143			

Table 20

ANOVA Results for the Percentage of Diagnostic Assessments and Years of LSSP Supervision Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	…940.44	3	313.48	0.837	0.476
Within Group	52461.10	140	374.73		
Total	53402.44	143			

Table 21

ANOVA Results for the Percentage of Case Management Duties and Years of LSSP Supervision Experience

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	627.20	3	209.07	0.634	0.594
Within Group	46131.13	140	329.51		
Total	46758.33	143			

An Independent-Sample T-test was run, with an alpha level of .05, to determine if there were any differences in workload and levels of education (Master's and Doctoral). A Box-Wisker plot was used to assess if there were any outliers in the data. No outliers were noted when examining education levels and the number of case management cases (refer to Figure 19). A Kolmogorov One Sample Case Test for Normality of Distribution showed that the number of case management cases was not normally distributed ($p<0.001$). No outliers were noted for the number of assessments and level of education (refer to Figure 20), but the Kolmogorov One Sample Case Test for Normality of Distribution determined that the data did not have a normal distribution ($p<0.001$). Outliers were found examining the percentage of administrative duties and levels of education (refer to Figure 21). Outliers were found by examining the percentage of psychoeducational services and levels of education (refer to Figure 22). No outliers were noted when examining levels of education and the percentage of diagnostic assessment duties (refer to Figure 23). A Kolmogorov One Sample Case Test for Normality of Distribution showed that the number of case management cases was not normally distributed ($p<0.001$) ($p<0.001$=Master's, $p<0.009$= Doctoral). Outliers were also found when examining the percentage of case management duties and levels of education (refer to Figure 24).

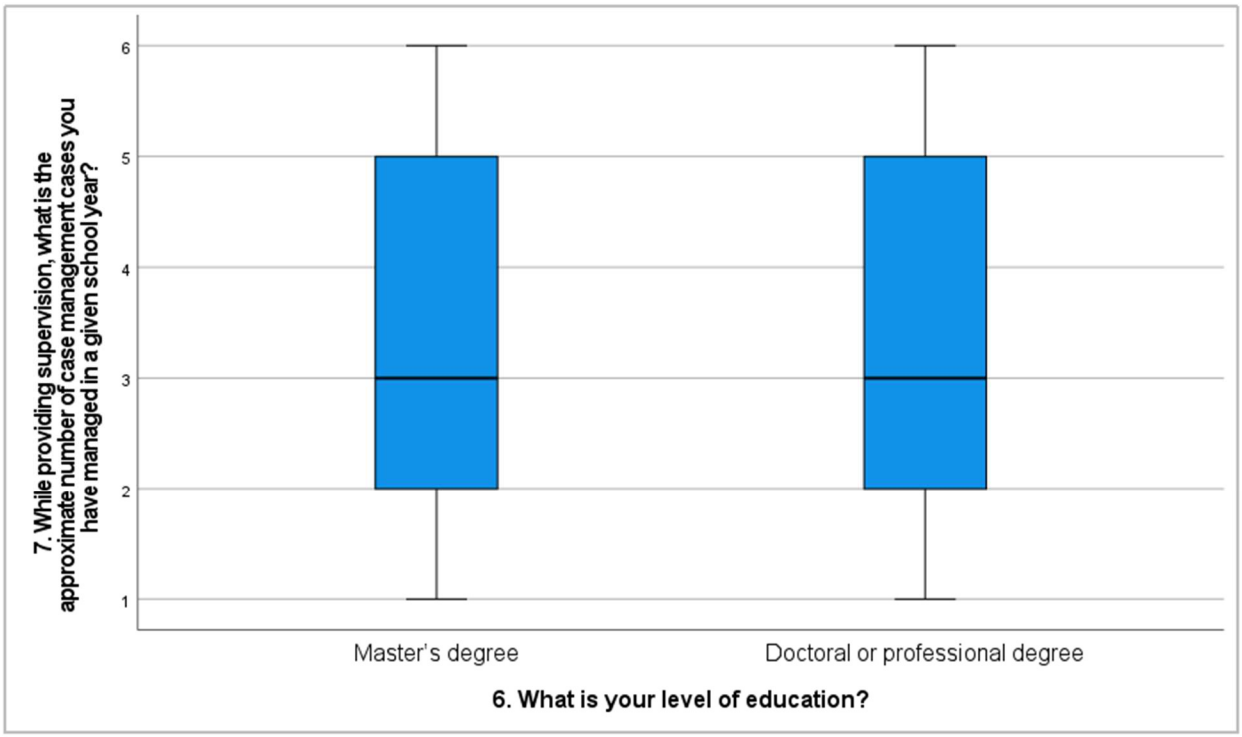

Figure 19

Box-Wisker Plot of Number of Case Management Cases and Levels of Education

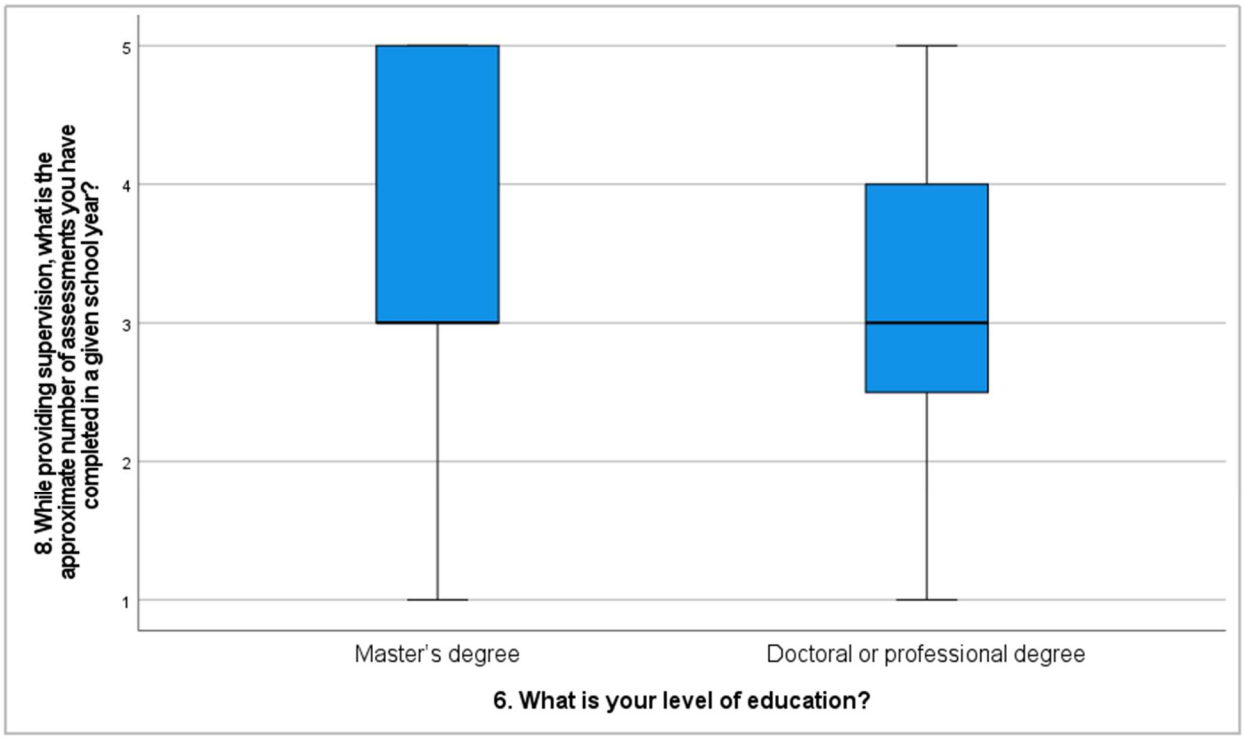

Figure 20

Box-Wisker Plot of Number of Assessments and Levels of Education

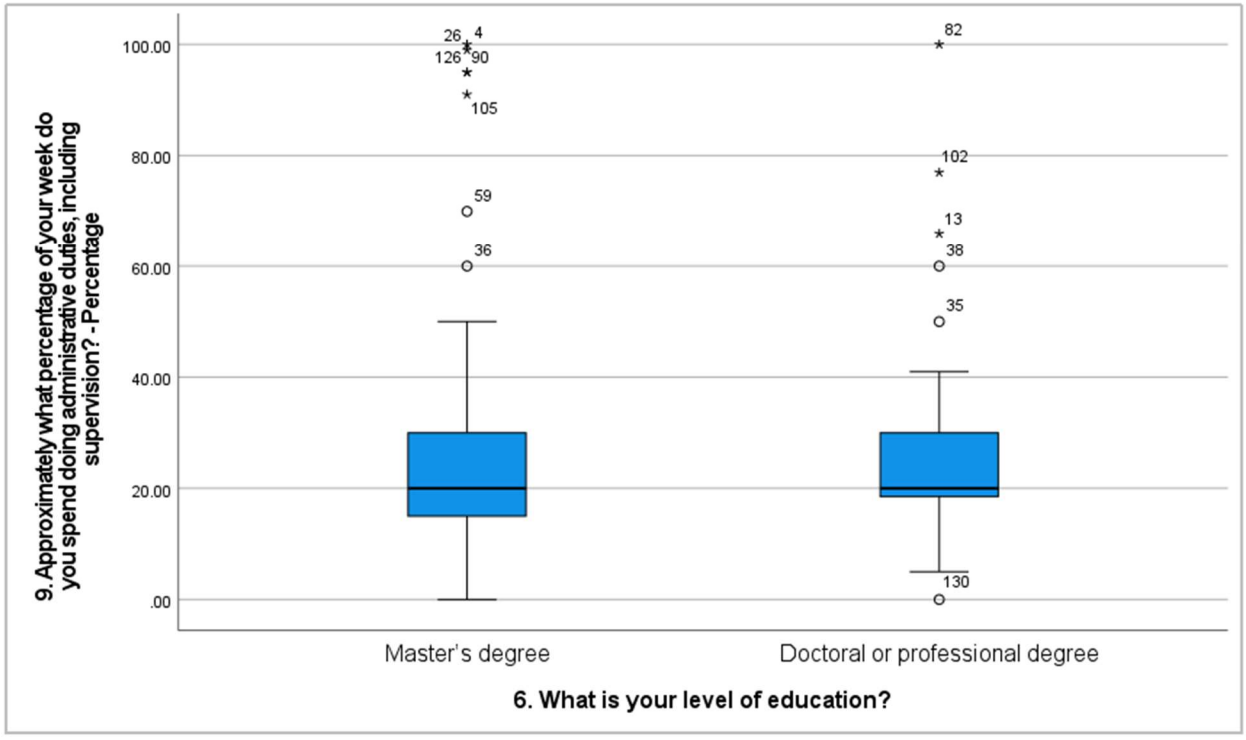

Figure 21

Box-Wisker Plot of Percentage of Administrative Duties and Levels of Education

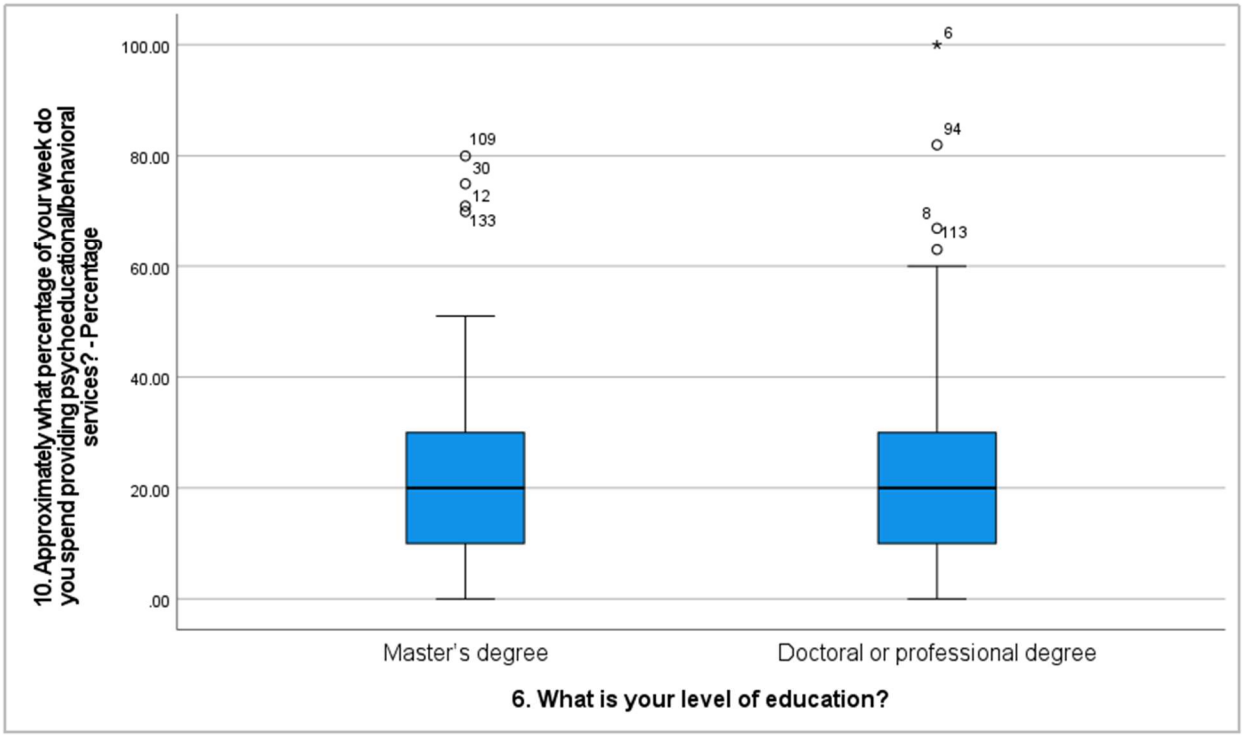

Figure 22

Box-Wisker Plot of Percentage of Psychoeducational Services and Levels of Education

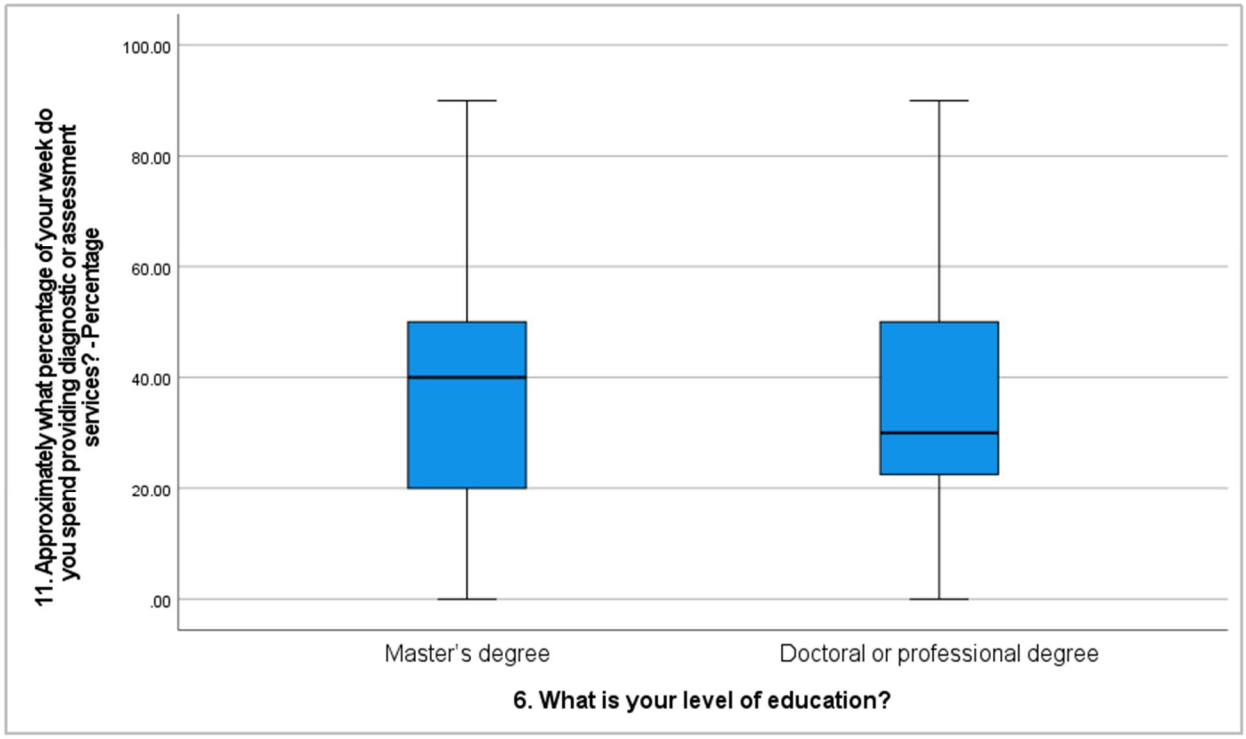

Figure 23

Box-Wisker Plot of Percentage of Diagnostic Services and Levels of Education

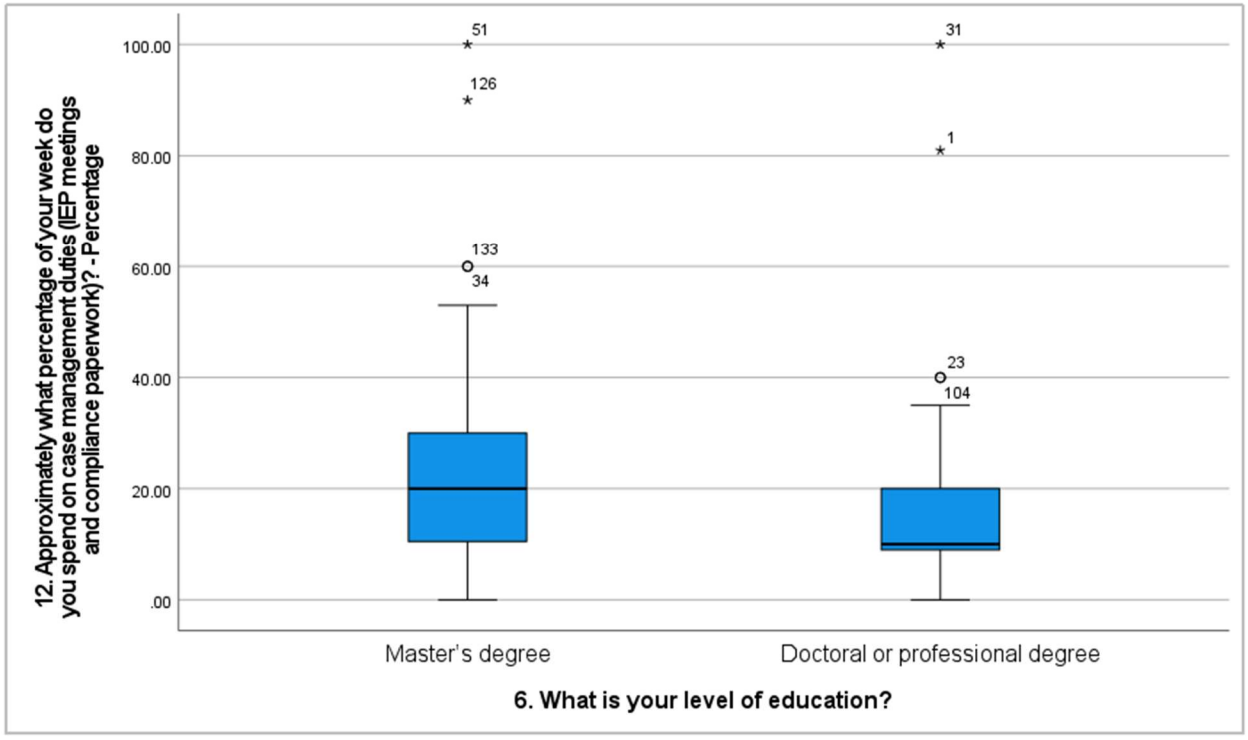

Figure 24

Box-Wisker Plot of Percentage of Case Management Duties and Levels of Education

The variance was homogeneous for the number of case management cases and levels of education, as assessed by Levene's test for equality of variance (p=.257). Levene's test for equality of variance was used to determine homogeneity of variance for the number of assessments and levels of education (p=.781). Homogeneity of variance was established using Levene's test for equality of variance for the percentage of administrative duties and levels of education (p=.243). There was homogeneity of variance for the percentage of psychoeducational services and levels of education, as assessed by Levene's test for equality of variance (p=.102). Levene's test for equality of variance was used to determine homogeneity of variance for the percentage of diagnostic and assessment duties and levels of education (p=.583). The variance was homogeneous for the percentage of case management duties and levels of education, as assessed by Levene's test for equality of variance (p=.514).

Results from the Independent Sample T-test are reported using equal variances assumed because the assumption of homogeneity of variance was met. Data are mean ± standard deviation unless otherwise stated. There were 91 LSSPs with a Master's degree and 55 LSSPs with a Doctoral or professional degree. There was no statistically significant difference in the mean case management cases between Master's (M=3.50, SD= 1.64) and Doctoral education levels (M=3.40, SD= 1.79), t(143)=0.344, p=.731 (refer to Table 22). There was no statistically significant difference in the mean diagnostic/assessment cases between the Master's level (M=3.52, SD= 1.27) and Doctoral education level (M= 3.31, SD= 1.35) (, t(144)=0.936, p=.351 (Refer to Table 23). There was no statistically significant difference in the mean percentage of administrative duties between the Master's level (M=27.22, SD= 20.91) and Doctoral education level (M=25.86, SD= 17.15), t(144)=0.408, p=.684 (Refer to Table 24). There was no statistically significant difference in the mean percentage of psychoeducational services between

the Master's level (M=22.35, SD=16.64) and Doctoral education level (M=26.16, SD=21.19), $t(144)=-1.208$, $p=.229$ (Refer to Table 25). As shown in Table 26, there was no statistically significant difference in the mean percentage of diagnostic assessments between the Master's level (M=36.68, SD=18.96) and Doctoral education level (M=36.62, SD=19.76), $t(144)=0.019$, $p=.985$.

There was a statistically significant difference in the mean percentage of case management duties between the Master's level (M=24.47, SD=17.59) and Doctoral level (M=16.89, SD=17.73), $t(144)=2.52$, $p=.013$ (Refer to Table 27). The percentage of case management duties was more significant for LSSPs with a Master's degree than LSSPs with a Doctoral or professional degree. The Master's level mean difference score was $M = 7.58$ 95% CI, [1.63 to 13.54] higher than the Doctoral or professional degree mean score. Cohen's d was used to calculate the effect size, which showed small strength ($d=0.008$).

Table 22

Independent Samples T-test of Education Levels and Number of Case Management Cases with Equal Variance

Education	n	Mean	SD	t	df	Sig (2-tailed).
Master	90	3.50	1.64			
Doctoral	55	3.40	1.79			
Total	145	0.10		.344	143	.731

Table 23

Independent Samples T-test of Education Levels and Number of Diagnostic Assessments

Education	n	Mean	SD	t	df	Sig (2-tailed).
Master	91	3.52	1.27			
Doctoral	55	3.31	1.35			
Total	146	0.21		.936	144	.351

Table 24

Independent Samples T-test of Education Levels and Percentage of Administrative Duties

Education	n	Mean	SD	t	df	Sig (2-tailed).
Master	91	27.22	20.91			
Doctoral	55	25.86	17.15			
Total	146	1.37		.408	144	.684

Table 25

Independent Samples T-test of Education Levels and Percentage of Psychoeducational Duties

Education	n	Mean	SD	t	df	Sig (2-tailed).
Master	91	22.35	16.64			
Doctoral	55	26.16	21.19			
Total	146	-3.81		-1.21	144	.229

Table 26

Independent Samples T-test of Education Levels and Percentage of Diagnostic Assessment Duties

Education	n	Mean	SD	t	df	Sig (2-tailed).
Master	91	36.68	18.96			
Doctoral	55	36.62	19.76			
Total	146	0.06		.019	144	.985

Table 27

Independent Samples T-test of Education Levels and Percentage of Case Management Duties

Education	n	Mean	SD	t	df	Sig (2-tailed).
Master	91	24.47	17.59			
Doctoral	55	16.89	17.73			
Total	146	7.58		2.52	144	.013

Research Question 4

What areas of training in supervision (supervision models and techniques, multicultural issues in supervision, ethical issues in supervision, developing a supervisory alliance, and supervision assessment and feedback) have field-based LSSP supervisors in public schools completed before or while providing supervision?

There were 146 respondents to five questions addressing if the LSSPs had received training in areas addressing supervision models and techniques, multicultural issues in supervision, ethical issues in supervision, developing the supervisory alliance, and supervision assessment and feedback. As shown in Table 28, eighty (54.8%) said they had attended training addressing supervision models and techniques, and 66 (45.2%) said they had not. Fifty (34.2%) individuals confirmed they had participated in training on multicultural issues in supervision, and 96 (65.8%) said they had not attended (Refer to Table 29). As shown in Table 30, ninety-five LSSPs (65.1%) said they had participated in training on ethical issues in supervision, and 51 (34.9%) had not. There were 19 (13.0%) of the respondents who had participated in training addressing the development of the supervisory alliance, and 127 (87.0%) had not attended any training on the development of the supervisory alliance (Refer to Table 31). Thirty-nine (26.7%) had participated in training on supervision assessment and providing feedback, while 107 (73.3%) had no training on supervision assessment and feedback (Refer to Table 32).

Table 28

Percentage of Participation in Supervision Models & Techniques Training

Variable	n	Percentage
Yes	80	54.8
No	66	45.2
Total	146	Total 100.0

Table 29

Percentage of Participation in Multicultural Issues in Supervision Training

Variable	n	Percentage
Yes	50	34.2
No	96	65.8
Total	146	Total 100.0

Table 30

Percentage of Participation in Ethical Issues in Supervision Training

Variable	n	Percentage
Yes	95	65.1
No	51	34.9
Total	146	Total 100.0

Table 31

Percentage of Participation in Developing a Supervisory Alliance Training

Variable	n	Percentage
Yes	19	13.0
No	127	87.0
Total	146	Total 100.0

Table 32

Percentage of Participation in Supervision Assessment and Feedback Training

Variable	n	Percentage
Yes	39	26.7
No	107	73.3
	Total 146	Total 100.0

Research Question 5

Is there a relationship between the areas of supervision training and the supervisors' perceived ability to provide supervision?

A cumulative odds ordinal logistic regression with proportional odds, with an alpha of .05, was run to determine the effect of attending training in supervision models and techniques on the LSSPs' perceived ability to provide supervision. The dependent variable for this analysis is data from five-point Likert scale survey questions about the LSSPs' perceived ability to supervise, with the highest score being "Always" to the lowest score being "Never." A survey questionnaire was employed to measure different, underlying constructs. The scale had a high level of internal consistency, as determined by a Cronbach's alpha of 0.90. The assumption of proportional odds was met, as assessed by a full likelihood ratio test comparing the fit of the proportional odds location model to a model with varying location parameters, $\chi^2(3) = 3.056$, p=0.383 (Refer to Table 33). Both the results from the Pearson chi-square test $\chi^2(3)= 2.307$, p=0.511 and the deviance test $\chi^2(3) = 3.056$, p=0.383 were non-significant and indicated that the model was a good fit to the observed data (Refer to Table 34). The results suggest that the

omnibus test for the final model was significant $\chi^2(1)=8.213$, $p=0.004$, indicating significant relationships between the predictor variables and the outcome variable. (Refer to Table 35).

The independent variable, attending training in supervision models and techniques, was found to contribute to the model in the ordinal logistic regression analysis. The estimated odds ratio was an inverse relationship of -0.89, 95% CI [-1.50, -0.27] (Refer to Table 36) compared to the reference variable of having not attended training in supervision models and techniques. The odds of being in a higher category of the independent variable for LSSP supervisors who had attended training in supervision models and techniques versus supervisors who had not participated in the same training is 59% 0.41; 95% CI: [0.22 – 0.76], a statistically significant effect, χ^2 (1) = 8.04, $p=0.005$ (Refer to Table 37).

Table 33

Test Of Parallel Lines for Training in Supervision Models and Techniques and Perceived Ability to Provide Supervision

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	28.49			
General	25.43	3.06	3	.383

Table 34

Goodness-of-Fit for Training in Supervision Models and Techniques and Perceived Ability to Provide Supervision

Model	Chi-Square	df	Sig.
Pearson	2.31	3	.511
Deviance	3.06	3	.383

Table 35

Model Fitting Information for Training in Supervision Models and Techniques and Perceived Ability to Provide Supervision

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	36.70			
Final	28.49	8.21	1	.004

Table 36

Estimated Odds Ratio for Training in Supervision Models and Techniques and Perceived Ability to Provide Supervision

			Confidence Interval	
Variables	B	Std. Error	Lower	Upper
Attended Training				
Yes	-0.89	0.31	-1.50	-0.27
No	0			

Table 37

Wald Chi-Square for Training in Supervision Models and Techniques and Perceived Ability to Provide Supervision

	Wald Chi-				Confidence Interval	
Variables	Square	df	Sig.	Exp(B)	Lower	Upper
Attended Training						
Yes	8.04	1	.005	0.41	0.22	0.76
No						

A cumulative odds ordinal logistic regression with proportional odds, with an alpha of .05, was used to determine the effect of attending training in multicultural issues in supervision on the LSSPs' perceived ability to provide supervision. The dependent variable for this analysis is data from five-point Likert scale survey questions about the LSSPs' perceived ability to supervise, with the highest score being "Always" to the lowest score being "Never." A survey questionnaire was employed to measure different, underlying constructs. The scale had a high level of internal consistency, as determined by a Cronbach's alpha of 0.90. The assumption of proportional odds was met, as assessed by a full likelihood ratio test comparing the fit of the proportional odds location model to a model with varying location parameters, $\chi^2(3) = 2.62$, $p=0.454$ (Refer to Table 38). The results from the Pearson goodness-of-fit test $\chi^2(3)= 1.82$, $p=0.611$ and the deviance test $\chi^2(3) = 2.62$, $p=0.454$ indicating that the model was a good fit to the observed data (Refer to Table 39).

The final model statistically significantly predicted the dependent variable over and above the intercept-only model, $\chi^2(1)=8.50$, $p=0.004$ (Refer to Table 40). The independent variable, attending training in multicultural issues in supervision, contributed to the ordinal logistic regression analysis model. The estimated odds ratio was an inverse relationship of -0.96, 95% CI [-1.62, -0.31] (Refer to Table 41) compared to the reference variable of not attending training in multicultural issues in supervision. The odds of being in a higher category of the independent variable for LSSP supervisors who have attended training in multicultural supervision issues versus supervisors who had not participated in the same training is 62% 0.38, 95% CI [0.20, 0.74], a statistically significant effect, $\chi^2(1)=8.26$, $p=0.004$ (Refer to Table 42).

Table 38

Test Of Parallel Lines for Training in Multicultural Issues in Supervision and Perceived Ability to Provide Supervision

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	25.07			
General	22.45	2.62	3	.454

Table 39

Goodness-of-Fit for Training in Multicultural Issues in Supervision and Perceived Ability to Provide Supervision

Model	Chi-Square	df	Sig.
Pearson	1.82	3	.611
Deviance	2.62	3	.454

Table 40

Model Fitting Information for Training in Multicultural Issues in Supervision and Perceived Ability to Provide Supervision

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	33.57			
Final	25.07	8.50	1	.004

Table 41

Estimated Odds Ratio for Training in Multicultural Issues in Supervision and Perceived Ability to Provide Supervision

			Confidence Interval	
Variables	B	Std. Error	Lower	Upper
Attended Training				
Yes	-0.96	0.33	-1.62	-0.31
No	0			

Table 42

Wald Chi-Square for Training in Multicultural Issues in Supervision and Perceived Ability to Provide Supervision

Variables	Wald Chi-Square	df	Sig.	Exp(B)	Confidence Interval Lower	Upper
Attended Training						
Yes	8.26	1	.004	0.38	0.20	0.74
No						

A cumulative odds ordinal logistic regression with proportional odds, with an alpha of .05, was used to determine the effect of attending training in ethical issues in supervision on the LSSPs' perceived ability to provide supervision. The dependent variable for this analysis is data from five-point Likert scale survey questions about the LSSPs' perceived ability to supervise, with the highest score being "Always" to the lowest score being "Never." A survey questionnaire was employed to measure different, underlying constructs. The scale had a high level of internal consistency, as determined by a Cronbach's alpha of 0.90. The assumption of proportional odds was met, as assessed by a full likelihood ratio test comparing the fit of the proportional odds location model to a model with varying location parameters, $\chi^2(3) = 2.82$, p=0.420 (Refer to Table 43). The results from the Pearson goodness-of-fit test $\chi^2(3)= 1.75$, p=0.627 and the deviance test $\chi^2(3) = 2.82$, p=0.420 indicating that the model was a good fit to the observed data (Refer to Table 44).

The final model statistically significantly predicted the dependent variable over and above the intercept-only model, $\chi^2(1)=22.76$, $p=<0.001$ (Refer to Table 45). The independent variable, attending training in ethical issues in supervision, contributed to the ordinal logistic regression analysis model. The estimated odds ratio was an inverse relationship of -1.63, 95% CI [-2.33, -0.94] (Refer to Table 46). The odds of being in a higher category of the independent variable for LSSP supervisors who have attended training in ethical issues in supervision versus supervisors who had not participated in the same training is 80% 0.20, 95% CI [0.10, 0.39], a statistically significant effect, $\chi^2(1)=21.39$, $p=<0.001$ (Refer to Table 47).

Table 43

Test Of Parallel Lines for Training in Ethical Issues in Supervision and Perceived Ability to Provide Supervision

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	24.37			
General	21.54	2.82	3	.420

Table 44

Goodness-of-Fit for Training in Ethical Issues in Supervision and Perceived Ability to Provide Supervision

Model	Chi-Square	df	Sig.
Pearson	1.75	3	.627
Deviance	2.82	3	.420

Table 45

Model Fitting Information for Training in Ethical Issues in Supervision and Perceived Ability to Provide Supervision

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	47.13			
Final	24.37	22.76	1	<.001

Table 46

Estimated Odds Ratio for Training in Ethical Issues in Supervision and Perceived Ability to Provide Supervision

			Confidence Interval	
Variables	B	Std. Error	Lower	Upper
Attended Training				
Yes	-1.63	0.35	-2.33	-0.94
No	0			

Table 47

Wald Chi-Square for Training in Ethical Issues in Supervision and Perceived Ability to Provide Supervision

	Wald Chi-				Confidence Interval	
Variables	Square	df	Sig.	Exp(B)	Lower	Upper
Attended Training						
Yes	21.39	1	<.001	0.20	0.10	0.39
No						

A cumulative odds ordinal logistic regression with proportional odds, with an alpha of .05, was used to determine the effect of attending training in developing a supervisory alliance on the LSSPs' perceived ability to provide supervision. The dependent variable for this analysis is data from five-point Likert scale survey questions about the LSSPs' perceived ability to supervise, with the highest score being "Always" to the lowest score being "Never." A survey questionnaire was employed to measure different, underlying constructs. The scale had a high level of internal consistency, as determined by a Cronbach's alpha of 0.90. The assumption of proportional odds was met, as assessed by a full likelihood ratio test comparing the fit of the proportional odds location model to a model with varying location parameters, $\chi^2(3) = 1.71$, $p=0.635$ (Refer to Table 48). The results from the Pearson goodness-of-fit test $\chi^2(3)= 1.02$, $p=0.796$ and the deviance test $\chi^2(3) = 1.71$, $p=0.635$ indicating that the model was a good fit to the observed data (Refer to Table 49).

The final model did not predict the dependent variable over and above the intercept-only model, $\chi^2(1)=0.49$, $p=0.485$ (Refer to Table 50). The independent variable of attending supervisory alliance training does not add significance to the supervisors' perceived ability to supervise $\chi^2(1)=0.46$, $p=0.497$ (Refer to Table 51).

Table 48

Test Of Parallel Lines for Training in Supervisory Alliance and Perceived Ability to Provide Supervision

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	23.21			
General	21.50	1.71	3	.635

Table 49

Goodness-of-Fit for Training in Supervisory Alliance and Perceived Ability to Provide Supervision

Model	Chi-Square	df	Sig.
Pearson	1.02	3	.796
Deviance	1.71	3	.635

Table 50

Model Fitting Information for Training in Supervisory Alliance and Perceived Ability to Provide Supervision

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	23.70			
Final	23.21	0.49	1	.485

Table 51

Wald Chi-Square for Training in Supervisory Alliance and Perceived Ability to Provide Supervision

Variables	Wald Chi-Square	df	Sig.	Exp(B)	Confidence Interval Lower	Upper
Attended Training						
Yes	.46	1	.497	0.73	0.30	1.80
No						

A cumulative odds ordinal logistic regression with proportional odds, with an alpha of .05, was used to determine the effect of attending training in supervision assessment and feedback on the LSSPs' perceived ability to provide supervision. The dependent variable for this analysis is data from five-point Likert scale survey questions about the LSSPs' perceived ability to supervise, with the highest score being "Always" to the lowest score being "Never." A survey

questionnaire was employed to measure different, underlying constructs. The scale had a high level of internal consistency, as determined by a Cronbach's alpha of 0.90. The assumption of proportional odds was met, as assessed by a full likelihood ratio test comparing the fit of the proportional odds location model to a model with varying location parameters, $\chi^2(3) = 2.30$, $p=0.513$ (Refer to Table 52). The results from the Pearson goodness-of-fit test $\chi^2(3)= 1.35$, $p=0.717$ and the deviance test $\chi^2(3) = 2.30$, $p=0.513$ indicating that the model was a good fit to the observed data (Refer to Table 53).

The final model statistically significantly predicted the dependent variable over and above the intercept-only model, $\chi^2(1)=6.10$, $p=0.013$ (Refer to Table 54). The independent variable, attending supervision assessment and feedback training, contributed to the ordinal logistic regression analysis model. The estimated odds ratio was an inverse relationship of -0.86, 95% CI [-1.56, -0.17] (Refer to Table 55) compared to the reference variable of having not attended training in supervision models and techniques. The odds of being in a higher category of the independent variable for LSSP supervisors who have attended training in supervision assessment and feedback versus supervisors who had not participated in the same training is 58%, 0.42, 95% CI [0.21, 0.85], a statistically significant effect, $\chi^2(1)=5.89$, $p=0.015$ (Refer to Table 56).

Table 52

Test Of Parallel Lines for Training in Supervision Assessment and Feedback, and Perceived Ability to Provide Supervision

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	25.27			
General	22.97	2.30	3	.513

Table 53

Goodness-of-Fit for Training in Supervision Assessment and Feedback and Perceived Ability to Provide Supervision

Model	Chi-Square	df	Sig.
Pearson	1.35	3	.717
Deviance	2.30	3	.513

Table 54

Model Fitting Information for Training in Supervision Assessment and Feedback, and Perceived Ability to Provide Supervision

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	31.37			
Final	25.27	6.10	1	.013

Table 55

Estimated Odds Ratio for Training in Supervision Assessment and Feedback and Perceived Ability to Provide Supervision

			Confidence Interval	
Variables	B	Std. Error	Lower	Upper
Attended Training				
Yes	-0.86	0.36	-1.56	-0.17
No	0			

Table 56

Wald Chi-Square for Training in Supervision Assessment and Feedback and Perceived Ability to Provide Supervision

Variables	Wald Chi-Square	df	Sig.	Exp(B)	Confidence Interval Lower	Upper
Attended Training						
Yes	5.89	1	.015	0.42	0.21	0.85
No						

Research Question 6

Are there differences in the perceived ability to provide supervision because of a lack of training based on the demographic variables of (a) years of experience in the field, (b) years of experience supervising, and (c) level of education?

A one-way analysis of variance (ANOVA) was conducted to determine if there was a difference in the LSSP's perceived ability to provide supervision based on their years of experience as an LSSP. Years of LSSP experience were classified into five groups: 3-10 years (n=36), 11-15 years (n=34), 16-20 years (n=31), 21-25 years (n=21), and 26+ years (n=24). A boxplot showed outliers in the data when examining the years of LSSP experience and the overall ability to supervise (refer to Figure 25). A survey questionnaire was employed to measure different, underlying constructs. The scale had a high level of internal consistency, as determined by a Cronbach's alpha of 0.90. It was determined to run the one-way ANOVA regardless of the deviations from normality because the ANOVA is fairly robust to non-normality and does not substantially affect the Type I error rate (Maxwell & Delaney, 2004).

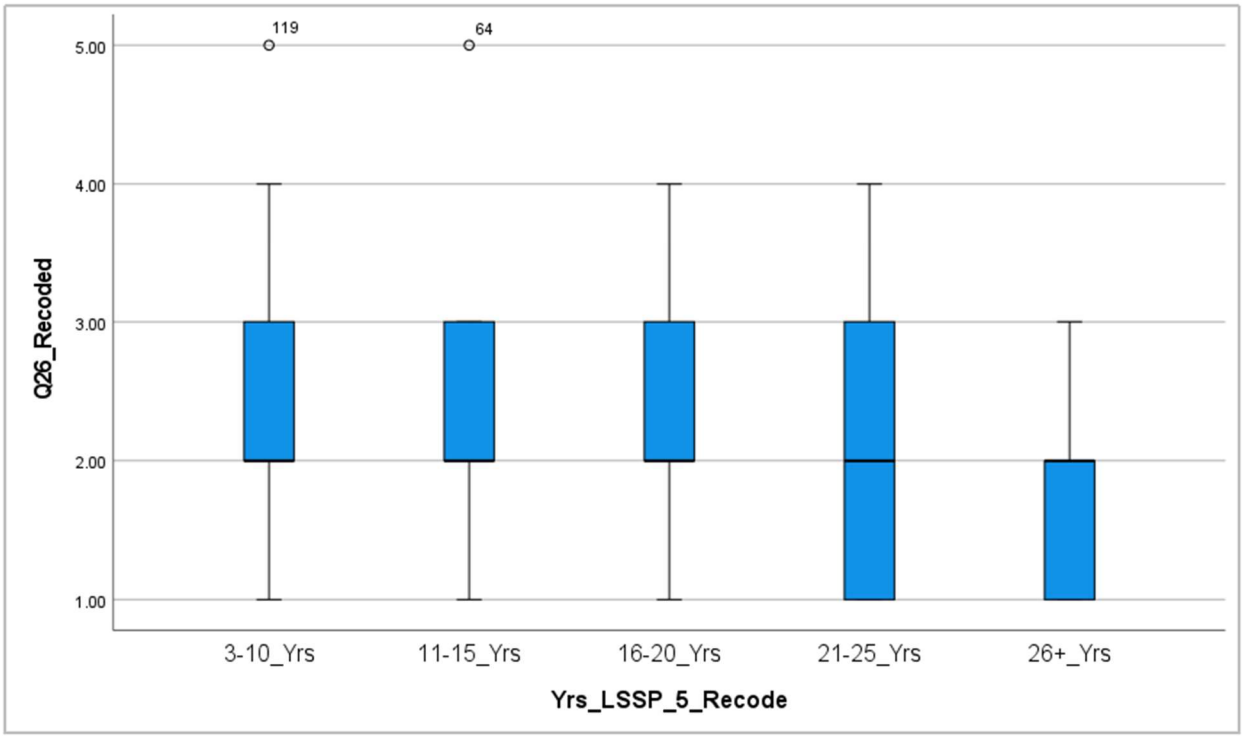

Figure 25

Box-Wisker Plot of Ability to Supervise and Years of LSSP Experience

Levene's test for equality of variance showed that variance was homogeneous from the mean (p=.156). Data are presented as mean ± standard deviation. The ANOVA results showed that the lack of training impacting the perceived ability to provide supervision was statistically significant in difference for the years of LSSP experience, $F(4, 141) = 2.36$, p=.013, $\eta^{2=}$ 085 (refer to Table 57). There was a significant difference between LSSPs who had 3-10 years of experience (M=2.39, SD=0.97) and 16-20 years of experience (M=2.36, SD=0.71) compared to LSSPs with 26+ years of experience (M=1.67, SD=0.57). The group of 3-10 years of experience and 16-20 years of experience felt the impact the lack of training had on their perceived ability to supervise was Occasionally to Rarely, and the group of 26+ years of experience felt the effect was Rarely to Never. No other group differences were statistically significant.

Table 57

ANOVA Results for the Perceived Ability to Supervise and Years as an LSSP

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	9.44	4	2.36	3.29	0.013
Within Group	101.25	141	0.72		
Total	110.69	145			

A one-way analysis of variance (ANOVA), with an alpha of .05, was conducted to determine if there was a difference in the LSSP's perceived ability to provide supervision based on the years of experience as an LSSP supervisor. Years of LSSP supervisor experience were classified into four groups: 1-4 years (n=63), 5-9 years (n=36), 10-15 years (n=22), and 16+ years (n=23). Using a Box-Wisker Plot, outliers were noted in the data when examining the years of LSSP supervision experience and the overall perceived ability to supervise (refer to Figure 26). It was determined to run the one-way ANOVA regardless of the deviations from

normality because the ANOVA is fairly robust to non-normality and does not substantially affect the Type I error rate (Maxwell & Delaney, 2004).

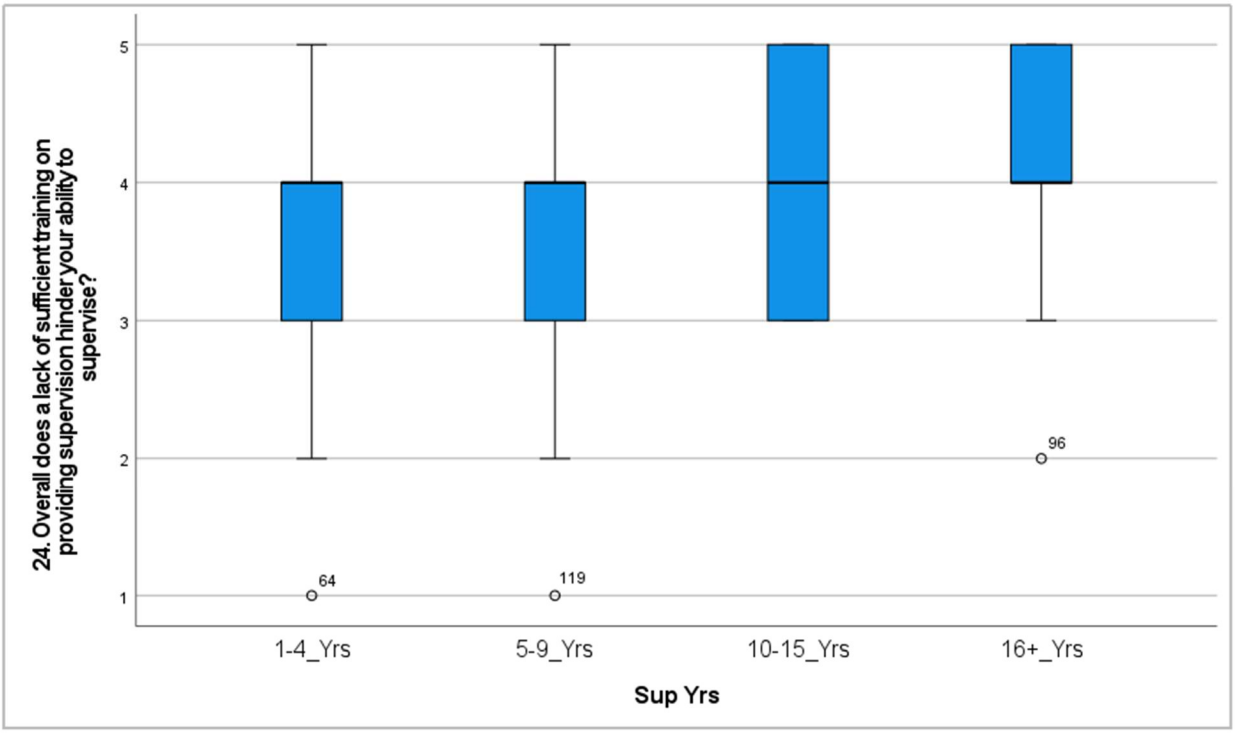

Figure 26

Box-Wisker Plot of Ability to Supervise and Years of Supervision Experience

Levene's test for equality of variance showed that variance was homogeneous from the mean (p=.756). Data are presented as mean ± standard deviation. The ANOVA results showed that the lack of supervision training impacting the LSSPs' perceived ability to provide supervision was statistically significant in difference for the years of supervision experience variable, $F(3, 140) = 2.87$, p=.009, $\eta^{2=}$ 079 (refer to Table 58). There was a significant difference between LSSPs who had supervised for 1-4 years (M=2.30, SD=0.97) and LSSPs with 16+ years of supervision experience (M=1.74, SD=0.81). The group of 1-4 years of supervision experience felt the impact the lack of training had on their perceived ability to supervise was Occasionally to

Rarely, and the group of 16+ years of supervision experience felt the effect was Rarely to Never. No other groups showed statistically significant differences.

Table 58

ANOVA Results for the Perceived Ability to Supervise and Years of LSSP Supervision

	Sum of Squares	df	Mean Square	F	Sig.
Btw Group	8.61	3	2.87	3.99	0.009
Within Group	100.62	140	0.72		
Total	109.23	143			

An Independent-Samples T-test was run to determine if there were any differences in the LSSP's ability to supervise lacking training and levels of education. A boxplot was used to assess if there were any outliers in the data. Outliers were noted when examining levels of education and the perceived ability to supervise while lacking training (refer to Figure 27). A Kolmogorov-Smirnov Test for Normality showed that the data for the perceived ability to supervise while lacking training was not normally distributed ($p<0.001$). The t-test is fairly robust to deviations from normality, and non-normality does not substantially affect Type I error rates with a sample group greater than 50, so it was determined to continue with the independent-samples t-test (Diekhoff, 1992).

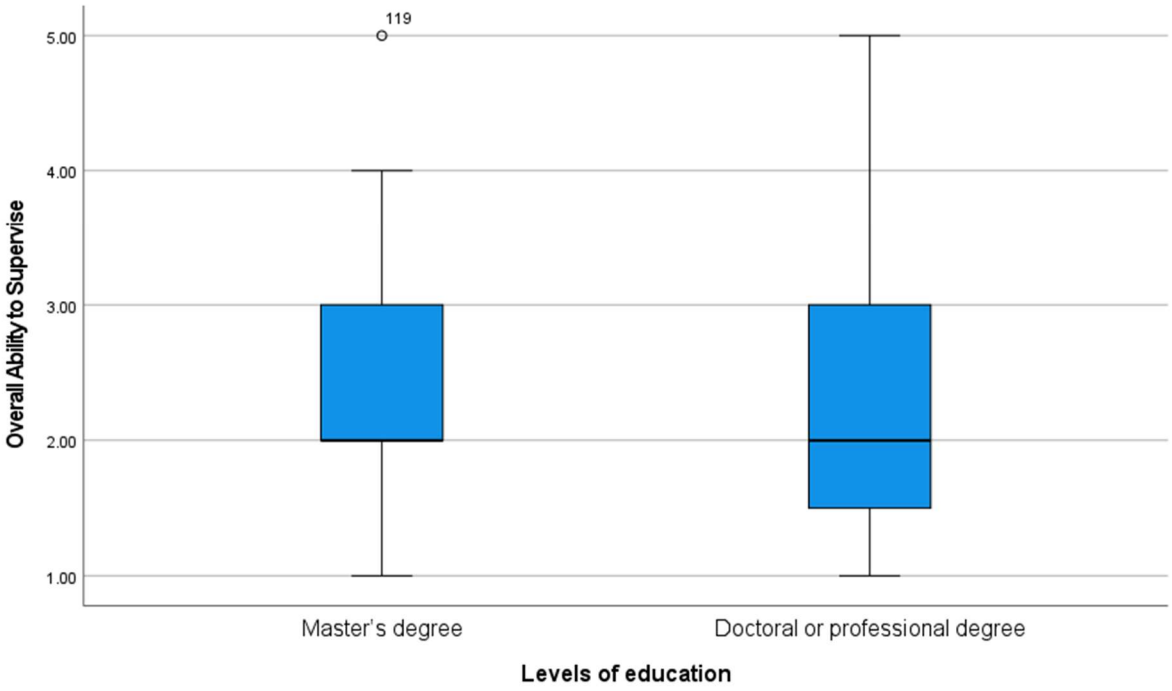

Figure 27

Box-Wisker Plot of Ability to Supervise and Levels of Education

The data presented has mean ± standard deviation. There were 91 participants with a Master's degree and 55 with a Doctoral or professional degree. The perceived impact of supervision because of a lack of training was slightly more significant for LSSPs with a Master's degree (M= 2.17, SD= .86) than LSSPs with a Doctoral or professional degree (M=2.13, SD= .90). Levene's test for equality of variance was used to determine homogeneity of variance for the perceived ability to supervise and levels of education (p=.948). Variances were homogeneous. The Master's level mean score for the perceived impact of supervision because of a lack of training was 0.04. 95% CI [-0.258 to 0.334] higher than LSSPs with Doctoral or professional degrees mean score. There was no statistically significant difference in the perceived impact of supervision because of a lack of supervisory training for education levels, $t(144) = 0.25$, p=0.802 (Refer to Table 59).

Table 59

Independent Samples T-test of Education Levels and Perceived Impact on Providing Supervision

Education	n	Mean	SD	t	df	Sig (2-tailed).
Master	91	2.17	0.86			
Doctoral	55	2.13	0.90			
Total	146			0.25	144	.948

CHAPTER V

DISCUSSION

Introduction

Supervision in school psychology is paramount to the continued development of school psychologist interns and school psychology as a profession, but there have been limited studies published on school psychology supervision (McIntosh & Phelps, 2000). Supervision training can be limited and not address the different training areas needed by supervisors. Adding to that challenge, LSSP supervisors can have incredibly diverse and time-consuming workloads while providing supervision. LSSPs can begin supervising interns after three years of unsupervised field experience. LSSP supervisors begin to provide supervision with limited to no supervision training while they may still be getting used to the extensive workload demands. This study explored the perceived impact of workload and supervision training on providing LSSP supervision. Using a quantitative cross-sectional survey design, through a twenty-five-item survey designed by the author, data was gathered from 146 LSSP supervisors. The data was analyzed using Descriptive Statistics, Analysis of Variance, Independent Sample T-Tests, and Ordinal Logistic Regression.

The importance of this study was first to gather data on the various tasks an LSSP supervisor has to perform while also attempting to provide high-quality supervision. Understanding the diversity of job tasks provides a snapshot into the variety of duties the LSSP supervisor must manage while finding time to provide a minimum of two hours a week face to

face supervision. LSSP supervisors working in a public-school setting are responsible for delivering psychoeducational and behavioral services to students, conducting diagnostic, psychological assessments, and classroom observations. Many times, they are responsible for the case management of students' special education services, and providing feedback to campus administration and consultation to teachers on differentiated instruction and classroom behavior management for specific students. To add to these job challenges, the Texas Association of School Psychologists (TASP) Shortage and Workforce Committee compiled data showing the ratio of LSSPs to students as 1:2,597 (TASP, 2021). Not only are the job responsibilities of an LSSP Supervisor demanding, but public schools are often understaffed. This study provides data on some of the job tasks performed by LSSP supervisors while providing supervision.

This study also gathered data on supervision training LSSP supervisors have attended to help them provide high-quality supervision. A review of the literature found five main topics of training that would be beneficial to the provision of school psychology supervision. The areas of supervision training identified as important are: 1) Supervision Models and Techniques, 2) Multicultural Issues in Supervision, 3) Ethical Issues in Supervision, 4) Developing a Supervisory Alliance, and 5) Supervision Assessment and Feedback. Data was gathered on if LSSP supervisors attended training in these five areas. Next, the study examined if the lack of training in any of the five areas of supervision training had an impact on the supervisors' perceived ability to provide supervision.

Interpretation of Results

The first research question gathered numerical and percentage data on LSSP supervisors' workloads in different LSSP job responsibilities. All four workload categories, administrative duties, psychoeducational/behavioral services, diagnostic/assessment services, and case management, had standard deviations of almost 18-19 points. The large standard deviations for the workload categories demonstrated how diverse the workload responsibilities can be for individual LSSP supervisors. In the study, LSSP supervisors reported spending roughly 40% of their time performing diagnostic and assessment duties. Supervisors conducting at least 31 to 61+ assessments each school year made up 78% of the sample population.

Furthermore, in this study administrative duties accounted for almost 27% of LSSP supervisors' time. Administrative responsibilities included providing supervision and consulting with teachers, administrators, and other campus and district staff on various educational or behavioral topics. Psychoeducational and behavioral services were almost 24% of an LSSP supervisor's workload. This could include direct counseling with students or observations to determine behavior function so that a behavior plan can be developed, implemented, and monitored. In addition, almost 22% of LSSP supervisor participants' time went to conducting case management duties, whereas 67% of the sample population of LSSP supervisors were case managing 51-91+ cases at a time while also conducting diagnostic assessments, psychoeducational services, and supervision. Thus, this study evidenced that the LSSP supervisors' workload is diverse and time-consuming.

Next, the analysis examined the relationship between workload and the LSSP supervisors' perceived ability to provide supervision. The data showed that the sample group felt they could provide supervision while managing other work responsibilities. Although the reported workload was varied and time-consuming, LSSP supervisor participants did not consider their workload to negatively impact their perceived ability to provide supervision. The average years of participant experience as an LSSP was 17.35 years, and the average years as an LSSP supervisor was 7.67 years. The sample group's experience could account for their ability to manage the demands of their workload and still provide supervision they feel is appropriate. The sample size for the supervisors with only 3-5 years of experience was too small, so the most significant portion of the sample group had more than five years of experience, while the sample group of 1-4 years of supervision experience made up 43.2% of the sample group. With several years of experience as an LSSP and four or fewer years as a supervisor, the sample group in this study felt that they could manage their workload without impacting their supervisory ability. These findings also show that LSSP supervisor participants waited longer than the minimum three years of experience before deciding to supervise interns. The extra years of field experience may have given them additional time to learn to manage their workloads before starting to provide supervision.

Examining if there was a difference in workloads based on the demographic variable of years of experience as an LSSP showed no statistically significant difference. There was also no statistically significant difference between the different categories of workload and years of experience as an LSSP supervisor. There was no statistically significant difference between the number of case management cases, the number of diagnostic/assessment cases, the percentage of administrative duties, the percentage of psychoeducational/behavioral services, the percentage of

diagnostic/assessment duties, and the education level of a Master's or Doctoral degree. The results from this study show there is little variation in workload between the education levels. The workload responsibilities of an LSSP are similar at either level of education.

There was a statistically significant difference in the percentage of case management duties and level of education. Master's level LSSP supervisors in this study were 7.5% more likely to perform case management duties while supervising than LSSP supervisors with Doctoral degrees. The results suggest that Doctoral level LSSP supervisors are doing less case management than LSSP supervisors with a Master's degree. However, the Cohen's D results showed a small effect size. The data does not clearly explain what other duties the Doctoral-level LSSP supervisors are doing instead of case management. Although psychoeducational / behavioral services did not demonstrate a statistically significant difference, there was a 3.81 mean difference between the Master's level (M=22.35, SD=16.64) and Doctoral level (M=26.16, SD=21.19) supervisors. However, the large standard deviations show a wide range of time spent performing psychoeducational/behavioral services for both the Master's and Doctoral level supervisor groups.

Research question four examined the LSSP supervisors' participation in the five identified areas of supervision training. Almost 55% of LSSP supervisors had attended training in supervision models and techniques, whereas 45% of supervisors provided supervision without training in the various supervision models and techniques. Training in multicultural issues in supervision had a lower percentage of supervisors who had attended (34.2%), and 65.8% had not participated in this training. A good percentage, 65.1% of LSSP supervisors, had previously participated in training in ethical issues in supervision. There were 34.9% who had not participated in some form of training in supervision ethics. A low percentage (13%) of

supervisors had attended training in developing a supervisory alliance, while 87% had never attended training in supervisory alliance building. Only 26.7% of supervisors had participated in training to assess supervisees' progress or lack thereof and provide constructive feedback. The results from the survey showed that supervisors need more access to supervision training to help them grow their capacity as supervisors.

Examining the relationship between supervisors who had participated in supervisory training in the five identified areas and their perceived ability to provide supervision provided some interesting results. Four of the five previously mentioned supervisory training areas identified in the literature review showed statistically significant results. LSSP supervisors who had attended training in Supervision Models and Techniques, Multicultural Issues in Supervision, Ethical Issues in Supervision, and Supervision Assessment and Feedback showed a greater awareness of the impact on their perceived ability the lack of training had on their provision of supervision than participants who had not attended training. Developing a supervisory alliance did not affect the perceived ability to supervise in this study. This finding may be due to the number of participants who attended supervisory alliance training. For example, of the 146 respondents, only 19 (13%) said they had attended such training. The sample size for the individuals who had participated in Supervisory Alliance may have been too small. Overall, the results demonstrated that once supervision training is provided, there is a greater awareness of what constitutes quality supervision.

Comparing the overall lack of training with the years of experience as an LSSP showed a statistically significant difference between the group who had 3-10 years of experience and 16-20 years of experience compared to the group who had 26+ years of experience. The two groups with fewer years of LSSP experience felt the lack of supervision training had more of an impact

on their perceived ability to supervise than the more experienced LSSP supervisor participants. The lack of supervisory training also showed a statistically significant difference between the group with 1-4 years of experience as an LSSP supervisor and the group with 16+ years of supervisory experience. The 1-4 years of LSSP supervisory experience group felt there was more of a perceived impact on their ability to supervise because of the lack of training compared to the more experienced group. Levels of education was not statistically significant. The results demonstrated that supervisory training is explicitly needed for LSSPs with less experience as LSSPs and supervisors.

Study Limitations

One identified limitation of this study is that there is no information on the exact or estimated number of LSSPs supervising interns at any given time. Not knowing the number of LSSPs supervising makes it impossible to determine if the 146 respondents represent an adequate LSSP supervisor example. Because of this, the results should be generalized with caution. The sample group was predominately White (71.2%) and female (78.1%). It cannot be determined if this is an accurate reflection of the sample group given that the demographic information and number of LSSPs supervising in Texas is not tracked by the state of Texas. In addition, the age of the sample group fell mainly between 35-54 years (62.3%) and was chiefly comprised of very experienced LSSPs and LSSP supervisors. A demographic study of 1,308 NASP members found 85.9% of the school psychology sample group were white, 87.3% were female, 83% were at a Master's or Specialist level, and 16.5% were at a Doctoral level (Goforth et al., 2021).

Another limitation of the study is that the author developed the survey instrument used. A group of experienced LSSPs with supervisory experience helped develop the survey and then a pilot group reviewed the survey, and items were changed or clarified based on the feedback from the pilot group. Nonetheless, the internal and external validity of the survey instrument could be questionable. The Likert scale questions had a high level of internal consistency as determined by a Cronbach's alpha of 0.90.

Some survey questions asked about the LSSP supervisors' "perceived ability." The respondents may have had different responses to the questions if they were asked about their "perceived competence." Using the word "ability" instead of "competence" may have affected the results, specifically on the workload analysis. This study is also only focused on LSSP supervisors working in a public-school setting in Texas. Because of the narrow focus of the study group, the generalizability is limited.

Recommendations for Future Research

The results showing that workload does not impact the perceived ability to supervise may be because the sample group consisted of experienced LSSPs (M=17.35) and LSSP supervisors (M=7.67). This sample group has decided to supervise and seems to have found a way to balance the demands of their workload with the additional supervision responsibility. Future research should focus on the group of LSSPs who meet the criteria to be supervisors and are not supervising to ascertain the reasons for not supervising internship students. For example, is this group deciding not to supervise because of the demands of their workload? In addition, further study is needed to determine the volume and diversity of LSSP supervisors' workload demands. It is essential to have a clearer picture of the workload responsibilities of LSSP supervisors in public education in Texas. Further studies are needed to gather more data on the impact

supervision training has on the provision of supervision. Training should be offered in the five identified training areas for supervisors with pre and posttest surveys. The results from these studies could further inform the importance of supervision training.

Clinical Implications

The clinical implication of these findings involves the need for more LSSP supervisory training. A supervisory certification for LSSP supervisors is may be a recommendation. A certification work group could be established to give recommendations on the training recommendations for certification and continuing education to maintain certification. If more research is done to examine when many LSSPs start to supervise consideration could be made to adjust the number of years of field experience from three years to five years before supervising. A certificate process would provide data on the number of LSSPs supervising, allowing for further studies on supervision and the group providing supervision. A certification process could help LSSPs feel better prepared to provide supervision.

Although workload did not impact this sample group's supervision ability, it would be beneficial to gather further information on LSSPs' workloads. The findings from this study showed that LSSP workloads are diverse and time-consuming. LSSPs are trained to do various tasks in the public-school setting. Having data on the diversity of such tasks could lead to making better informed recommendations about workload adjustments for LSSPs who supervise. Workload recommendations for individuals willing to supervise could likewise encourage more LSSPs to supervise.

Summary and Conclusions

Knoff (1986) and Strein (1996) described supervision for school psychologists as having two distinct functions, which include ensuring effective psychological services are provided in the schools and that of the supervisees' continued professional growth. This study is a start into furthering research and exploration in the provision of LSSP supervision in public schools in Texas. This study opens the door for further studies to examine how prepared LSSP supervisors are and how adequate supervision is being provided. Effective supervision is the key to growing the LSSP profession. Poor supervision can lead to supervisee frustration and potentially poor quality of services to the students. Providing LSSP supervisors and potential supervisors with quality training in Supervision Models and Techniques, Multicultural Issues in Supervision, Ethical Issues in Supervision, and Supervision Assessment and Feedback was shown in this study to improve the LSSP supervisors' perceived ability to supervise. Given these results, it is reasonable to assert that improving the LSSP supervisors' knowledge of supervision will likewise improve their confidence and supervision quality.

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APPENDIX A

APPENDIX A

ONLINE INFORMED CONSENT

The Impact of Supervisory Training and Workload Upon the Licensed Specialist in School Psychology Supervisors' Perceptions Providing Field-Based Supervision to Interns in a Public-School Setting

This survey is being conducted by Christopher King, Licensed Specialist in School Psychology and Doctoral student at The University of Texas Rio Grande Valley The purpose of this study is to is to examine the experiences of field-based Licensed Specialist in School Psychology (LSSP) supervisors providing supervision to LSSP interns in Texas public schools. The study's focus will be on gathering information on field-based supervisors' experiences in public schools, gaining insight into supervisors' perceptions of how prepared they feel, and how effective they think they are at providing supervision. This survey should take about 10-15 minutes to complete.

Participation in this research is completely voluntary. If there are any questions which you are uncomfortable with answering, feel free to skip that question and leave the answer blank. Also, please be aware that you are entitled to withdraw from the study and terminate your participation at any time without question or comment.

Participants in this study need a minimum of a master's degree in school psychology from an accredited university and a minimum of three years of unsupervised field experience in a public school as an LSSP to meet the criteria to become field-based supervisors in public schools. The participants will also need at least one year of experience providing supervision to LSSP interns in a Texas public school. The study is only looking at LSSP field-based supervisors working in a public-school setting and not LSSPs in private practice or a private school setting.

All survey responses received will be treated confidentially and stored on a secure server. However, given that the surveys can be completed from any computer (e.g., personal, work, school), there is no guarantee of the security of the computer upon which you choose to enter your responses. As a participant in this study, please be aware that certain technologies exist that can be used to monitor or record data and/or websites that are visited.

Any individually identifiable responses will be securely stored and will only be available to those directly involved in this study. De-identified data may be shared with other researchers in the future, but will not contain information about any specific individual identity.

This research has been reviewed and approved by the University of Texas Rio Grande Valley Institutional Review Board for Human Subjects Protection (IRB). If you have any questions about your rights as a participant, or if you feel that your rights as a participant were not adequately met by the researcher, please contact the IRB at (956) 665-3598 or irb@utrgv.edu.

For questions about this study or to report any problems you experience as a result of being in this study contact Christopher King, at (512)784-4793, christopher.king01@utrgv.edu or Dr. Saara Grizzell, at (801) 550-9786, saara.grizzell@utrgv.edu.

APPENDIX B

APPENDIX B

SURVEY QUESTIONS

1. Do you have three years of unsupervised LSSP field experience in a public-school setting? Yes No
2. Have you supervised an LSSP intern for at least one year? Yes No
3. The gender with which you identify. Male Female Non-Binary Other
4. What is your age? _____
5. What is your Race/Ethnicity? American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White
6. How many years have you been an LSSP? _____
7. How many years have you been an LSSP supervisor? _____
8. What is your level of education? Master's degree, Doctoral or professional degree
9. What is the number range of cases for which you are responsible?
   0, 1-29, 30-49, 50-69, 70-89, 90+
10. What percentage of your week do you spend doing administrative duties including supervision? _____
11. What percentage of your week do you spend doing psychoeducational/behavioral services? _____
12. What percentage of your week do you spend doing diagnostic or assessment services? _____

13. What percentage of your week do you spend doing case management duties (IEP meetings and compliance paperwork)? _____

14. My caseload hinders my ability to provide supervision.

    Always Very Often Sometimes Rarely Never

15. Have you ever attended training in Supervision Models and Techniques before or while you were providing supervision? Yes No

16. Does a lack of training in Supervision Models and Techniques hinder your ability to supervise?

    Always Frequently Occasionally Rarely Never

17. Have you ever attended training in Multicultural Issues in Supervision before or while you were providing supervision? Yes No

18. Does a lack of training in Multicultural Issues in Supervision hinder your ability to supervise?

    Always Frequently Occasionally Rarely Never

19. Have you ever attended training in Ethical Issues in Supervision before or while you were providing supervision? Yes No

20. Does a lack of training in Ethical Issues in Supervision hinder your ability to supervise?

    Always Frequently Occasionally Rarely Never

21. Have you ever attended training in Developing a Supervisory Alliance before or while you were providing supervision? Yes No

22. Does a lack of training in Developing a Supervisory Alliance hinder your ability to supervise?

    Always Frequently Occasionally Rarely Never

23. Have you ever attended training in Supervision Assessment and Feedback before or while you were providing supervision? Yes No

24. Does a lack of training in Supervision Assessment and Feedback hinder your ability to supervise?

    Always Frequently Occasionally Rarely Never

25. Does a lack of training on providing supervision hinder your ability to supervise?

    Always Frequently Occasionally Rarely Never

APPENDIX C

APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL

The University of Texas
Rio Grande Valley
Institutional Review Board

October 22, 2021

Christopher King
College of Health Professions
Via Electronic Routing System

Dear Mr. King:

RE: EXEMPT DETERMINATION FOR **IRB-21-0187 "The Impact of Supervisory Training and Workload Upon the Licensed Specialist in School Psychology Supervisors' Perceptions Providing Field-Based Supervision to Interns in a Public-School Setting: A Mixed Methods Study"**

The study in reference has been determined 'Exempt' under the Basic HHS Policy for Protection of Human Research Subjects, 45 CFR 46.104(d). The determination is effective as of the date of this letter within the exempt category of:

> "(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) and (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation."

Research that is determined to be 'Exempt' under the Basic HHS Policy for Protection of Human Research Subjects is not exempt from ensuring protection of human subjects. The Principal Investigator (PI) is responsible for the following through the conduct of the research study:

1. Assuring that all investigators and co-principal investigators are trained in the ethical principles, relevant federal regulations, and institutional policies governing human subjects' research.
2. Disclosing to the subjects that the activities involve research, and that participation is voluntary, during the informed consent process.
3. Providing subjects with pertinent information (e.g., risks and benefits, contact information for investigators, and IRB/ORC) and ensuring that human subjects will voluntarily consent to participate in the research when appropriate (e.g., surveys, interviews).
4. Assuring the subjects will be selected equitably, so that the risks and benefits of the research are justly distributed.
5. Assuring that the privacy of subjects and confidentiality of the research data will be maintained appropriately to ensure minimal risk to subjects.

Exempt research is subject to the ethical principles articulated in The Belmont Report, found at the Office of Human Research Protections (OHRP) Website:
www.hhs.gov/ohrp/humansubjects/guidance/belmont.html

Brownsville • Edinburg • Harlingen

Unanticipated Problems: Any unanticipated problems or complaints must be reported to the IRB promptly. Further information concerning unanticipated problems can be found in the IRB procedures manual.

Continuing Review: research deemed 'Exempt' is not subject to annual review by the IRB.

Modifications: Any change to your protocol requires a Modification Request (Amendment) for review and approval prior to implementation. The IRB may review the 'Exempt' status at that time and request an application for approval as non-Exempt research.

Closure: Please notify the IRB when your study is complete through submission of a final report. Upon notification, we will close our files pertaining to your study.

If you have any questions, please contact the Human Subjects Protection Program/IRB by phone at (956) 665-3598 or via email at irb@utrgv.edu.

Sincerely,

Institutional Review Board for the Protection of Human Subjects in Research

orc/ska

APPENDIX D

APPENDIX D

INSTITUTIONAL REVIEW BOARD AMENDMENT APPROVAL

The University of Texas
Rio Grande Valley
Institutional Review Board

February 14, 2022

Christopher King
College of Health Professions
Via Electronic Routing System

Dear Mr. King:

Re: Amendment for Protocol Number IRB-21-0187 "The Impact of Supervisory Training and Workload Upon the Licensed Specialist in School Psychology Supervisors' Perceptions Providing Field-Based Supervision to Interns in a Public-School Setting"

Your Request for Amendment to change the mixed methods study to a quantitative survey study has been approved.

This study continues to meet the Exemption requirements under DHHS 45 CFR 46.104(d).

Research that is determined to be Exempt from IRB review is not exempt from ensuring protection of human subjects. The Principal Investigator (PI) continues to be responsible for the following through the conduct of the research study:

1. Assuring that all investigators and co-principal investigators are trained in the ethical principles, relevant federal regulations, and institutional policies governing human subjects research.
2. Disclosing to the subjects that the activities involve research and that participation is voluntary during the informed consent process.
3. Providing subjects with pertinent information (e.g. risks and benefits, contact information for investigators, and IRB/ORC) and ensuring that human subjects will voluntarily consent to participate in the research when appropriate (e.g. surveys, interviews).
4. Assuring the subjects will be selected equitably, so that the risks and benefits of the research are justly distributed.
5. Assuring that the privacy of subjects and confidentiality of the research data will be maintained appropriately to ensure minimal risk to subjects.

Exempt research is subject to the ethical principles articulated in The Belmont Report, found at the Office of Human Research Protections (OHRP) Website:
www.hhs.gov/ohrp/humansubjects/guidance/belmont.html

Unanticipated Problems: Any unanticipated problems or complaints must be reported to the IRB/ORC promptly. Further information concerning unanticipated problems can be found in the IRB procedures manual.

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Continuing Review: Exempt research is not subject to annual review by the IRB.

Modifications: Any further changes to your protocol require a request for amendment be submitted and approval secured prior to implementation. The IRB may review the Exempt status at that time and request an application for approval as non-Exempt research.

Closure: Please notify the IRB when your study is complete through submission of a final report. Upon notification, we will close our files pertaining to your study.

If you have any questions, please contact the Office of Research Compliance by phone at (956) 665-3598 or via email at irb@utrgv.edu.

Sincerely,

Institutional Review Board for the Protection of Human Subjects in Research

ORC/ska

BIOGRAPHICAL SKETCH

Christopher L. King is a Special Education Coordinator with Mission Consolidated Independent School District. He has been in this position for three years. Mr. King has been a Licensed Specialist in School Psychology (LSSP) for 19 years. He has worked as an LSSP for Pflugerville Independent School District (ISD), Taylor ISD, Hutto ISD, and Mission CISD. Before becoming an LSSP, Mr. King worked for 13 years for Children Protective Services as an abuse investigator, case manager, intake worker, supervisor, and education specialist.

Mr. King has an undergraduate degree in Behavioral Science from Concordia University Texas, which he received in 1992. He graduated with a Master in Education in Guidance and Counseling in 1999 from Texas State University-San Marcos, then a Master in Arts in School Psychology in 2004 from Texas State University-San Marcos. Mr. King graduated in 2022 from the University of Texas Rio Grande Valley with a Doctoral degree in Rehabilitation Counseling. He is a Nationally Certified School Psychologist and a Texas Association of School Psychologists member. Mr. King resides at 5920 N. 36th Street, McAllen, Texas, 78504, and his email address is cking0726@gmail.com.