Perceptions of the Importance and Utilization of Clinical Supervision Among Certified Rural School Counselors

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This study explored rural school counselors' perceptions of clinical supervision. School counselors working in rural communities commonly encounter issues that challenge their ability to provide competent counseling services to the students they serve. School counselors serving in these areas are often the only rural mental health provider in their community, and they may lack access to other professionals to meet supervision needs. Participants' (*n* = 118) current experiences and future needs were investigated concurrently with supervision training and delivery methods most desired. The majority of school counselors in the study reported that they perceive clinical supervision as an important element in their continued personal and professional growth. However, these school counselors reported not receiving supervision at an individual, group or peer level. The need for the supervision is apparent; however, access to supervision in rural areas is limited. Implications for school counselors and recommendations for future research are discussed.

Keywords: **rural school counselors, clinical supervision, supervision training, personal and professional growth, rural mental health**

With increasing regularity, school counselors are finding themselves on the front lines of using clinical counseling skills to address issues their students bring to school (Teich, Robinson, & Weist, 2007; Walley, Grothaus, & Craigen, 2009). Despite an increase in the mental health needs of school-aged children (Perfect & Morris, 2011), limited mental health services are a reality in rural areas (Bain, Rueda, Mata-Villarreal, & Mundy, 2011). Although there is not a clear definition of the term *rural*, the U.S. Census Bureau (2010) has characterized urban areas as those with 50,000 or more people, and urban clusters as those communities with a population of 2,500–49,999. School counselors working in rural communities commonly encounter issues that challenge their ability to provide competent counseling services to students (Cates, Gunderson, & Keim, 2012). In fact, school counselors serving in rural areas are often the only mental health provider in their community, and they may lack access to other professionals to meet supervision needs (Bardhoshi & Duncan, 2009). With mental health needs in rural areas being greater than the resources available, and rural school counselors indicating a need for more mental health training and resources to close this gap (Bain et al., 2011), meeting the professional needs of rural school counselors becomes imperative.

Bradley and Ladany (2010) described the competent school counselor as a skilled clinician able to identify and meet the unique needs of the students he or she serves. They further asserted that rural areas provide unique demands for the school counselor, who is often expected to provide a wide range of services to a diverse

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population. Despite recommendations that professional counselors obtain supervision throughout their careers, traditional face-to-face supervision meetings are not always feasible and rural counselors may not have direct access to a supervisor, even though they have a desire for one (Luke, Ellis, & Bernard, 2011; Tyson, Pérusse, & Stone, 2008). Although there is a need for trained professional supervisors, supervision in rural areas is difficult to obtain for many counselors because of the distance between professionals, which creates geographic isolation (Wood, Miller, & Hargrove, 2005).

There are a number of challenges to receiving quality supervision. Rural school counselors encounter isolation, lack of time and money, a lack of specialists, and decreased personal interaction (McMahon & Simons, 2004). All of these characteristics of working in a rural setting make supervision and consultation, which are essential in the development of a professional identity, difficult to obtain (McMahon & Simons, 2004).

Clinical supervision is designed to aid the professional counselor in enhancing professional skill and ethical competency (Bradley & Ladany, 2010). A clinical supervisor in the schools must be a professional who is not only competent in the realm of school counseling functions, but also in supervision practices (Gysbers & Henderson, 2000). The supervision element of school counseling is further complicated as there often is a need for different types of supervision. There is need for both administrative and clinical supervision for practicing school counselors (Bradley & Ladany, 2010), and at times these different types of supervision may conflict with one another. Administrative supervision focuses on policies and procedures governing the school community, and this form of supervision in a school setting is most often performed by a school administrator who may not have a counseling background (Henderson & Gysbers, 1998). In comparison, clinical supervision is an intervention that a senior member of the profession delivers to a junior member in order to enhance professional abilities and monitor the counseling services offered (Bernard & Goodyear, 2009). This reality of school counseling supervision would suggest that those providing clinical supervision need to not only be certified as school counselors in order to qualify as senior members of the profession, but also have supervision training in order to effectively carry out supervision interventions.

For school counselors, supervision is a direct venue for providing or receiving support and feedback (Lambie, 2007). Both peer consultation and supervision are related to lower levels of stress in school counselors (Culbreth, Scarborough, Banks-Johnson, & Solomon, 2005). There is evidence that obtaining clinical supervision is indeed beneficial to school counselors, with research pointing to professional and personal gains, including enhanced counseling skills, sense of professionalism, support and job comfort (Agnew, Vaught, Getz, & Fortune, 2000). There also are a number of studies examining the protective utility of clinical supervision regarding school counselor burnout. Prevention of burnout is an important issue for rural school counselors who report feelings of frustration as they struggle to provide as much counseling as possible to their students (Bain et al., 2011).

When assessing the effect of clinical supervision on burnout, Feldstein (2000) reported that clinical supervision had a positive effect on reducing levels of emotional exhaustion and burnout in school counselors. In a recent study, Moyer (2011) reported that the amount of clinical supervision received was a significant predictor of overall burnout in school counselors (as well as the dimensions of incompetence, negative work environment and devaluing clients). These findings support the notion that clinical supervision may serve as an important protective factor against burnout for school counselors, and even ameliorate burnout levels once manifested. A similar recommendation was provided by Lambie (2007), who identified clinical supervision as an essential resource that can be utilized to overcome school counselor burnout.

Even though administrative supervision generally is available to school counselors, clinical supervision usually is not (Herlihy, Gray, & McCollum, 2002). Page, Pietrzak, and Sutton (2001) reported in their national survey ($n = 267$) that only 13% of school counselors were receiving individual clinical supervision and only 10% were receiving group clinical supervision, despite a desire to obtain supervision. A study examining rural school principals' perceptions of school counselors' role noted that approximately 12% of all respondents deemed professional development of little importance for school counselors (Bardhoshi & Duncan, 2009). Consequently, clinical supervision may not be supported in rural settings, as time spent in supervision may be seen as time taken away from understaffed schools.

Clinical supervision is best delivered by a counselor who is not only trained in supervision but who is also familiar with K–12 school settings (Bradley & Ladany, 2010). Despite school counselors' desire to obtain more clinical supervision once working in a school setting, many face a challenge in obtaining such supervision. Peterson and Deuschle (2006) also discussed hesitation from school counselors to be supervisors, which could result from discomfort with the requirements of site supervision, or a feeling of being poorly trained in supervision. Supervision is, however, an important part of developing the professional and ethical decision-making skills that benefit clients and their stakeholders (Lambie, Ieva, Mullen, & Hayes, 2011). Due to these needs, developing trained school counselor supervisors is a vigorous step in meeting the supervision needs of school counselor trainees and practicing professionals (Page et al., 2001).

The purpose of the current study was twofold. The first purpose was to assess the current perceptions of certified school counselors serving in rural settings (RCSCs) regarding their clinical supervision experience and needs. The second purpose was to compare and contrast the current data with empirical data obtained 9 years ago in this same state from RCSCs, in order to examine whether the supervision needs of counselors in rural settings has changed. Specifically, the study was designed to answer the following research questions: (a) What are RCSC perceptions of the importance of individual, group and peer supervision? (b) What are participants' current experiences with individual, group and peer supervision? (c) What are participants' perceptions of their future need for clinical supervision? (d) If the training were available to equip a participant with the theory and skills to provide clinical supervision, how would respondents rate the importance of this training and by what means would participants prefer to receive this training? (e) How do current RCSC experiences and perceptions of individual, group and peer clinical supervision compare to the findings in a 2003 study of RCSCs?

In this study, *RCSC* refers to an individual certified by a state department of education working in a school in a state where the majority of school districts have fewer than 1,000 students. The terms *certified* and *licensed* are interchangeable. *Clinical supervision* is defined as an intensive, interpersonal focused relationship, usually performed one-to-one or in a small group, in which the supervisor facilitates the counselor(s) learning to apply a wider variety of assessment and counseling methods to increasingly complex cases (Bradley & Ladany, 2010). A *clinical supervisor* refers to a certified school counselor, licensed mental health professional counselor, social worker or psychologist who has at least 5 years' experience in the field. *Administrative supervision* is defined as an ongoing process in which the supervisor oversees staff as well as the planning, implementation and evaluation of individuals and programs (Henderson & Gysbers, 1998).

Method

Participants

The target population for this study included all certified school counselors (CSCs) in a Midwestern state who were employed in a public or private school setting during the school year 2011–2012. Recruitment of participants was conducted by obtaining a list of all CSCs from the state's Department of Education. All

individuals who were identified as meeting these criteria received an e-mail. The e-mail directed participants to an online survey titled The 2012 School Counselor Survey. The number of CSCs provided by the Department of Education was 476. A total of 127 CSCs responded to the invitation to take part in this study, all of whom met the criteria for employment in a rural setting, resulting in a response rate of 27%. Respondents with missing or invalid data ($n = 9$, less than 7%) were eliminated via listwise deletion, leaving a total number of 118 participants in this study. Listwise deletion entails eliminating participants with missing data on any of the variables and is the appropriate method for removal of missing data due to this study's sufficient sample size (Sterner, 2011).

Of the 118 participants (91 women, 27 men), 110 identified their cultural/racial background as Caucasian, five identified as Native American and three identified as Multiracial. Thirty-four participants stated their age as 25–35 years, 31 as 36–45 years, 30 as 46–55 years and 23 as 56 years or older. The majority of the respondents identified as married ($n = 96$), 15 as single and seven as having a life partner or being in a committed relationship. Twelve of the participants stated that they had 2 or fewer years of experience as school counselors, 18 had 3–5 years, 25 had 6–10 years, 42 had 11–20 years, 19 had 21–30 years and two stated that they had 40 or more years of experience. Regarding licenses and certifications held, 109 of the participants stated that they were South Dakota CSCs, 36 were National Certified Counselors, 12 were Licensed Professional Counselors, two held the Licensed Professional Counselor–Mental Health designation and one participant identified as a National Certified School Counselor.

Regarding the number of schools under participants' direct responsibility, 86 indicated that they had one school, 21 had two schools, five had three schools, four had four schools and two had five schools. Five participants stated that they were responsible for direct counseling services for 100 or fewer students, 14 for 101–200 students, 22 for 201–300 students, 29 for 301–400 students, 18 for 401–500 students, 14 for 501–600 students, 10 for 601–700 students and six for 701 or more students. Twenty-one stated that there were no other school counselors in their school district, 15 stated that there was one other school counselor, 17 stated that there were two others, 13 stated that there were three to five, 29 stated that there were six to 11, seven stated that there were 12–18, six stated that there were 20–25, four stated that there were 45–50, five stated that there were 52–56 and one stated that there were 60 other school counselors in the participant's district. Regarding the number of other school counselors working with them in the same building, 58 respondents stated that there were no other counselors, five stated that there was another part-time counselor, 29 stated that there was one other full-time counselor, 11 stated that there were two, four stated that there were three, five stated that there were four and six participants stated that there were five other counselors in their building.

Instrumentation

Participants completed a modified version of the school counselor survey used by Page et al. (2001) in their national survey of school counselor supervision. The modifications included additional questions related to participants' perceptions of the usefulness of receiving supervision and supervision training via distance methods. Distance methods included the statewide video conferencing system, teleconference and e-mail. The Statistical Package for Social Sciences (SPSS) software (version 19.0) was utilized to screen the data, gather descriptive data and analyze the data, as well as to determine frequencies and percentages for the demographic variables. To answer the research questions, data were analyzed by creating tables using SPSS to determine frequencies, averages and percentages. For research questions 1, 2 and 3, a Fisher's Exact Test (a variant of the chi-square test for independence for small sample sizes) with an alpha level of .05 was used to determine whether there was a relationship between a participant's age, years of experience, number of schools under the participant's direct responsibility, number of students for whom the participant had to provide counseling services, the presence of other CSCs in the building and district, and the participant's responses.

Results

Importance of Supervision

Participants ranked the importance of individual clinical supervision based on a 6-point Likert scale (1 = not important to 6 = extremely important). When the participants' indications of the top three options were combined, 79% (n = 93) rated the importance of obtaining clinical supervision as important, very important or extremely important, leaving 21% (n = 25) of participants who reported it being somewhat important, minimally important or not important. When asked about the importance of obtaining administrative supervision, 72% (n = 85) rated it as important, very important or extremely important, leaving 28% (n = 33) who reported it being somewhat important, minimally important or not important.

Cross-tabulation tables were conducted for each of the following variables: (a) age, (b) years of experience as a school counselor, (c) number of schools for which the counselor is responsible, (d) number of students for whom the counselor is responsible, (e) other school counselors in the district and (f) other school counselors in the building. A Fisher's Exact Test with an alpha level of .05 was used to determine whether there was a relationship between these variables and participants' perceptions of the importance of individual clinical and administrative supervision. These analyses determined that there was no significant relationship between these variables (age, p = .641; years of experience, p = .597; number of schools for which counselor is responsible, p = .516; number of students for whom counselor is responsible, p = .228; other school counselors in district, p = .319; other school counselors in building, p = .382).

Current Experiences with Supervision

When participants described the current supervision they were receiving, 94% (n = 111) stated that they were receiving no individual clinical supervision, and 6% (n = 7) stated that they were receiving individual clinical supervision. Of the participants receiving this type of supervision, one received supervision once a week, three received supervision once a month and three received supervision less than once a month. Ninety-one percent (n = 108) stated that they were not engaging in group supervision and 8% (n = 10) stated that they were, with seven of these respondents stating that they participated in group supervision once a month and three stating that they participated less than once a month. When asked to describe their clinical supervisor, seven stated that the supervisor was a guidance director, two stated that he or she was another school counselor and one stated that he or she was a psychologist.

Of the 14% (n = 17) of respondents who stated that they were receiving individual and/or group supervision, 11 reported that their school system was incurring the cost for supervision, four stated that they were shouldering all the cost themselves and two stated that they and their school system were paying the cost together. Eighty-eight percent (n = 104) indicated that their school district did not provide release time for them to attend supervision; the remaining 12% (n = 14) did receive release time. Eighty-two percent (n = 97) reported that they were not engaging in peer supervision, and 18% (n = 21) were obtaining peer supervision. Of the respondents receiving peer supervision, ten stated that it occurred once a week, one stated that it was every other week, eight stated that it was once a month, and two stated that it was less than once a month. Regarding administrative supervision, 81% (n = 97) stated that they were engaging in it; 19% (n = 21) were not. Sixty-four participants stated that their administrative supervision was conducted by a principal, seven stated that it was a vice principal, seven stated that it was another school counselor, five reported that it was a superintendent, five stated that it was a guidance director, five that stated it was a director of a specific program area (e.g., special education, student services) and three stated that their administrative supervision was conducted by a vice superintendent.

Cross-tabulation tables were conducted for each of the following variables: (a) age, (b) years of experience as a school counselor, (c) number of schools for which the counselor is responsible, (d) number of students for whom the counselor is responsible, (e) other school counselors in the district and (f) other school counselors in the building. A Fisher's Exact Test with an alpha level of .05 was used to determine whether there was a relationship between these variables and participants' current experiences with individual and/or group clinical supervision and/or peer supervision. The results indicated that there was a relationship between receiving group supervision and the number of other school counselors in participants' district ($p = .010$), and a relationship between participants' age and current participation in peer supervision ($p = .017$). All other analyses for these variables determined no significant relationship.

Future Need for Clinical Supervision

Participants ranked their need for future clinical supervision based on a 6-point Likert scale (1 = not important to 6 = extremely important). When the participants' indications of the top three options were combined, 54% ($n = 64$) rated the importance of receiving clinical supervision in the future as important, very important or extremely important, leaving 46% ($n = 54$) who reported it being somewhat important, minimally important or not important. When respondents were asked whom they considered the most desirable person to be their clinical supervisor, 64% ($n = 75$) indicated another school counselor with specific training in supervision. Eighteen percent stated that the best supervisor would be a professor in counselor education, 6% indicated a mental health counselor, 6% specified a school psychologist, 5% indicated a psychologist, 2% identified a psychiatrist and 1% specified a social worker with a master's degree.

Cross-tabulation tables were created for each of the independent variables: (a) cultural/racial background, (b) age, (c) years of experience as a school counselor, d) licensure/certification status, e) number of schools for which the counselor is responsible, f) number of students for whom the counselor is responsible, g) other school counselors in the district and h) other school counselors in the building. A Fisher's Exact Test with an alpha level of .05 was used to determine whether there was a relationship between these variables and participants' perceptions of their future need for clinical supervision. The results indicated that there was a relationship between participants' age and their perception of their need for future clinical supervision ($p = .016$). All other analyses for these variables determined no significant relationship.

Future Training and Education Needs

When asked about the level of perceived importance of training and education regarding supervision theory and clinical supervision skills, when those were provided, participants ranked importance on a 6-point Likert scale (1 = not important to 6 = extremely important). After the participants' indications of the top three options were combined, 67% ($n = 79$) rated the importance of receiving future clinical supervision training as important, very important or extremely important, leaving 33% ($n = 39$) who reported it being somewhat important, minimally important or not important. Of the 118 participants, the majority ($n = 90$) had access to the state's video conferencing system. Fifty-three of the participants stated that they had access to Skype or another real-time communication system; therefore, over half of the participants ($n = 65$) stated that they did not have access. Fifty-three percent ($n = 62$) of the participants rated receiving supervision training via face-to-face workshop or conference as either very important or extremely important, whereas 32% ($n = 27$) rated receiving future clinical supervision training via video conferencing or teleconference as very important or extremely important.

Regarding the type of supervision training they wished to receive, 81% ($n = 96$) of the participants characterized training on developing specific supervision skills and techniques as important, very important

or extremely important. When asked about wanting training to be able to assist supervisees in developing a respectful outlook on individual differences, 71% ($n = 84$) of the participants noted this type of training as either important, very important or extremely important. Regarding developing supervisees' clinical skill set for counseling others of a different age, ethnicity, race, religion or sexual orientation, 75% ($n = 89$) of the participants ranked this type of training as either important, very important or extremely important. Seventy-seven percent ($n = 91$) of the participants ranked the development of supervision skills to assist supervisees in developing independence and self-directedness as important, very important or extremely important.

Comparing 2012 and 2003 Findings

In 2003 the first author completed a study of 267 RCSCs who took the 2003 School Counselor Survey (Duncan, 2003). Nearly 67% of the 2003 participants rated individual clinical supervision as important, very or extremely important; however, 91% stated that they were not receiving individual clinical supervision, and 92% stated they were not receiving group clinical supervision. In the current study, conducted 9 years later, we note an increase in the importance that school counselors place on receiving clinical supervision, but similar low rates of actually receiving clinical supervision. Specifically, in the current study, 79% of participants rated receiving clinical supervision as important, very important or extremely important; however, 94% stated that they were not receiving individual clinical supervision, and 91% stated they were not receiving group clinical supervision. Those receiving group supervision appear to work in settings where they are not the only counselor in their school.

Limitations

This study has three main limitations. First, the sample was obtained from an e-mail list of certified school counselors in one Midwestern state. The ability to generalize the findings to other states may be limited—especially to states that do not have a similar rural nature. Future research that examines all RCSCs would be beneficial. The second limitation of this study is that those who chose to participate may have answered the survey questions differently than members of the population who did not agree to participate might have answered them. The third limitation is due to the survey being a self-report measure, as the participants may have given answers that they believed to be socially desirable. In spite of being informed in advance that their responses would remain anonymous, the participants still may have answered in a way that did not portray their true feelings or knowledge.

Discussion

The results of this study indicate that the large majority of school counselors surveyed (79%) perceive clinical supervision as important. This number is in stark contrast to the actual number of school counselors receiving supervision, with the overwhelming majority of the participants stating that they are not receiving any individual or group supervision (94% and 91%, respectively). Although these findings confirm the results of previous studies conducted with school counselors that point to a clinical supervision deficit (Borders & Usher, 1992; Page et al., 2001; Roberts & Borders, 1994; Shanks-Pruett, 1991), the extremely low clinical supervision rates from the current study also may be tapping into challenges specific to rural school counselors. It is possible that many practicing rural school counselors have not engaged in supervision since their university training program and feel unequipped to answer questions about its nature or importance, which could potentially have larger implications regarding these counselors' clinical skill application. Similarly, Spence, Wilson, Kavanagh, Strong, and Worrall (2001) noted that lack of skill application contributed to counselors' difficulty in obtaining supervision. Compared to results obtained from a 2003 study with this population, although school counselors

increasingly perceive clinical supervision as important (79% vs. 67% in the 2003 study), rates of obtaining clinical supervision have not changed substantially in almost 10 years. This may indicate that challenges for rural school counselors persist and that they may be at a disadvantage regarding their clinical skills and professional development.

Even for those few school counselors who reported receiving individual or group clinical supervision, current supervision practices are far from ideal. Of the seven participants who reported currently receiving supervision, four reported receiving it only once a month or less, and over 88% of participants shared that their school will not provide release time for them to pursue supervision. This may imply that school administrators do not understand the importance of clinical supervision. Herlihy et al. (2002) pointed out the erroneous perception that school counselors do not have the same need for clinical supervision as their mental health counterparts as a factor that impedes clinical supervision for school counselors. The possibility also exists that even though school counselors in this study see the need for clinical supervision, they may not be advocating for it. Rural school counselors may have to consider ways to receive clinical supervision in a manner that does not take time away from their duties or occurs outside school time. Although this may place additional strain on school counselors, forgoing clinical supervision altogether may have negative implications for their personal and professional well-being. Crutchfield and Borders (1997) warned that school counselors who do not receive supervisory support may find themselves dealing with increased stress and may feel overworked, burned out and isolated; and the literature clearly points out the benefits of clinical supervision for school counselors, including increased feelings of support, job satisfaction, enhanced skill development and competencies, and greater accountability (Herlihy et al., 2002; Lambie, 2007).

Although the majority of participants (81%) reported receiving administrative supervision, this form of supervision is conducted by noncounselors. This result supports other literature indicating that school counselors typically receive administrative supervision (Herlihy et al., 2002; Page et al., 2001). However, administrative supervision conducted by school personnel who are not trained in counselor supervision or the professional school counselor's role does not assist school counselors in enhancing clinical skills and does not meet their professional development needs.

More than half of the participants (54%) said that they can see a need for clinical supervision in their future, an increase from 47% in 2003, and the majority of participants would want to receive this clinical supervision from another school counselor. Of extreme importance, is the fact that there is no supervision training in most master's-level school counseling preparation programs. The majority of school counseling practitioners who might be asked to supervise others (colleagues or counselors-in-training) do not have specialized training to provide this service. Even though 45% of respondents had supervised interns, 85% shared that they had no formal training. Over 67% of school counselors surveyed reported that they desired supervision training, with over half (53%) stating that they would prefer a face-to-face approach. Participants identified the following areas as ones in which they wanted training: gaining specific supervision skills (81%), acquiring skills to assist supervisees in developing individual skills and self-direction (77%), learning how to develop their supervisees' skills (75%) and developing respect for individual differences (71%).

Implications for School Counselors

Use of technology for supervision delivery is still a relatively new concept for some professionals. Even though the American Counseling Association clearly states in its Code of Ethics (American Counseling Association, 2014) that reviewing supervisee practice, in addition to live observation, can occur through the use of technology, most school counselors have not had an opportunity to utilize technology as an avenue to gain supervision. Technological advances have made supervision delivery more available, and the use of these technologies may ultimately save individuals travel time and money. While the majority of respondents share

a preference for supervision in a face-to-face format, school counselors may become more comfortable with electronic formats as they utilize them more often or with further training.

Counselor educators and supervision trainers will need to use creative methods when scheduling supervision training for professional school counselors. Weekend workshops, intensive summer courses and cooperative in-service programs might be used to provide supervision training. Collaborative efforts between university counselor training programs and state school counselor professional organizations could further orchestrate these opportunities. Counselor educators also might advocate to the Counsel for Accreditation of Counseling and Related Education Programs that supervision training be required in master's-level school counselor training programs. School counselors desiring supervision may need assistance in advocating for these services. Research indicates that engaging school principals in counseling education can result in a deeper understanding and collaboration between the school counselor and the principal (Shoffner & Williamson, 2000). It is essential to help administrators understand the benefits of clinical supervision and make a case for the provision of opportunities for professional development and clinical supervision for rural school counselors, especially as these opportunities may positively impact burnout incidence.

Recommendations for Future Research

The results of this study provide potential directions for future research. Given the limited literature on clinical supervision for rural school counselors, it is important to fully examine any potential factors that may help conceptualize this phenomenon. Following up with a qualitative study would expand on the quantitative findings and provide a richer context for some of the results discussed. This might help identify additional factors of importance specific to rural school counselors.

Replicating the results of the current study with a random sample of rural school counselors who are practicing nationwide might increase the representativeness of the sample. Utilizing a sampling of rural school counselors who are practicing in only one state presents inherent limitations, as the results discussed may be specific to geographic location and may not apply to rural school counselors in other states.

Conclusion

The majority of school counselors in both the 2003 and 2012 studies reported that they perceive clinical supervision as an important element in their continued personal and professional growth. However, these same groups reported that they are not receiving supervision at an individual, group or peer level. The need for the supervision is apparent, but the access to supervision is limited.

This situation calls for collaborative and coordinated action from counselor educators and leaders in the field. Creation of supervision training opportunities for practicing school counselors is warranted. Methods such as the utilization of technology to allow access to supervision for school counselors, especially for those in remote rural areas, are also important elements in the creation of an effective and efficient statewide supervision plan.

Buy-in from school administrators, school officials at the state level, school boards and counselor educators will be an important aspect of the origination of a statewide system. The need for supervision for rural school counselors is supported through these survey results. It will be imperative to create methods for continued evaluation of a statewide supervision plan to show how the ultimate consumers—the students—are benefitting from school counselors who are receiving supervision.

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