

Volume One- Research Component

**EXPLORING THE UTILITY AND PHENOMENOLOGICAL
EXPERIENCE OF GROUP AND INDIVIDUAL CLINICAL
SUPERVISION**

By

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**A THESIS SUBMITTED TO THE UNIVERSITY OF BIRMINGHAM FOR
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Thesis overview

This thesis is submitted in partial fulfilment of the requirements for the degree of Doctorate of Clinical Psychology at the University of Birmingham. The thesis consists of two volumes*.

Volume One: Volume one comprises of three chapters. The first chapter is a systematic literature review of research into the utility of group format clinical supervision in the clinical practice of therapists. The second chapter is an empirical paper which explores the phenomenological experience of clinical supervision from the perspective of trainee and qualified clinical psychologists. The final chapter is a public dissemination document which provides an accessible summary of both the systematic review and the empirical paper.

Volume Two: Volume two consists of five clinical practice reports. The first report presents the case of a woman with a moderate learning disability who accessed psychological therapy for support with depression. The case is formulated from a behavioural and psychodynamic perspective. The second report is a service evaluation designed to qualitatively explore the utility of a set of adapted maternity notes for expectant mothers with learning disabilities. The third report presents an analogue assessment completed to aid the understanding of a staff team, and the support of a service user, with agitation in the context of dementia. The fourth report presents a behavioural approach in the assessment, formulation and intervention used with a female who experiences compulsive hair pulling. The final report is the abstract of an oral presentation describing how acceptance and commitment therapy (ACT) was used to support a male with cystic fibrosis and low mood.

* All names and identifying features have been changed to ensure confidentiality of the individuals and services involved.

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Chapter One: Systematic Review

A SYSTEMATIC EXPLORATION OF THE EMPIRICAL EVIDENCE BASE SURROUNDING THE UTILITY OF GROUP FORMAT CLINICAL SUPERVISION FOR PRACTICING THERAPISTS

Abstract

Introduction. The following paper presents a systematic review of the literature that explores the utility of group format clinical supervision for counsellors, psychologists and psychotherapists. Clinical supervision is an integral part of the practice of all health care practitioners. However, little has been written that consolidates the available literature on the value of group format clinical supervision, unlike individual supervision which has generally received greater attention.

Method. Embase, PsychInfo and Medline were systematically searched using key phrases within the research question and 25 articles remained following a review of the papers using certain inclusion and exclusion criteria. All of the remaining articles were appraised according to their methodological quality and value of their findings.

Results. The findings within the papers could be broadly divided into discussions surrounding process and content issues, timing in group supervision and outcomes in group supervision. Processes within group supervision such as facilitating an environment of safety and forming distinct and agreed roles amongst participants appeared important when facilitating supervision. The group also appears to be a useful format for considering a variety of different topics and viewpoints within supervision. Practical issues such as limited time can have a negative impact on group functioning whilst generally there is an agreement that there can be some good clinical outcomes following supervision.

Conclusions. The evidence presented here is promising in terms of the utility of group format supervision and the value of the group can be enhanced when the unique processes involved in group supervision are considered.

Introduction

“*Supervision has been adopted as good practice to ensure safe and ethical therapeutic work with clients by the clinical psychology profession and other professional groups offering psychological therapies*” (Wheeler & Cushway, 2012). The Health Care Professionals Council (HCPC) highlights the importance of all health care practitioners engaging in regular supervision in order to ensure that quality of care is maintained (HCPC, 2012). The BPS Division of Clinical Psychology (DCP) recommends that all Psychologists receive one hour of one-to-one clinical supervision per month as an absolute minimum (DCP, 2012). Additionally, the British Association for Counselling and Psychotherapy (BACP) recommends that it is the clinician’s ethical responsibility to seek “*continuous and on-going*” supervision to enhance service quality and manage personal and professional development (BACP, 2013).

Hawkins and Shohet (2012) emphasise that, alongside supporting high quality care for clients, supervision plays an important role in supporting the supervisee with the demands of their role. They argue that supervision serves both an educational function and a regulatory function as it cannot be expected that health care professionals rely solely on their basic training to support them in their health care role. Whilst not all health care professions require practitioners to engage in regular supervision, the role of supervision for talking therapists (counsellors, psychotherapists and psychologists) has attracted a large amount of research interest, perhaps due to the particular emotional demands of the role.

No description of clinical supervision is able to encompass all of the roles it can serve and the purposes of those roles (Goodyear & Bernard, 1998). This may reflect the varying functions it serves across different disciplines and across different supervisor, supervisee dyads. However, generally, it is agreed that supervision must include a reflective component

and a willingness to consider best practice. Additionally, it is often advised that a more senior clinician takes the role of supervisor (DCP, 2014). With the ongoing interest in clinical supervision as a topic for empirical research (Milne, et al. 2012), one of the largest employers of therapists in the United Kingdom, the National Health Service (NHS) recognises the importance of ensuring that clinical supervision takes place as part of their emerging service structures (Fleming & Steen, 2012). However, it is also acknowledged that both providing and engaging in clinical supervision on a one-to-one basis can be demanding, costly and time consuming which may make alternatives such as “peer supervision” or “team supervision” seem more appealing (Hawkins & Shohet, 2012). In both of these alternative modalities, groups of individuals use skills of reflection to support one another, without necessarily having an individual acting in the role of “supervisor”. However, whilst it may be useful to utilise resources such as peers and colleagues, the group format and lack of formal supervisor may make quality assurance more difficult. If so, the practice may be most helpful as a reflective support process for supervisees.

A small but interesting body of literature is emerging which explores the utility of clinical supervision with a designated supervisor in a supervision group, i.e. with multiple supervisees. In 2000, Milne and Oliver surveyed staff and students across five English clinical psychology training courses and found that 43% of participants practised clinical supervision in a group. Amongst American, pre-doctoral internship students, including masters and doctoral psychology students, group supervision is widely utilised as a means of supervising students (Riva & Erickson-Cornish, 1995; 2008). The group format for supervision would provide an alternative supervision format with the added experience of the group dynamic, yet this area has not been given as much attention in the empirical literature as that given to individual supervision (Fleming & Steen, 2012).

Aim of the review. Little has been produced to consolidate the small body of emerging literature on group format clinical supervision and its usefulness. As such, the following systematic review of the empirical evidence base aims to answer the following question:

- How useful is group format clinical supervision for practicing counsellors, psychologists and psychotherapists?

However it is important to note that the purpose of this review is not to make a judgement of utility relative to individual supervision, but instead to look at in what ways, if any, group format clinical supervision is useful, or indeed not useful. Additionally, it is important to note that the term “useful” within the aim was not operationalised and instead, each paper was considered individually according to each author’s definition of ‘useful’. This is in recognition of the fact that there is no one objective way of defining “useful supervision” within the literature.

Method

Search strategy. Embase, PsychInfo and Medline were systematically searched in June 2015. No date restrictions were applied to the initial search to ensure that all useful empirical data was captured. Boolean operators were used to cluster search items; the three categories of items are shown in Table 1. The “AND” function was used to combine search clusters 1, 2 and 3. In total, the search produced 705 individual articles once duplicates were removed.

Procedure. Article titles were first screened for their applicability to the review, then, abstracts were also screened and 67 articles remained out of the original 705. Full texts were retrieved for these articles which were read and processed according to the specific inclusion and exclusion criteria listed below. Their reference lists were also manually searched to check for any other relevant articles. 18 articles remained after this process and an additional seven relevant articles were found in the reference lists to give a total of 25 relevant articles for review. This process is outlined using a Preferred Reporting Items for Systematic and Meta-analyses (PRISMA) diagram (Moher, Liberati, Tetzlaff & Altman, 2009), see Figure 1.

Table 1

Search terms used in systematic search

<u>Cluster</u>	<u>Key word or phrase</u>	<u>Search terms</u>
1	Group format	Group* OR Team* OR Peer*
2	Clinical supervision	Supervision OR Reflective practice*
3	Therapists	Psychol* OR Psychothera* OR Therapist OR Counsel*

Inclusion and exclusion criteria. The inclusion criteria used to review the papers included the following:

- Papers must include an exploration of the experience or practice of group supervision.
- Supervision groups must include one supervisor and a minimum of two supervisees.
- There must be at least one individual who takes the role of supervisor within the supervision group.
- All supervisees must be working clinically with at least one, individual client at the time the research takes place.
- The article has to contain some original, empirical data.

The exclusion criteria used within the review included the following:

- When it was clear that there was no-one in the role of supervisor within the group.
- When supervisees were not psychologists, counsellors or psychotherapists who offer 1:1 talking therapy.
- Articles which were not available translated into the English language.
- Case studies or opinion based articles with no systematic means of gathering data.
- Articles which were not peer reviewed.

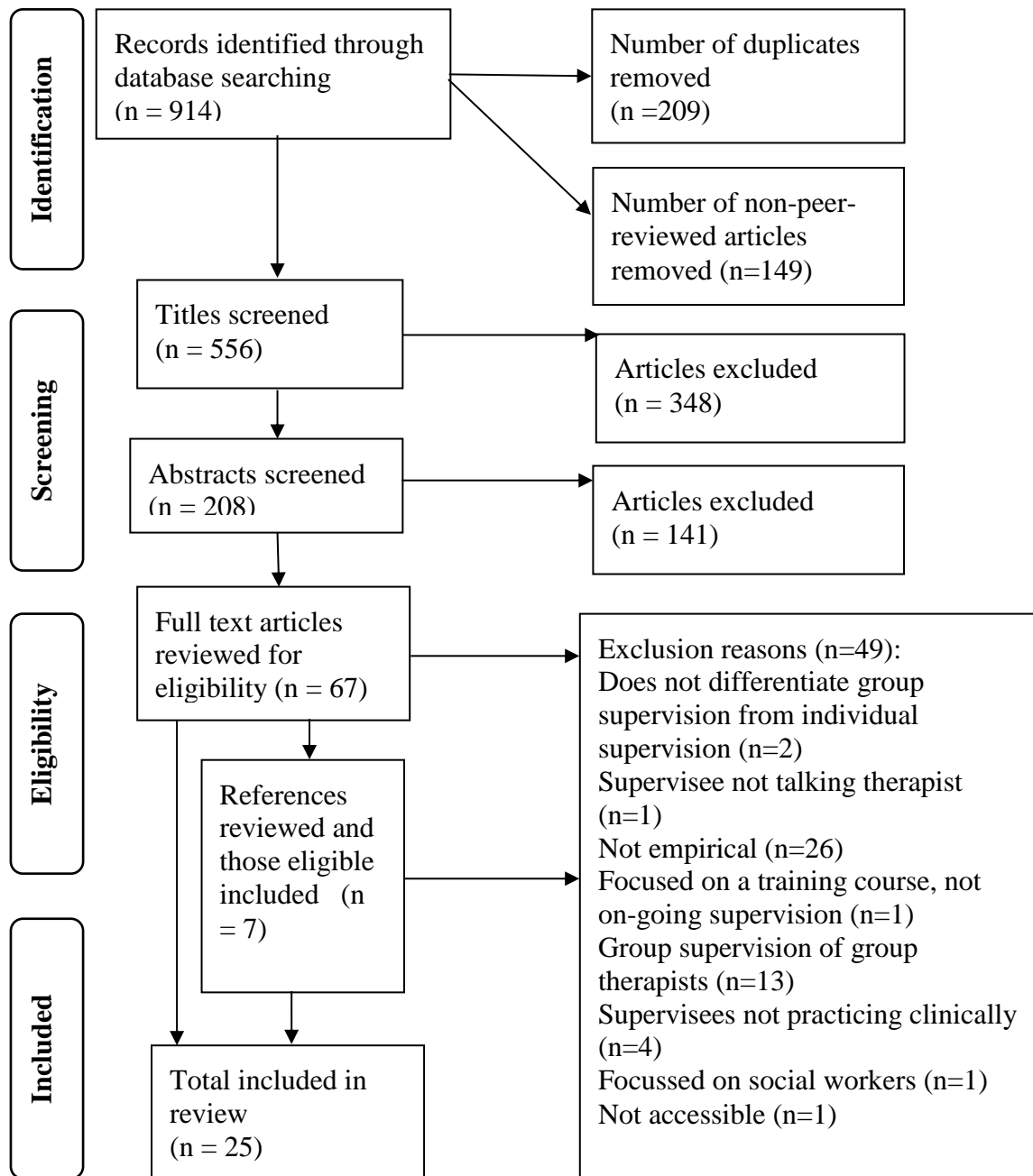


Figure 1. PRISMA flow chart. Demonstrating the systematic process of refining the original search items into those used in the final review.

Quality assessment. When conducting systematic reviews of the literature, guidance would suggest that it is helpful to consider the quality of the papers in order to make a judgement about the value of the claims made by each paper (Van Tulder et al., 2003; Moher

et al., 2009). To the author's knowledge, there was only one published quality framework, the SystQual tool, which could be used to assess the quality of both qualitative and quantitative papers (Kmet, Lee & Cook, 2004). The tool has two checklists; one for qualitative and one for quantitative studies. The checklists contain 10 and 14 items respectively and each item in each paper is given a score of 2 ("fully met"), 1 ("partially met") or 0 ("not met"). "Not applicable" is used if the item does not apply to the study, in which case the item is deleted from the checklist for scoring purposes. The sum of scores across items divided by the total maximum attainable score, produces an overall score of between 0 and 1, with higher scores indicating higher methodological quality.

All 25 studies were rated on the SystQual according to their study type. The developers of the measure provide no guidance as to how best to utilise the measure for mixed methods studies. As such, mixed methods studies were scored on both measures and the two scores were averaged to indicate a score which represents both the qualitative and quantitative components of the papers. As can be seen from Table 3, none of the quantitative papers fully met all of the criteria. This is due to the measure being developed for more methodologically rigorous quantitative methodologies such as randomised control trials.

As there is no guidance from the authors of the tool as to what would be classed as a "good" score relative to a "poor" score, the author devised a means of categorising study quality. Scores of ≤ 0.69 were rated as "poor" quality, papers scoring between 0.70 and 0.84 were rated as "satisfactory" quality and papers scoring ≥ 0.84 were rated as "very good" quality. The papers were colour-coded red, amber and green respectively in Tables 2 and 3. It can be seen that, according to these criteria, the papers were of generally high quality as only four of the 25 papers were rated as "poor" in terms of their methodological quality and subsequent strength of their findings (Riva & Erickson-Cornish, 1995; Milne & Oliver, 2000;

Ray & Altekruise, 2000, Ögren, Boethius & Sundin, 2008). Amongst the remaining papers, 10 were considered as having “satisfactory” quality; these papers did not fully meet every quality criterion but, overall, did not score poorly (Alexander & Hulse-Killacky, 2005; Boethius & Ögren, 2001; Boethius, Ögren, Sjøvold, & Sundin, 2004; Borders et al., 2012; Burnes, Wood, Inman & Welikson, 2012; Carter, Enyedy, Goodyear, Arcinue, & Puri, 2009; Reichelt et al., 2009; Skjerve et al., 2009; Skjerve, Reichelt, Nielsen, Grova, & Torgersen, 2013; Riva, & Erickson-Cornish, 2012, Smith, et al., 2012). The final 11 papers were deemed to be of “very good” quality (Boethius, Sundin & Ögren, 2006; De Stefano et al., 2007; Enyedy et al., 2003; Fleming, Glass, Fujisaki & Toner, 2010; Kaduvettoor et al., 2009; Linton, 2003; Linton & Hedstrom, 2006; Ögren & Jonsson, 2004; Ögren & Sundin, 2007; Ögren, Jonsson & Sundin, 2005; Riva & Erickson Cornish, 2008). Papers rated as “poor” were not weighted as heavily in the results section as those of “satisfactory” and “very good” quality.

Generally the papers all provided a good rationale for their research and were given a green rating for this category. However, the sampling strategy was not always particularly clear across both the qualitative and quantitative papers and it was not always easy to determine the source of the data. Additionally, in the qualitative papers, many of them scored poorly on the “*reflexivity of their account*” item; papers often did not clearly acknowledge the potential for their own biases or methods to have an impact on their findings. The first four papers to be assessed were also quality appraised by a researcher who was not involved in the current research project in order to consider inter-rater reliability. The scores were compared using Cohen’s kappa in order to determine the degree of inter-rater agreement (Cohen’s kappa= 0.698). This is considered to demonstrate ‘moderate agreement’ (Altman, 1991). Discrepancies were discussed before the final papers were quality appraised by the author of this study.

Table 2.

SystQual rating tool for qualitative papers and each paper's individual and total scores.

QualSyst quality category for qualitative papers ¹												
Study	Objective described?	Study design appropriate?	Context clear?	Theoretical framework?	Sampling strategy explained?	Data collection explained?	Data analysis clear?	Verification procedures?	Conclusions supported?	Reflexivity of the account?	Total score.	Total combined score for mixed methods papers.
Burnes, et al. (2013).	Y	Y	Y	P	P	Y	P	Y	N	P	0.70	
Skjerve, et al. (2013).	Y	P	Y	Y	N	P	Y	Y	Y	P	0.75	
Borders, et al. (2012).	Y	Y	Y	Y	P	P	P	Y	Y	P	0.80	
Fleming et al. (2011).	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	1.00	
Kaduvettoor et al. (2009).	Y	Y	Y	Y	Y	Y	Y	Y	P	N	0.85	0.90
Reichelt et al. (2009).	Y	Y	Y	Y	P	P	P	Y	Y	N	0.75	
Carter et al. (2009).	Y	Y	P	Y	P	Y	Y	Y	Y	N	0.80	
Ögren et al. (2008).	Y	P	P	Y	N	P	P	Y	Y	N	0.60	
De Stefano et al. (2007).	Y	Y	Y	Y	P	Y	Y	Y	P	P	0.85	
Linton & Hedstrom (2006).	Y	Y	Y	Y	P	Y	Y	N	Y	Y	0.85	
Alexander & Hulse-Killacky. (2006).	Y	P	Y	Y	P	Y	P	Y	P	P	0.75	
Linton (2003).	Y	Y	Y	Y	P	P	Y	Y	P	Y	0.85	
Enyedy, et al. (2003).	Y	Y	Y	Y	P	Y	Y	Y	Y	N	0.85	
Milne & Oliver (2000).	Y	Y	Y	Y	P	P	N	N	P	N	0.55	0.59
Riva & Erikson-Cornish (1995).	Y	Y	P	P	P	P	N	N	P	N	0.45	0.62
Riva & Erikson-Cornish (2008).	Y	Y	P	Y	P	Y	Y	Y	P	N	0.75	0.85
Skjerve et al. (2009).	Y	Y	Y	Y	P	P	P	Y	Y	N	0.75	

¹ Y, P and N stand for Yes, when the quality category is fully met, P, when the quality category is partially met and N, when the quality category is not met.

Table 3.

SystQual rating tool for quantitative papers and each paper's individual and total scores.

QualSyst quality category for quantitative papers.																
Study	Objective described?	Study design appropriate?	Information source clear?	Group characteristics clear.	Random allocation?	Blindfolding of investigators?	Blindfolding of participants?	Outcome measure defined?	Sample size appropriate?	Analytic method appropriate?	Estimation of variance?	Controlled for confounds?	Sufficient detail in results?	Conclusions supported?	Total score.	Total combined score for mixed methods papers.
Smith et al. (2012).	Y	Y	Y	Y	na	na	na	Y	na	N	na	na	Y	P	0.81	
Kaduvettoor et al., (2009).	Y	Y	Y	Y	na	na	na	P	Y	Y	Y	na	Y	Y	0.95	0.90
Ögren & Sundin (2007).	Y	Y	P	Y	na	na	na	Y	Y	Y	Y	na	Y	Y	0.95	
Boethius, et al. (2006).	Y	Y	P	Y	na	na	na	Y	Y	Y	Y	na	Y	Y	0.95	
Ögren et al. (2005).	Y	Y	P	Y	na	na	na	Y	Y	Y	Y	na	Y	Y	0.95	
Ögren & Jonsson (2004).	Y	Y	P	P	na	na	na	P	Y	Y	Y	na	Y	Y	0.85	
Milne & Oliver (2000).	Y	Y	P	P	na	na	na	P	P	na	na	na	P	P	0.62	0.59
Ray & Altekruise (2000).	Y	Y	P	P	P	N	na	Y	Y	Y	Y	P	Y	Y	0.67	
Riva & Erickson-Cornish (1995).	Y	Y	P	Y	na	na	na	P	na	na	na	na	Y	Y	0.79	0.62
Riva & Erickson-Cornish (2008)	Y	Y	Y	Y	na	na	na	P	na	Y	na	na	Y	Y	0.94	0.85
Boethius & Ögren (2001).	Y	Y	P	P	na	na	na	Y	Y	Y	P	na	P	P	0.75	
Boethius et al (2004)	Y	Y	P	P	na	na	na	Y	P	Y	P	na	P	P	0.70	

Results

Overview of results. Of the 25 papers reviewed, 13 employed a qualitative research design, eight employed a quantitative design and four used a mixed methods design. It was noted that the majority of articles were published relatively recently with only one of the 25 articles being published before the year 2000 (Riva & Erickson-Cornish, 1995). This may reflect the increasing emphasis being placed on exploring and understanding supervision practices (Fleming & Steen, 2012). Tables 4 to 6 provide an overview and brief description of the qualitative, quantitative and mixed methods papers, respectively.

When reviewing the papers initially, it was helpful to map the main findings in order to consider the broad themes which emerged. During the mapping process, it was discovered that the findings could be loosely divided into four categories according to whether they considered group supervision in terms of its impact on: group processes; group content; practicalities of conducting group supervision; or outcomes following group supervision. As such, the next four sections discuss these themes in more depth, drawing upon the literature in order to understand the findings in each area.

Table 5.

Data extraction grid for 13 qualitative studies.

Authors and date	Design/method	Research question/aim	Participants and setting	Key findings	Quality rating
Burnes, et al. (2013).	Semi-structured interviews – one point in time. Grounded theory.	What process variables effect feminist supervision?	19 Counselling MA students and their supervisors (feminist focus groups in CMHTs)	Feminist factors (e.g. power, equality) combine with group factors and supervisor factors to effect client and therapist outcomes.	Satisfactory
Skjerve, et al. (2013).	Semi-structured interviews – one point in time. Template analysis.	What is useful about groups, how are they evaluated and what communication styles are used?	16 Clinical psychologists. Supervisors of psychology interns (University based).	Utility of group format: learning opportunities, diversity, active discussions. Disadvantages of group: less personal, more exposing, less feedback. May be helpful to combine group with individual.	Satisfactory
Borders, et al. (2012).	Interviews – one point in time. Consensual qualitative analysis.	What are the perceptions of supervision modalities?	12 supervisors and 31 MSci Counselling students (University based).	Advantages: multiple perspectives can be shared. Supervisees preferred a directive supervisory approach. Disadvantages: feedback limited, less personal. Perhaps triadic more beneficial than group format.	Satisfactory
Fleming et al. (2011).	Open-ended questionnaire. Grounded theory & consensual qualitative analysis.	By what process does learning take place in group supervision?	15 counselling psychology doctoral students (supervisees) and 3 qualified psychologist supervisors. University in Pennsylvania.	A sense of safety is important. Safety enhanced by: group cohesion, leadership, openness to feedback, supportiveness. When safety present: learning and self-reflection enhanced. Factors which hinder experience: unresolved conflict and time constraints.	Very good
Reichelt et al. (2009).	Open-ended questionnaire. Consensual qualitative analysis.	What are supervisee perceptions and experience of nondisclosure in supervision?	55 DClinPsy students (supervisees) at 3 Nordic Universities.	A lot of information is not disclosed in the group including personal and professional issues. Reasons for non-disclosure: fearful of exposing self and others to judgement, too little time per trainee. Disclosure feels safer when 1:1.	Satisfactory

Carter et al. (2009).	Open-ended questionnaire. Cluster analysis.	What concepts do supervisees find helpful in group supervision?	49 Psychology Masters and Doctorate students (supervisees) across 5 Universities in the USA.	5 main helpful clusters: good supervisor personality and style; specific, didactic instructions; developing self-understanding, providing and receiving support and a sense of safety; and peer support.	Satisfactory
Ögren et al. (2008).	Interviews. "Open coding".	What role does the group format have in training new supervisors?	6 trainee supervisors (supervisees) and 3 supervisors. Swedish University based.	Benefits of group format for training: diverse viewpoints, rich insights. Negatives of format: difficult to be critical to others, defensive responses when exposed, challenging for supervisors with little experience of supervising groups.	Poor
De Stefano et al. (2007).	Interviews. Consensual qualitative analysis.	How do trainees resolve impasses in therapy through group supervision?	8 MA students in counselling psychology (supervisees). Canadian University based.	General positive attitudes towards the group format. Group helpful as it provides validation, novel viewpoints and increases self-awareness. However criticism can feel attacking, group feels unsafe to expose impasses and vulnerabilities. Supervisor should consider individual needs.	Very good
Linton & Hedstrom (2006).	Interviews. Grounded theory.	What are counselling trainees' perceptions of the group format?	8 MA Counselling students (supervisees). University in the USA.	Group cohesion, peer feedback, observation of others, didactic guidance and varied experiences enhanced experiences of the group. More feedback to individual students would have been desirable and there were problems with timing in the groups.	Very good
Alexander & Hulse-Killacky. (2006).	Interviews. Phenomenological analysis.	Do childhood memories of corrective feedback impact on receipt of feedback in supervision?	10 MSci Counsellors (supervisees) across 3 Universities in the USA.	Childhood experiences do impact on the receipt of feedback in the supervision group. Negative experiences may be exacerbated by group format, e.g. shame and embarrassment may be strong. Supervisors need to monitor individual reactions and prepare supervisees for feedback.	Satisfactory
Linton (2003).	Interviews. Grounded theory.	What group processes affect learning and experiences?	4 MA counselling students (supervisees) based at University in the USA.	Helpful processes: peer feedback, didactic information from supervisor, learning through others, prior relationships. Unhelpful processes: lack of thorough feedback, intimidating watching others receive feedback, poor time management. General positive attitude towards group supervision.	Very good

Enyedy, et al. (2003).	Open-ended questionnaire. Cluster analysis.	What factors hinder the process of group supervision?	49 graduates from postgraduate Counselling courses (supervisees). University in the USA.	5 clusters of hindering phenomena: between member problems, difficulties with supervisor, anxiety provoked by group format, logistical issues and poor time management.	Very good
Skjerve et al. (2009).	Questionnaire. Consensual qualitative analysis.	What are supervisor experiences of non-disclosure in supervision?	48 Clinical psychologists (supervisors of Psychology students). Across 3 Nordic Universities.	Supervisors filtered what they disclosed to supervisees due to potential for negative emotional reactions. Felt that that the group was not always the best forum for feedback.	Satisfactory

Table 5.

Data extraction grid for eight quantitative studies.

Authors and date	Design/method	Research question/aim	Participants	Key findings	Quality rating
Smith et al. (2012).	Survey.	What is considered to be ethical in group supervision and is ethical practice adhered to?	124 supervisors and 145 supervisees at DCLinPsy or Counselling training programs in USA.	Ethical practice: shared awareness of the expectations within the group, awareness of importance of self-disclosure, protecting confidentiality, maintenance of appropriate boundaries. However, often, these are not met, particularly when making the expectations within the group clear. Unethical behaviour often ignored. Contracts and early rule setting may be helpful.	Satisfactory
Ögren & Sundin (2007).	Questionnaire. Ad hoc measure of group process in supervision.	Comparing actual and desired use of group processes in group supervision.	74 MA students (supervisees) in psychotherapy training. 13 psychotherapists (supervisors).	Participants desired group processes to be used as a tool in supervision more often than they were actually used. Psychodynamic supervisors had a stronger desire to use group processes than CBT supervisors.	Very good
Boethius, et al. (2006).	Questionnaires designed by authors. Regression analysis.	What is the impact of group size, gender, style and experience on knowledge and skill attainment and group climate.	105 basic and advanced level psychotherapy trainees. 20 psychotherapist supervisors. Based in Swedish Universities.	Skill attainment increased over time across both beginner and advanced trainees and this perception was stronger in the supervisor group. Larger groups showed more trust and acceptance than smaller groups. Good peer relationships were associated with a “demanding” supervisor style.	Very good
Ögren et al. (2005).	Questionnaire designed by authors (TAC ²) and MSES ³ . Exploratory factor analysis.	Are the topics and climate in group supervision related to skill attainment?	184 MSci students in professional psychology (supervisees) and 55 qualified psychologist supervisors. Based in Swedish Universities.	Focus on psychodynamic theory was inherent within supervision and was a useful focus for supervision. Supervisors recognised a higher number of foci during supervision. Supervisees felt that their ability to apply theory was low and skill attainment was poor.	Very good

² Topics and climate (TAC; Ogren et al., 2005)

³ Modified self-evaluation scale (MSES; Buckley, et al., 1982)

Ögren & Jonsson (2004).	Questionnaire based (MSES) pre- and post-supervision. Factor analysis.	Does psychotherapy group supervision impact on skill attainment?	161 MSci students in professional psychology (supervisees) and 76 qualified psychologist supervisors. Based in Swedish Universities.	Perceived psychotherapy skill increased from pre- to post- supervision. Skills which improved: mastery of working alliance > psychodynamic understanding > ability to manage emotion in sessions. Supervisors rated skill acquisition to be higher than supervisees. Low self-esteem was seen as a barrier to skill acquisition.	Very good
Ray & Altekruise (2000).	SLQ-R ⁴ pre- & post-supervision. Supervisees rated on CRF-S ⁵ . ANCOVA.	Is group supervision alone as effective as individual and group combined?	3 groups of MSci students (counselling psychology): individual and group supervision, just individual and just group supervision. N=64. University in USA.	Group and individual scores on CRF-S similar to those in small and large supervision group. Individual supervision was preferred overall.	Poor
Boethius & Ögren (2001).	SYMLOG ⁶ ratings at beginning, middle and end of training. ANOVA.	Is there a difference in group roles between beginner and advanced trainees?	28 supervisees; mix of basic psychotherapy trainees and qualified supervisor trainees. 17 qualified psychotherapist supervisors. Swedish Universities.	Supervisors considered themselves to be more dominant than supervisees and desired for themselves to be more task focussed. Supervisees across both groups considered themselves to be less influential and less task oriented than supervisors. Training level did not impact on roles in supervision. Supervisees became more dominant over time.	Satisfactory
Boethius et al. (2004)	SYMLOG: actual vs desired experience at 3 points in supervision process. Analysis: SPGR ⁷ .	To examine patterns of actual and desired interaction within supervision groups.	84 supervisees in MSci psychology programme and their supervisors (N not disclosed). Based at Stockholm University.	Most of the groups were polarised at the start of the process and became more integrated throughout. Task focus was desired more at the start of the process and during initial phase, characterised more by trust, loyalty, acceptance and engagement. However, aspirations were not always met and positive experiences were more desired than experienced. More satisfaction with interactions at later stages of group.	Satisfactory

⁴ Supervisee levels questionnaire, revised (SLQ-R; McNeill, Stoltenberg & Romans, 1992).

⁵ Counsellor rating form, short version (CRF-S; Corrigan & Schmidt, 1983)

⁶ Systems for multiple level observation of groups (SYMLOG; Bales & Cohen, 1979)

⁷ Systematising person-group relations (SPGR; Sjøvold, 2002).

Table 6.

Data extraction grid for four mixed methods studies.

Authors and date	Design/ method	Research question	Participants	Key findings	Quality rating
Kaduvettoor et al. (2009).	Questionnaires: MEGSQ ⁸ , GCQ-S ⁹ & CCCI-R ¹⁰ at 1 time point.	What are helpful/ hindering multicultural events in group supervision?	136 Counselling trainees including MSci and Doctoral level. Based at Universities in USA.	Helpful events: vicarious learning, direct focus on multicultural event, extra group contact between peers. Multicultural competence/ability to work with diversity positively related to multicultural events. Hindering events: discussions brief, peer conflict, misuse of multicultural theory, multicultural/diversity issues avoided.	Very good
Milne & Oliver (2000).	Cross-sectional survey sent to DClintPsy courses in UK. Plus qualitative interview data.	What formats of supervision are used and what are the attitudes towards these formats?	a) 73 steering group members (DClintPsy courses, b) 22 supervisors and supervisees from 4 DClintPsy courses interviewed, and c) quantitative surveys from 13 DClintPsy courses.	Group format is most popular behind individual supervision. Whilst it is stressful to learn a new supervision modality for supervisors, it was perceived to be useful. Multiple benefits of group format cited alongside negative however the positives were seen to outweigh the challenges. Suggests that barriers with implementation still need to be overcome.	Poor
Riva & Erickson-Cornish (1995).	Cross-sectional survey of MSCi courses in USA; open and closed questions.	How is group supervision practiced in pre-doctoral internships?	243 surveys returned from course leaders and supervisors of groups.	Unique contributions of group supervision: generates multiple hypotheses and views, vicarious learning, promotes an understanding of group process. 74% of participants liked group the same as individual supervision. 35% of course centres did not regularly utilise groups.	Poor
Riva & Erickson-Cornish (2008).	Survey to MSCi courses in USA; open and closed questions.	How have group supervision practices changed since 1995 survey?	162 surveys returned from course leaders and group facilitators.	Unique contributions of group supervision: generates multiple hypotheses and views, vicarious learning, receiving peer feedback (different from previous survey). More supervisors being training in group supervision now. 90% explicitly focus on multicultural/diversity issues.	Very good

⁸ Multicultural Events in Group Supervision Questionnaire (MEGSQ ; Kaduvettoor, et al., 2009)

⁹ Group Climate Questionnaire–Short Form (GCQ-S; MacKenzie, 1983)

¹⁰ Cross-Cultural Counseling Inventory–Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991)

Category one: group process issues. The term “group process issues” in supervision is used, broadly speaking, to indicate a focus not on what is done in supervision but on how it is done. Bernard and Goodyear (2013) emphasise the point that many different factors can influence the process of supervision and the findings of this review confirm this insight; specifically some of the papers discuss processes which emerge in group supervision and the impact these issues have on supervision. The main findings in this category are summarised below.

Safety and exposure. It can be argued that as a supervisee there are three things to consider in a supervision group: the supervisor, yourself and your peers. Supervisees often found the group setting an exposing place to experience supervision (Alexander & Hulse-Killacky, 2005; De Stefano et al., 2007; Enyedy et al., 2003; Milne & Oliver, 2000; Ögren, Sundin & Boëthius, 2008). Masters level counselling participants in De Stefano et al. (2007) stated that when they perceived criticism from either supervisors and/or peers they were more likely to react defensively in a group. A similar finding was discussed by Alexander and Hulse-Killacky (2005) who found that receptivity to feedback varied amongst the counselling masters students in their study and that often, their experience of this in supervision was shaped by their childhood experience of corrective feedback. Supervisor participants in Skjerve et al. (2013) were also aware that exposure to feedback in a group may prompt a more defensive response in supervisees. Linton (2003) found that supervisees were not only conscious of themselves being exposed in a group, but found that watching their peers receiving criticism was intimidating. In light of the exposing nature of supervision, it may also impact on supervisees’ ability to disclose information which may make them feel vulnerable (Reichelt et al., 2009). However, the ability to self-disclose and discuss sensitive information is recognised as being an important component of clinical supervision in any

format (Alonso & Rutan, 1988). In contrast to the challenges associated with the increased potential to feel exposed in group supervision, clinical psychologist supervisors in the Skjerve et al. study (2013) considered exposure in supervision to be important because it encourages trainees to become more accustomed to the experiences of exposure as a necessary part of professional practice.

Some of the papers discuss the importance of enhancing safety within the supervision setting (Carter et al., 2009; Fleming et al., 2010; Linton & Hedstrom, 2006). The study by Fleming et al. (2010) found that a sense of safety was vital in the effective functioning of the supervision group for counselling doctoral students and their supervisors. Specifically it was found that a sense of safety enhanced supervisees' ability to: receive and reflective upon feedback, learn through others, disclose sensitive information, and challenge others sensitively. The participants described safety in a group setting to be enhanced by: group cohesion, ongoing discussion of group process issues, a sense of leadership, and ongoing support between group members. Linton and Hedstrom (2006) also found that extra group contact outside of supervision enhanced the sense of safety in supervision.

Roles, responsibilities and style. Supervisees in Linton and Hedstrom's (2006) study stated that they considered it important for their supervisor to take on a role as the leader of the group, to direct the group focus to different topics, and to ensure that ongoing feedback is provided by both themselves and by peers. Fleming et al. (2010) also suggested that in their study, a supervisor who adopted these roles helped to promote a sense of safety within the group setting. There appears to be some consensus in the studies that supervisor style has a bearing on experiences in supervision (Burnes et al., 2012; Carter et al., 2009). Interestingly many of the studies which addressed the question of what the important responsibilities of the supervisor are in supervision suggested that supervisees appreciated a very didactic style from

the supervisor when encouraging learning (Borders et al., 2012; Carter et al., 2009; Linton, 2003; Linton & Hedstrom, 2006). Boethius et al. (2006) studied advanced and basic level counselling trainees and examined the impact of supervisor style on group climate and found that a more direct, demanding supervisory style enhanced a sense of good relationships within the group; again emphasising the importance of an assertive supervisory style. Similarly, Boethius and Ögren (2001) compared group supervisors' and supervisees' actual and desired roles in supervision and found that supervisors considered themselves to be more dominant and influential in the supervision setting than supervisees. In agreement with this, supervisees also desired their supervisor to be more dominant and direct during sessions. However, it is important to consider the power differential within supervision and a dominating supervisory style may reduce a supervisee's willingness to challenge their supervisor (Reichelt et al., 2009). It is also important to bear in mind that the groups within this review were largely made up entirely of trainees or students, who may feel the need for a more didactic and directive supervisor due to their lack of experience in supervision relative to their qualified counterparts.

Whilst there appears to be some consensus within the literature regarding the responsibilities of a group supervisor there is also a similar convergence across studies regarding the role of the supervisee. Six of the studies emphasised the importance of supervisees offering peer support and mutual feedback to one another during supervision (Carter et al., 2009; De Stefano et al., 2007; Linton, 2003; Milne & Oliver, 2000; Riva & Erickson-Cornish, 2008; Skjerve et al., 2013). In demonstration of this point, De Stefano et al. (2007) reported that counselling students found that lack of validation from peers was detrimental to the group supervision experience. Psychotherapy trainees in the study by Boethius and Ögren (2001) saw themselves as lacking influence within group processes,

although their confidence and ability to influence the group did increase over time. Linton and Headstrom (2006) also highlighted the idea that the group format may be more suitable to confident supervisees as it has the potential to overwhelm supervisees who lack confidence and may fear being overlooked. Overseeing this dynamic may be a further important role for supervisors.

Conflict and cohesion. Inherent within any group dynamic is the potential for intra-group conflict. Five of the papers reported that conflict within the group occurred which had a negative impact on the participants' experiences in the group (Borders et al., 2012; Enyedy et al., 2003; Kaduvettoor et al., 2009; Linton & Hedstrom, 2006; Milne & Oliver, 2000). Enyedy et al. (2003) explored the factors which hinder the group supervision process amongst graduates from masters and doctoral programmes in the USA. Participants reported the two main hindering components as conflict between group members and conflict with the supervisor. The authors emphasised the importance of addressing conflict when it arises. Fleming et al. (2010) reported that participants found intra-group conflict to be a factor which reduces a sense of safety within the group and Linton and Hedstrom (2006) reported that group cohesion improved participants' experiences in supervision.

Process by which learning takes place. When reflecting upon the process of supervision, many of the studies discussed their findings in relation to the method by which learning takes place. Eight studies regarded the benefit of vicarious learning through peers as a useful method of learning and development within the group. Riva and Erickson-Cornish conducted surveys in 1995 and 2008 looking at group supervision practices across pre-doctoral internship programs in the USA. Across both surveys the opportunity to learn vicariously through peers was seen as a useful learning process alongside exposure to multiple alternative viewpoints. The same was found in six further studies (Borders et al., 2012;

Burnes et al., 2012; De Stefano et al., 2007; Linton, 2003; Linton & Hedstrom, 2006; Skjerve et al., 2013). The group format also provides the opportunity to use more interactive teaching tools such as role plays and reflecting teams as a means to enhance learning and these were seen positively by both supervisors and supervisees (Milne & Oliver, 2000; Skjerve et al., 2013).

Summary of group process issues. Processes which occur within a group supervision setting clearly have an impact on participants' experience. The challenge of being assertive and the importance of promoting safety to encourage supervisees to speak up was highlighted within this section. When a sense of safety is present, the group format appears to encourage collaborative, vicarious and experiential learning. However, when this goes wrong, or if not conducted appropriately, the format could be damaging to supervisees, for instance if conflict occurs which is unresolved, or if supervisees feel exposed or vulnerable in the group, it may reduce their self-confidence or leave them feeling threatened. There were strong views expressed about roles and there is a sense that the supervisees' role is primarily to be supportive of each other whilst there is a preference for supervisors to be very direct, didactic and focussed in terms of directing group processes. It may be that the group format takes pressure off individual supervisees to take charge of the session. It is also of note that the majority of studies which contributed to an understanding of process issues in group supervision were qualitative or mixed methods papers. This may be due to the exploratory nature of qualitative enquiry which may lend itself to developing an understanding of processes which occur in supervision.

Category two: group content issues. Group content is the "what" of supervision, for example, what makes up the material discussed within the group. Some of the papers within this review focus on what the content of group format supervision is or can be.

Focus on specific topics. Some of the papers suggested that group supervision is a useful format for focussing on specific topics. For instance, Ögren et al. (2005) considered whether the focus in group supervision relates to skill acquisition as a product of attending the group. Participants in the study included masters psychology students and their clinical psychologist supervisors. They were asked to complete a measure exploring the topics and climate within supervision and these scores were compared to scores on a measure of attained skill. The participants agreed that a distinct focus on developing an understanding of psychodynamic theory was important in their group.

Supervisor participants in the study of Ögren et al. (2005) also suggested that the group format was useful in covering a range of foci during supervision. However the supervisee experiences did not match this and they suggested that supervision covered a more limited range of foci. The authors suggested that the supervisees may not have been particularly skilled in noticing the subtle changes in focus within the group so were not able to acknowledge that the group format allowed for focus on a variety of different topics. Kaduvettoor et al. (2009) focussed their study specifically on multicultural events in group supervision, for instance, discussions of client work which related to a multicultural issue. The authors explored the experiences of counselling trainees as supervisee participants who stated that a distinct focus on multicultural events and multicultural competence was seen as a helpful event in supervision. Similarly, in Riva and Erickson-Cornish's 2008 survey, 90% of respondents stated that they focus regularly on multicultural issues during supervision. On a related topic, Burnes et al. (2013) explored supervision groups led by counsellors with a feminist orientation and found that the group was a useful format in which to discuss feminist issues.

Given the distinct set of process variables highlighted in the above section, it is understandable that some of the papers emphasise the importance of explicitly addressing group dynamics within the group setting. However, the consensus of the authors who explore the group dynamic is that a distinct focus on discussing the group dynamic is often avoided. For example, in Ögren and Sundin's (2007) quantitative study of how often group process or dynamics are used as a tool in group supervision, their participants, masters psychotherapy students and their supervisors, reported that the group focussed on the group dynamic as a topic in supervision much less than they desired to focus on it. The authors concluded that it is important to incorporate this focus into group supervision. Reichelt et al. (2009) reported a similar finding in their qualitative study of clinical psychology doctorate students who felt that their supervisors avoided focussing on difficult group dynamics in supervision. The authors suggested that this may be down to poor guidance and advice given to supervisors responsible for supervising these groups. Similarly, of the participants in Riva and Erickson-Cornish's 1995 survey, only 17% felt that the group format encouraged a focus on group process issues. Whilst it is acknowledged that Riva and Erickson-Cornish's study presents methodological flaws, there is value in the observation that the group process is not often a topic of discussion when considered alongside similar findings from other studies.

Diversity of material. Nine of the studies highlighted the contribution of multiple individuals to the content of the supervision group and concluded that this diversity enhanced the learning opportunities available within the group (Borders et al., 2012; Milne & Oliver, 2000; Ögren et al., 2008; Ögren et al., 2005; Riva & Erickson Cornish, 1995, 2008; Skjerve et al., 2013; De Stefano, et al., 2007; Linton & Hedstrom, 2006). De Stefano et al. (2007) demonstrated this in their study which reflected on counselling students' experiences of resolving impasses which occurred within their therapeutic relationships. Participants stated

that exposure to multiple viewpoints during supervision was helpful when seeking resolution to clinical impasses as they were able to develop alternative ways of thinking about an issue.

Summary of group content issues. Group format clinical supervision, similar to other models of supervision, appears to offer the opportunity for participants to choose where to place their focus during supervision. This is an important part of any supervision experience, since there is no distinct set of guidelines dictating what that focus needs to be. However, this review has also highlighted that a number of studies found that some supervision groups avoided focussing specifically on group process issues. This emphasises the importance of ensuring that a discussion or reflection on group process is part of the agenda as it can be a useful part of the learning experience. Additionally, supervision appears to be enhanced by exposure to a wider range of topics and viewpoints which again would suggest that group format supervision is favourable in terms of richness of the material brought to supervision.

Category three: timing and group size issues. Any form of meeting, including supervision meetings, require planning and certain practical considerations must be addressed such as allocating an appropriate amount of time. A distinct difference between group supervision and individual supervision is the amount of time available for each individual supervisee: there will inevitably be less individual time available within a group. Five articles recognise this as having a negative impact on supervisee experiences in supervision (Borders et al., 2012; Enyedy et al., 2003; Fleming et al., 2010; Linton & Hedstrom, 2006; Reichelt et al., 2009). For instance, Borders et al. (2012) examined the perceptions of masters in counselling students and their supervisors regarding different supervision modalities. One of the main disadvantages cited was the lack of feedback provided to individual supervisees due to the time constraints within the group. When feedback is provided in supervision, it is important that it is done safely in order to support the supervisee in processing such feedback.

With little time available, supervisors found that their feedback was restricted. Participants in Linton's (2003) study reported that their supervisor's poor time management skills also had a detrimental effect on group supervision experiences. This fits with the recognition in the previous section that supervisees often rely upon the supervisor to manage and direct the supervision session, including managing the time within the session. Graduate counsellors in the study of Enyedy et al. (2003), who were reflecting on the hindering phenomenon in their group supervision experiences, highlighted that logistical constraints meant that supervisees were often in competition for the time and they felt that discussions were too brief because of this.

Skjerve et al. (2013) highlighted that supervisors are aware that they cannot get to know individual supervisees very personally in a group setting, due to the group size. Borders et al. (2012) also emphasised the idea that when feedback was provided to individuals it was too brief, which may in part be affected by supervisors' potentially slow progress in getting to know group members individually. De Stefano et al. (2007), in recognition of the above issues, suggest that group supervisors should pay particular attention to individuals and their specific needs when supervising groups.

Summary of timing and group size issues. The main practical issue in group supervision was the allocation of time. Generally participants were dissatisfied by the time constraints imposed upon them due to group size. Most of the supervision groups conducted throughout the studies utilised between 1 and 1.5 hours for one supervision session which, when split between each supervisee, does not allow for much time for individual agendas. However, it is also important to consider the distinction between individual supervision in a group and shared experiential group supervision. In the former case, each individual has individual supervision witnessed by their peers, whereas in the latter, the whole group is

supervised together (as discussed by Boethius & Ögren, 2000). The latter option may allow for more foci of attention within the group and also may be a useful way to encourage supervisees to contribute to and develop their own supervisory skills (Boethius & Ögren, 2000). It may also be possible that, in shared group supervision, supervisees make better use of their time because they are witnessing the experiences of others and contributing to the reflective process, rather than feeling that they are waiting for their turn.

Category four: outcomes of group supervision. Much of the guidance surrounding the practice of clinical supervision highlights that one of the key purposes is to ensure that good clinical outcomes are achieved, both in terms of therapeutic competence and client care (HCPC, 2012; Division of Clinical Psychology, 2014). In keeping with this, some of the papers focussed on outcomes following clinical supervision.

Development of therapeutic skills. One important function of supervision, particularly for students and trainees, is the development of therapeutic skills in order to support clients as effectively as possible. Ögren and Jonsson (2004) specifically examined therapeutic skill development in basic level psychotherapy trainees at Swedish Universities. Both the supervisees and their supervisors were asked to rate their therapeutic skills pre- and post-supervision sessions. Supervisees reported an improvement in skills, specifically in the areas of mastery of working alliance, psychodynamic understanding and ability to manage emotions. Supervisors were in agreement that this change had happened. Similar findings regarding improvement in therapeutic skill were found by Boethius et al. (2006). Multicultural competence within therapy was also rated higher by supervisees following group supervision in the study of Kaduvettoor et al. (2009). Ray and Altekruuse (2000) also reported an improvement in therapeutic skills, improvements which were similar to those seen in individual supervision. However it is important to note the poor methodological quality of

this study suggesting that its findings should be interpreted with caution. In contrast to these findings, Ögren et al. (2005) reported that despite focussing on psychodynamic skill development in supervision, psychotherapy students in their study did not rate their capacity to apply these skills highly.

Development of personal skills. Another function of clinical supervision is the development of skills of self-reflection. Supervisee participants in Carter et al. (2009), De Stefano et al. (2007) and Ögren and Sundin (2009) all cited the potential for personal growth and reflection skills as a useful component of supervision within a group format.

Summary of outcomes of group supervision. There appear to be mixed views in terms of the articles which report upon the outcomes for supervisees following engagement in group supervision. Generally the evidence is more strongly in favour of the idea that therapeutic skills and reflective skills increase as a product of engaging in group format supervision suggesting it is useful. However, this may be an area for further research taking into account some of the research which contradicts this and suggests that therapeutic skills do not show great improvement following group supervision (Ögren et al., 2005).

Discussion

Is group supervision useful? The purpose of the current review was to explore the utility of group format clinical supervision. Based on the information reviewed, it is clear that perceptions of the utility of group supervision were mixed and certain features of the practice of group supervision were looked upon more favourably than others.

As it is generally agreed that supervision might focus on developing clinical competence through encouraging thoughtfulness and reflection, it is unsurprising that some of the papers explore the content and outcomes of supervision. However, the largest body of information looked at the process of group supervision and what it feels like to be in the group supervision setting. This is both useful to reflect upon, and understandable given that reflection on process issues is often encouraged within talking therapy professions. It is also understandable that timing issues were also highlighted within the findings as the group format presents specific practical differences to the more familiar, individual format supervision.

The research indicates that group process issues should be managed appropriately in order to enhance the usefulness of the group format for participants. This can be achieved specifically through maintaining a sense of safety within the group, by addressing conflict appropriately, and by ensuring that all participants have a shared sense of group norms, roles and responsibilities. When reflecting upon the challenges of the group processes, a lack of open communication about the norms, roles and expectations within the group was found to be the most significant barrier. When individuals are unaware of their purpose, the purpose of others, or what to expect within the group, the studies report that they experience discomfort and dissatisfaction.

Studies indicated that group supervision can also be a useful format for focussing on specific topics such as psychological theory or group theory, whilst also being a place to reflect upon individual casework. However, dissatisfaction is also increased when important topics such as group process issues or group conflict are avoided. There were also some mixed findings regarding outcomes of the supervision group with some papers suggesting that it enhances therapeutic skills and self-reflection.

The biggest challenges posed by group format clinical supervision concern the practicalities of the group format. The majority of studies which discussed timing specifically felt that poor time management or lack of time was a substantial barrier to ensuring the effectiveness of group supervision.

Based on these findings one might argue that the group is a very useful setting in which to conduct supervision, but only when careful thought and consideration has gone into ensuring that it is conducted well. Indeed, there is also the potential for bad practice in group supervision to be damaging, in terms of feeling exposed, threatened or reducing self-esteem, both for supervisors and perhaps more so for supervisees who may be more dependent on receiving good supervision.

Implications of findings and recommendations. In order to maximise the utility of supervision in the group format there are a few important considerations and responsibilities that both supervisees and supervisors should be aware of. Whilst it is not the intention to encourage supervisors to take full responsibility for the functioning of supervision groups, they do have a key role. In particular, early on in a group they should provide a direct, facilitative approach ensuring that group roles, responsibilities and expectations are shared and understood by all participants (Bernard & Goodyear, 2004). The supervisor also has a

role initially in addressing group processes in particular and managing conflict if it arises in order to ensure that members feel safe within the group (Enyedy et al. 2003). However, it is also helpful to be mindful of the importance of encouraging participants to take responsibility at some point in the group to develop their own confidence in directing discussions and providing feedback to one another (Linton & Hedstrom, 2006). Furthermore, as members of the group, supervisees also have a responsibility for managing conflicts via appropriate means (Fleming et al. 2010). The BPS (2008) emphasises that within clinical supervision in psychology, “*roles and responsibilities between all parties should be clarified*” and that supervision should also include, “*a clearly defined contract*” which may allow for the discussion of roles and responsibilities in supervision at the start and throughout the process.

Regarding the content of group supervision, alongside a direct focus on specific issues or topics, it also appears to be beneficial to provide the space to discuss process issues within the group and again, this may be something which the supervisor could facilitate initially (Ögren & Sundin, 2007). The timing issues identified suggest that a discussion of timing would also be an important focus at the start of the supervision group to ensure that all members, including those who are less assertive, have the space to bring their own topics for discussion. Another possibility may be to ensure that group supervision is allocated a longer period of time than individual supervision sessions, as advocated by the United Kingdom Council for Psychotherapy (UKCP, 2012).

Of importance when conducting supervision is an awareness of the specific issues and processes discussed in this review. Without this knowledge and ability to reflect on the uniqueness of the group format, supervisors and supervisees are unlikely to take full benefit from the practice of group supervision. This could be particularly problematic if participants expect the supervision to be the same as individual supervision, just in a group. One way to

ensure that this knowledge is present is to ensure that group supervisors receive training in the facilitation of supervision groups and that good practice guidance in the utility of group supervision is available for professionals.

Limitations and future research. Whilst this review provides a useful overview of the current research surrounding the utility of group format clinical supervision, there are also some limitations of the current findings. Firstly, the author did not distinguish between different types of therapist: counsellors, psychologists and psychotherapists were all treated as equal participants within the studies reviewed. Whilst this means that the findings are broadly applicable to talking therapists within these professions, there may be differences in the experiences of each profession which may have been interesting to explore further. The author was also aware that there was a large body of literature which looked at the experience of group supervision in the nursing profession. Nurses were excluded from this review on the basis of the large differences between this role and that of a talking therapist, however this may have also been an interesting area to explore in light of the emerging literature.

It may also have been helpful within this review to distinguish between students and trainees at different levels of experience as this distinction was only made by two of the papers reviewed here (Boëthius & Ögren, 2001; Boëthius et al., 2006). Given the difference between the role of student or assistant therapist and that of a final year trainee immediately prior to qualification, it would be likely that experiences within the two groups would also have varied. Additionally, the literature explored supervision which was based on different therapeutic models and different clinical settings, however it was not always clearly stated what these models or settings were. As such, it should be acknowledged that some of these variables may have affected the findings and may merit from being explored further.

Methodologically, it would have been desirable within the current project to ensure that data was co-extracted from the papers. However, whilst findings were discussed within the primary researcher's research supervision, the data was extracted independently which adds a degree of subjectivity to the findings. Additionally, when rating the quality of the papers, four were co-rated and assessed for inter-rater reliability, it is acknowledged that joint rating of all of the papers would have added rigour to this process.

The results did attempt to explore the experiences of both supervisees and supervisors separately. However, as discussed previously, all but one of the papers (Boethius & Ögren, 2001) used students or trainees as supervisee participants. As such, the results of the review cannot be generalised to the experiences of supervisees who are themselves qualified therapists. The finding that there is no research exploring the utility of group supervision for qualified therapists is interesting and may reflect one of two things: that students and trainees in group supervision are an easier group to recruit for studies of this nature, or that generally, group supervision is not something which is usually practiced with qualified therapists. Either way, there is potential for more research to be conducted in this area to shed further light on the question being examined by this review.

Concluding remarks. The current review provided a useful synthesis of the evidence and current issues in the practice of group supervision for counsellors, psychologists and psychotherapists. Whilst perceptions as to the utility of the group format were mostly mixed, there is suggestions that the group format can be useful when used carefully, particularly in student or trainee populations as explored in the majority of the studies in this review. Whilst clinical supervision is still considered fundamental in the practice of talking therapists (BACP, 2013; HCPC, 2012; Division of Clinical Psychology, 2014), guidance does not often differentiate between the requirements and good practice of group versus individual

supervision. This review has not set out to directly compare the two modalities, but it does provide valuable insight into the uniqueness of the group format in clinical supervision, perhaps highlighting the need for more thorough guidance to be made available in the practice of group format clinical supervision.

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Chapter Two: Empirical Paper.

TRAINEE CLINICAL PSYCHOLOGIST SUPERVISION: EXPLORING THE EXPERIENCES OF THE SUPERVISOR AND THE SUPERVISEE.

Introduction. Engaging in clinical supervision is fundamental in the professional practice of clinical psychologist's working in Britain (British Psychological Society Professional Practice Board, 2008). Research efforts have been made to develop models of supervision, to understand the outcomes of supervision and to explore the impact of the unique supervisory relationship. However, very little attempt has been made to capture and understand the nature of the experience of clinical supervision, particularly from the perspectives of trainee and supervisor dyads. As such, the aim of the present study was to explore the nature of this experience.

Design and method. A qualitative approach, specifically Interpretative Phenomenological Analysis (IPA) was used to develop a broad insight into the supervision experience of four trainee-supervisor dyads who considered themselves to be engaging in good quality supervision.

Results. The analysis of the experiences of the participants produced three themes. Firstly participants described the supervisory relationship as consisting of different, yet reciprocal roles and the experience of the relationship as being both comforting and challenging. The second theme involved the idea of supervision as a journey of development for the trainee which could feel worrying and challenging at points for both members. The final theme described supervision as feeling, at times, like personal therapy in the exposing and personal nature of some of the discussions.

Discussion: The findings provide valuable insight into the experience of clinical supervision and they are considered in light of their relationship to other research, their implications for clinical practice and the overall contribution and value of the current study.

Introduction

What is clinical supervision? Engaging in regular clinical supervision is intrinsic to the practice of clinical psychologists from assistant level to experienced qualified clinical psychologists (British Psychological Society Professional Practice Board, 2008). However, the practice of supervision itself can take on a variety of different structures (Falender & Shafranske, 2014) and emphasis has changed over the years as to what the focus of supervision should be, or what the fundamental components of “*good*” supervision are (Goodyear & Bernard, 1998). Bernard and Goodyear (2014) describe clinical supervision as the “*signature pedagogy*” of the clinical psychology profession, utilised to support the development and skills of clinical psychologists. Supervision can also be a tool to “*monitor the quality of professional services*” provided by clinical psychologists (Bernard & Goodyear, 2014). Milne (2007) added to this definition by highlighting the role of the relational element of supervision and stated that clinical supervision provides “*relationship-based education*”. The process of supervision may include discussion of cases, reflection on therapeutic or personal issues, education and developing competence, experiential learning, goal or competency planning and monitoring or performance management (Falender & Shafranske, 2004; Division of Clinical Psychology, 2014).

Arguments have been made that clinical supervision practice ought to be informed by a clear and robust evidence base (Milne & Reiser, 2012). Further insight into the experience of clinical supervision would help to validate current theoretical thinking and inform best practice, particularly given the more recent focus on developing supervisor training programmes (Fleming, 2012). Existing research into clinical supervision tends to fall into various categories; the search for an agreed model of supervision, the outcomes of clinical supervision and the role of the supervisory relationship. However, there is a gap in the

research around exploring the phenomenological experience of supervision and this paper will attempt to address this deficiency.

Models of clinical supervision. Currently, it lies with the preferences of the clinicians involved to consider their desired way to conduct supervision. Some clinicians adapt supervision in adherence to the specific clinical model they may be using with clients, whilst others may focus on broader issues, irrespective of theoretical standpoints (Green, 2012). However, theoretical models of supervision have struggled to agree on what the essential components of supervision are.

Stoltenberg and McNeill (2001) propose a developmental model of supervision whereby the primary focus of supervision is the professional development of the supervisee. Skill development is understood to include: building an awareness of self and others, developing autonomy, improving key clinical skills, understanding individual difference between people, ability to work within different theoretical orientations and adherence to professional ethical guidelines. The discrimination model developed by Bernard (1997) also focusses on supervisee development but places emphasis on the supervisor to use their skills to recognise the developmental needs of the supervisee and to adapt their role within the relationship accordingly. These roles include the “*teacher*”, which involves giving direct instruction, the “*counsellor*”, which involves helping the supervisee to develop and recognise their own internal processes and the “*consultant*”, which involves offering support and guidance.

Hawkins and Shohet (2012) present an integrative model of supervision which, aside from considering the content of supervision, also considers wider contextual themes possibly impacting on supervision. Their “*seven-eyed supervisor*” model identifies seven different foci

relevant to supervision: the client, the therapist (supervisee), the supervisor, the therapy/intervention used with the client, the therapeutic relationship, the supervisory relationship and the social or wider organisational context of the supervision. The theorists suggest that supervision can focus on any of the seven “eyes”. This model also takes account of individual difference within supervision as opposed to directing supervisees down a defined path of competence.

Milne, Aylott, Fitzpatrick and Ellis (2008) highlight that, in order for researchers to have a shared meaning when exploring clinical supervision as a construct, it would be helpful to amalgamate available research in the pursuit of a more defined clinical model of supervision. As such, Milne et al. (2008) have produced a “*best fit*” model of supervision based on a systematic review of the evidence. The main “*mediators*” of supervision (supervision interventions) identified by the review included: observation of performance, goal setting and feedback on performance. These were then combined with the mechanisms of change which were primarily: experiencing, reflecting, conceptualising and experimenting. These two phases overall combine to encompass typical clinical supervision.

Outcomes in clinical supervision. Wheeler and Richards (2007) completed a review which measured the impact of clinical supervision on supervisees. Their main findings included that: learning in supervision is transferred to clinical practice, self-awareness increases through supervision and trustworthiness of the supervisor impacts on the experience of the supervisee. The authors also identified some gaps in the evidence base including limited insight into the impact of supervision on the supervisor, lack of research conducted in the UK and lack of a robust methodological approach to conducting supervision studies. Other outcome studies have also found that clinical supervision can improve clinical outcomes for service users (Bambling, King, Raue, Schweitzer & Lambert, 2006) and reduce

burnout and job turnover amongst counsellors (Knudsen, Ducharme & Roman, 2008). As such, there is a clear benefit to the use of clinical supervision, despite the lack of consensus about what clinical supervision fundamentally is.

The supervisory relationship. It has been suggested that the role of the supervisory relationship is important in understanding what is valuable within clinical supervision. Bordin's (1983) model of supervision highlights how the alliance within the supervision dyad is influential on clinical supervision. He defines supervisory alliance as encompassing three elements: "*mutual agreements*" on the goals of the supervision, "*tasks*" that each participant in the dyad will adopt to achieve the goals and finally, "*bonds*" between the supervisor and the supervisee. Bordin argued that a strong working alliance will impact on effective and constructive supervision.

Similarly, Karpenko and Gidycz (2012) suggested that good quality supervisory relationships are important in the development of the competence of the supervisee and that the quality of the relationship is effected by the quality of the feedback provided to supervisees. Beinar (2002) found that "*good quality*" supervisory relationships from the perspectives of trainee and newly-qualified clinical psychologists were characterised by satisfaction with the supervision, rapport in the relationship, and the feeling of being supported. Additionally, the supervisory relationship was considered to be characterised by boundaries, support, respect, openness, commitment, sensitivity, collaboration and evaluation (as cited in Beinar, 2012, p.57). Clohessy (2008) found that from the perspectives of supervisors, three factors were important in the quality of the supervisory relationship. These included contextual factors such as service, university or trainee needs; supervisor and trainee contributions to the supervision; and the interpersonal connection within the dyad. The author found that to be "*good enough*" was usually considered acceptable in supervision.

In recognition of the importance of the supervisory relationship, there has been increasing interest placed on using relational theories to enhance our understanding of the supervisory relationship. For instance, Bennett (2008) suggested that the process of supervision may activate an individual's attachment system, specifically as it is acknowledged that attachment relationships in early life form the "internal working model" for later adult relationships (Bretherton & Munholland, 1999). Dickson, Moberley, Marshall and Reilly (2010) examined a trainee clinical psychologist sample and found that perceived working alliance was lower for trainees who perceived their supervisor to have an insecure attachment style.

Trainee clinical psychologist supervision

For trainee clinical psychologists in the United Kingdom, supervision also involves a very clear appraisal process. This involves the supervisors feeding back to tutors within the trainee's University about specific competencies developed by the supervisee throughout their training (British Psychological Society, 2014). The British Psychological Society Professional Practice Board (2008) identifies the importance of an awareness of boundary and power issues within supervision which may also make the experience of the supervisory relationship in trainee supervision unique in relation to the experience of their qualified counterparts.

Rationale and aim for the current project: As a core component of applied psychology training, theories, models and understanding of supervision continue to evolve (Beinart, 2012) perhaps due to their pertinence in the practice of all levels of clinical psychology practice. Starr, Cicilitira, Marzano, Brunswick and Costa (2013) highlight the dearth of literature pertaining to the phenomenological experience of supervision. These authors stress the importance of understanding the "*key ingredients*" of supervision from the perspective of supervisees in order to continue to develop an understanding of what is

important in supervision. In their own study, Starr et al. (2013) used thematic analysis to analyse interview transcripts of 19 psychological therapist supervisees discussing their experiences of clinical supervision. The main themes to emerge were: that the supervision was useful (due to support and empowerment); it can involve a fear of exposure versus an opportunity for learning; and while supervision is a place which can feel comforting, feeling challenged or pushed is part of the process of both supervision and the development associated with it. However, as the only paper which attempts to explore this experience from a phenomenological perspective, there is still a need for continuing research in this area. The current study aims to bridge some of these identified gaps by considering the experiences of both supervisors and supervisees. This is in order to develop a more complete picture of what it is like to experience clinical supervision.

The current paper therefore aims to answer the following research question:

- What is the experience of good clinical supervision like for trainee clinical psychologists and their supervisors?

The question has been deliberately formulated in very broad terms in an attempt to capture the most important and salient components of the experience of supervision for supervisors and supervisees. Additionally, the focus of the project is on trainee supervision due to the uniqueness of trainee supervision discussed previously. It is considered that, due to the importance placed on weekly supervision for trainee clinical psychologists (British Psychological Society, 2008), it is important that these experiences are also considered within the current evidence base.

Design and methodology

Interpretative phenomenological analysis (IPA). Interpretative phenomenological analysis (IPA) was considered the most appropriate method to address the research question. IPA focusses on an exploration of what it is that makes up human experience and the way in which individuals make sense of these experiences (Smith, Flowers & Larkin, 2009). IPA allows researchers to explore the unique experiences of individuals in recognition of the idea that experience of the same event is made up and shaped by different things for different people. It is accepted as part of an IPA approach that humans engage in constant sense-making and thus when asked about their experience, they are likely to provide an interpretation of both their experiences and their own way of making sense of their experiences. In IPA research, the researcher makes their own interpretation of the participants' interpretation, an approach that is described as a '*double hermeneutic*'. As such, it is important within IPA to recognise the role of the researcher and what they bring to the analytic process. IPA has received growing attention as a method of informing phenomenological enquiry (Smith, 2011). It is considered a valuable way of capturing the unique nature of specific experiences within health based research and, as such, it was considered a useful approach to utilise within the current study.

The researcher. As a trainee clinical psychologist at the same University as the trainee participants in the project, I was acquainted with some of the participants at the point of recruitment. It was therefore important to reassure all participants about the processes in place to maintain their anonymity and my role in non-disclosure of participants' identities.

Awareness of my own expectations and beliefs during the project was enhanced by the completion of a reflective diary throughout the process of the research. In the diary I noted my

own personal reflections, for example, how I felt after each interview and what initial thoughts they brought up in me, in an attempt to reduce their impact on my interpretations of the participant experience. I shared my own reflections within my research supervision and, across sessions, considered themes in my own thinking in order to contemplate whether my own biases and experiences were interacting with my interpretations of the participants life view. One example of what became apparent during the completion of the diary was how much my own experiences as a trainee effected my expectations of what I would find in doing this research. I have my own experiences of clinical supervision as both an assistant and trainee clinical psychologist and naturally, I have my own perceptions of supervision and what it means to me. I became more aware that my relationships with my supervisors have had a strong bearing on my experiences in supervision, which have varied greatly and it was useful to discuss this expectation as part of my research supervision. This process of “*bracketing*” is recommended as good practice in any good piece of qualitative enquiry (Tufford & Newman, 2011).

Ethical review. An application for ethical review was submitted to the University of Birmingham Ethics Committee which granted ethical approval for the project (See Appendix A). The project did not require further ethical approval from the National Research Ethics Service and this was confirmed via an online screening tool (Appendix B). All local NHS trust research and development departments were contacted independently for permission to recruit and consent was obtained from four trusts (Appendix J).

Recruitment. Trainee clinical psychologists on a clinical psychology training programme within a UK University were invited to take part in the study via e-mail from a member of the department’s administration team (Appendix C). The e-mail contained a detailed information sheet (Appendix D) discussing the nature of the study and what to do if

interested in taking part. Trainees were invited to contact the researcher with any questions and, if still interested, they were asked to approach their own supervisor inviting them to also take part.

During the first phase of recruitment, interested dyads were screened according to whether they met the inclusion criteria for the study. These criteria included firstly that both members of the dyad considered themselves to be in a “*good*” supervisory relationship, and secondly that they were in their first year of training. The rationale for the former criterion was to avoid ethical issues which may arise if the dyad engaged in open reflection about a difficult relationship. The reason for the latter criterion was in the knowledge that first year trainees spend 10 months on placement and so have a prolonged period of time to develop a supervisory relationship relative to their second and third year colleagues who have five month placements. Unfortunately, due to difficulty recruiting participants in their first year, during a second phase of recruitment, second and third year trainees were also invited to take part in order to reach a suitable number of participants for the study. Written consent was obtained from all participants prior to taking part in the study (See Appendix E).

Participants. Of 70 trainees invited to take part, 13 trainees expressed an interest and agreed to discuss the project with their supervisors. Of these, four pairs of trainees and supervisors were willing to take part. The reasons for the remaining supervisors’ lack of willingness to be involved varied and included perceived lack of time. However the researcher was also made aware that some supervisees and supervisors felt uncomfortable exploring the process of supervision. Thus, four dyads and eight participants took part in the study in total (Table 7). In order to protect the identities of the participants, identifying details have been removed or changed which means that very limited information about participants is reported. Names have been replaced with gender-neutral pseudonyms throughout this paper

and pseudonyms of supervisors all start with the letter “R” and trainees with the letter “J”. It is worthy of note that one trainee participant and one supervisor participant was male; the remainder of the participants were female. Additionally, two trainees were in their first year of training and two were in their second year and all were aged between 26 and 31 years old. Of the three supervisors who provided demographic details, they were aged between 32 and 44 years old and had been qualified as Clinical Psychologists for between 5 and 13 years. The participants were allocated a numerical code in order to identify their data throughout the analysis process.

Table 7

Overview of participants.

<u>Dyad</u>	<u>Supervisor</u>	<u>Supervisee</u>
1	“Rav”	“Jo”
2	“Robin”	“Jordan”
3	“Reece”	“Jamie”
4	“Rae”	“Jesse”

Semi-structured interview. Once consent to take part in the study was obtained, each member of the dyad was invited for a separate interview following the end of the placement. It was specified that all of the end of placement assessment processes had to have been completed by the time the interviews took place in order to support trainees to feel as comfortable as possible in expressing their views without feeling concerned it will affect their placement. A semi-structured interview schedule was devised for the study (Appendix F). Qualitative interviews are described by Smith at al. (2009) as “*a conversation with a*

purpose” informed by the research question. Due to the broad nature of the research question, individual questions in the first stage of the interview were devised to attempt to capture both the understanding and experience of supervision for participants. However, as recommended by Smith et al. (2009) the schedule was used flexibly and allowed for deviations which were meaningful for participants. Questions were open and devised to capture participants’ experiences with as little influence of the researcher’s agenda as possible, however more direct prompts were used when necessary and participants were asked to elaborate on ideas when answers were brief. Interviews lasted between one and 1.5 hours.

The interviews were transcribed by the primary researcher and a psychology student within the psychology department who signed a confidentiality agreement. Interviews took place following the end of each trainee participant’s placement to encourage a sense of safety in the reflective process and distance from supervision within the dyad. Participants were monitored for distress throughout the interview and offered the opportunity to debrief afterwards. They were also offered two weeks of time to reflect following the interview during which they could consider their involvement and if necessary, ask that their data be removed. None of the participants requested the removal of any data. Audio data of the interviews was transcribed verbatim to include all semantic content. Any identifying or particularly sensitive data was removed from the transcriptions. Additionally, any reference to the gender of participants was removed in order to protect the identities of the males in the sample.

Use of video in interview. Due to the reflective nature of an interview grounded in past experiences, another form of data was included in the interview. Each dyad had been asked to record a 20 minute segment of their regular supervision before the placement had ended. During the second stage of the interview, participants were invited to spend a short

period of time, approximately 20 minutes, watching the video and were asked to stop the video when they felt they could reflect on their experiences, or if they noticed anything of interest. At points when the video was stopped a discussion took place regarding what the participant had found interesting. It was observed that trainees and their supervisors tended to choose to stop the videos at different points, suggesting the things they found of interest varied.

Analysis. The stages of analysis recommended by Smith et al. (2009) are summarised in Table 8; each transcript was analysed according to stages one to four which allowed for the development of themes across the sample in stage five. Stage five included: printing out emerging themes or ideas on different coloured paper for different participants, cutting them out and using a large space to arrange ideas into themes, and creating a map of the data (see examples of stages two, three and five in Appendices G, H & I respectively).

In order to ensure that the participants' data stayed central to the data analysis, the researcher continuously jumped between the emerging themes and the transcriptions to verify ideas within the data. Sections of transcript were analysed by one of the research supervisors in order to ensure the reliability of the coding. Theme ideas and different stages of the analysis were also shared and discussed with the research supervisors in order to process ideas and resolve uncertainties. The initial ideas for themes were also shared with two trainee clinical psychologists who were not involved in the project in order to check their validity.

Table 8

Stages of IPA process (Smith et al., 2009).

<u>Stage</u>	<u>Procedure</u>
1 Building familiarity	Researcher read and re-read the transcript and made very initial notes about pertinent, thought provoking or interesting features of the data or conceptual ideas within the data.
2 Initial noting	Notes were made on paper copies of the transcript in the right margin denoting: focus of discussions, descriptions, the stance or position of the participant or the use of language.
3 Developing emergent themes	All notation was captured in a table alongside example quotes for each participant. Similar quotes or ideas were grouped together within the table and noted in a third section of the table.
4 Searching for connections	Similar ideas across emergent themes were grouped on paper. Divergence and convergence of ideas were considered.
5 Developing themes across sample	Grouped emergent themes for each participant were considered according to clusters of similar ideas across participants and hierarchies were formed between ideas. Themes and subthemes were devised according to shared ideas and their position in relation to one another.

Results

Overview. Three superordinate themes emerged out of the IPA analysis: “*a relationship of mentoring and support*”, “*an emotional journey of development*” and “*the ‘blurry line’ between supervision and therapy*” (Table 9). Each superordinate theme was represented in some form within the narrative of all eight participants and each of the following sections explore these themes, and the subordinate themes and ideas contained within them.

Table 9

Overview of themes and which participants contributed to them.

		Dyad and participant.							
		Dyad 1		Dyad 2		Dyad 3		Dyad 4	
Superordinate theme	Subordinate theme	Supervisee- Jo	Supervisor- Rav	Supervisee- Jordan	Supervisor- Robin	Supervisee- Jamie	Supervisor- Reece	Supervisee- Jesse	Supervisor- Rae
1) A relationship of mentoring and support.	Distinct but reciprocal roles.	x	x	x	x	X	x	x	x
	Comfort and challenge.	x	x	x	x	X	x	x	x
2) An emotional journey of development.	Development and growth.	x	x	x	x			x	x
	Challenge and worry.	x	x	x	x	X	x	x	x
	Supervision is valuable.			x	x	X	x		x
3) The “<i>blurry line</i>” between supervision and therapy	It’s like therapy, but not therapy.	x	x		x	x	x	x	x
	A deep knowing of one another.	x	x	x		x	x	x	

Superordinate theme one: a relationship of mentoring and support. The superordinate theme of “*a relationship of mentoring and support*” was shared across all eight participants. This theme represents the experience of a relationship within supervision between the supervisor and the supervisee which is permeated by both a mentoring function and a supportive function. This theme involves two subthemes: a description of the distinct but reciprocal roles adopted by the supervisor and the supervisee and secondly, the interplay between these in contributing to the experiences of both comfort and challenge in the supervisory relationship (Table 10).

Distinct but reciprocal roles. All participants describe the role of the supervisor and supervisee as being distinct from one another, yet reciprocal. Robin stated, *“It can feel like a bit of a dance, so like finding a way to kind of not tread on each other’s toes but like the supervisor taking the lead”*. This conveys the idea that the two roles are reciprocal and the focus is on working together within one’s role as a trainee or supervisor. Similarly, Reece stated, *“I think there’s a level of adapting myself to them (the trainee)”*, highlighting their perceived need to adapt their role to suit whatever is brought by the trainee, thus acting reciprocally. Whilst the idea of reciprocity is not discussed directly by any of the other participants, the views of both supervisors and supervisees of the specific roles adopted within supervision are very similar. This suggests a shared view of two distinct but balanced roles within the partnership.

Six participants shared the view that one of the supervisor’s roles is to monitor both the well-being of service users and the supervisee. Jordan described this process as, *“Just checking how you are and how things are going with the workload, and, making sure that you are on top of things but not horrendously stressed”* and Rae described their supervisory role as *“kind of asking on a regular basis, how is it going”*. In terms of the wellbeing of the service user, this often involved ensuring that the work carried out is being done in a safe and ethical way. For instance, Jamie stated that the supervisor’s role when monitoring work done with clients is to *“be confident that it (my work) is keeping people safe and is providing a reasonable service”*.

All eight participants discussed how another, similar, role of the supervisor is to provide an on-going form of support to the trainee. Jamie stated that this support can be provided *“in a kind of emotional, social sense”* and both Jo and Jesse described this support often taking the form of *“containment”* which to Jo felt like having their supervisor *“hold*

anxieties". Similarly, supervisors also discussed the "*supportive bit*" (Robin) of their role. For instance, Rae said, "*I would try to support them as much as possible if they said [challenging] stuff and I would hope they would feel supported*".

A final role which all participants agreed was important for the supervisor to adopt was that of mentor; both in terms of clinical skill development and personal, reflective skill development. Robin provided "*education type*" guidance to their trainee through the provision of "*extra reading [...] that increases [the trainee's] knowledge base*". Similarly, Reece also described their own style as sometimes including "*teaching them (trainees) lessons*". Interestingly, the other half of this dyad, Jamie, stated, "*so it's not quite a kind of teacher-learner relationship but I think there is at least an implicit sense that the supervisor is meant to have lots of knowledge*", thus suggesting some resistance to the idea of the supervisor as a teacher. However, Jo, in a discussion of the relationship stated, "*it was kind of almost teacher- studenty*". As such, it could be suggested that whilst all participants acknowledge the position of the supervisor in "*helping people to learn*" (Rae) some supervisors and trainees alike experience this as similar to the relationship between a teacher and a student.

Whilst educational or clinical learning was clearly encouraged by supervisors, the other guidance provided by supervisors was in terms of personal, reflective development or, as described by Jamie, "*the personal support stuff*". Jo reflected on how their supervisor helped them to understand things about themselves that they may not have picked up on:

"I think quite a lot and this supervisor helped me to realise that because I am quite under confident [...] I was going to them in the beginning seeking a lot of reassurance and I would avoid things that I thought I would get criticised for, or things that might be really anxiety provoking."

Interestingly, the other half of this dyad, Rav, stated that they ought to, “*watch how much I push the personal and professional reflections*”, in recognition of their role of encouraging personal reflections during supervision. This may reflect the importance of acknowledging the appropriateness of personal development focussed conversations in supervision.

The supervisors’ role therefore seems largely split between two positions: one of guidance and mentoring in terms of both educational and personal development; and one of monitoring wellbeing and offering support. As stated above, the idea within this theme involves that of reciprocity between the roles, and the position which all the participants agree should be adopted by the trainee is one of insight, openness and willingness to engage in the developmental process encouraged by the supervisor. For instance, when asked about the role of the trainee within supervision Robin stated:

“I think trainees have a responsibility to say when they are really struggling, and also I think they have a responsibility to say if it is impacting on them personally, anything with the team, or client work that is impacting on them personally. [...] It is an important skill as psychologists that we learn that self-awareness; that insight and being able to say ‘that’s really affected me’, ‘that’s really touching on some of my stuff’.”

Here, Robin highlights the importance for those within the psychology profession to have some self-awareness and insight into their own needs and how things affect them. In addition, they highlight that it is the trainee’s responsibility to talk about these things within supervision. The other half of this dyad, Jordan, agrees and states that in supervision “*I would just be honest about how I was feeling*” suggesting that the expectation set by the supervisor was met by the trainee within this dyad. Similarly the other supervisors agreed with this position for trainees, with Rav stating that trainees should “*be prepared to reflect on [themselves]*” and Reece stating that “*the self-awareness is really important*”. Within dyad

four, the supervisee, Jesse reflected on their own decision to be more open in supervision and how that increased the utility of supervision: *“I had made that conscious decision as well to be more open I think that worked even better than, than it would have anyway if I’d not been open”* which works well with the supervisor in dyad four, Rae, whose preference it was for trainees to know *“what is it developmentally that you wanna work on”*.

One might assume that self-awareness of one’s own experience is actually quite skilled but a contrasting viewpoint was expressed by Jamie who stated that, *“the supervisee is meant to be naïve”* and felt it was the supervisees job to relay details of client work and for the supervisor to prompt reflection with less emphasis on the trainee offering this insight unprompted.

The idea of reciprocity reflects the largely shared understanding of the distinct role of each person within the dyad in the professional practice of clinical supervision. Supervisors and trainees embark on their agreed role; the trainee offers insight and reflection on their own needs or skills whilst the supervisor responds with a focus on clinical and personal development.

Comfort and challenge. The second subtheme to emerge within the data across all eight participants describes the parallel experiences of comfort and challenge in the supervisory relationship.

A variety of experiences were considered that contributed to the idea of the supervisory relationship as a comfortable place. Participants described feeling safe within their relationships, for instance, Jesse said, *“because our relationship was so good it was a safe place to learn and erm, say, like, ‘I don’t know what I’m doing’ or ‘I don’t feel like this’ or whatever”* suggesting that feeling safe enhanced their ability to be honest. Similarly, Rae stated, *“I want trainees to kind of feel safe and confident enough in our relationship”*. All of

the dyads to varying degrees talked about one another with positive regard. For instance, Jesse when discussing Rae stated, “*they were brilliant*” and that they were like a “*soothing kind of figure*”, and similarly, Rae stated the following when discussing Jesse: “*They are a brilliant trainee, they are exceptional in terms of their skills.*” Similar sentiments were also shared within dyads one and two but not in dyad three, perhaps suggesting that emotional feeling towards one another was also reciprocal within the dyads. Perhaps the participants from dyad three did not feel as openly positive about one another personally beyond the realms of their professional relationship.

A non-judgemental attitude was also considered important within the experience of safety in the relationship. For instance, Rav stated, “*What they (trainees) do and say to me is not going to change my opinion of them*”. It was also suggested by three of the supervisors that they tried to set up an “*equal partnership*” (Rae) and to Rav this meant seeing the trainee “*as a peer and a colleague*”. Interestingly, and contrary to the above, a sense of inequality within the relationship was described by four participants with Jo describing the relationship as “*one sided and a bit unfair I guess*” and Jordan describing an “*imbalance*” within the relationship. It might be argued that supervision dyads within a training context have little choice but to acknowledge an imbalance in roles, but attempts appear to have been made within the dyads to minimise this dynamic or power differential.

In contrast to the largely positive experiences of comfort within the relationship and the desire to enhance this comfort, the other component of the relationship involved the experience of challenge. Jo described that “*they (the supervisor) would push me a bit further so I benefitted a bit more from it so they would push me further*”. Whilst this was hard to experience, Jo also acknowledged, “*when they (the supervisor) pushed me to challenge myself with things, nothing blew up, it was never dreadful and I sometimes learnt a lot from it*”. To

Jo, the supervisor's challenging or pushing was beneficial in their development. Reece acknowledged their role in challenging trainees and said they try, "*not to challenge something as a negative thing, but as an opportunity to encourage people to further develop*". Similarly, the supervisors also acknowledged that trainees can also challenge them in return and sometimes provide learning opportunities in their practice. For instance, Rae stated, "*one of the things I like about trainees is that they bring a combination of challenge that makes me think and think differently because they will think differently as people*".

Summary of a relationship of mentoring and support. The ideas within this superordinate theme revolve around a relationship of distinct roles which are largely agreed upon between supervisors and supervisees, and the experience of comfort and positive challenge which arise as a feature within the supervisory relationship. The supervisor's role is to nurture safe and effective development in the trainee, involving the provision of support and comfort when necessary. Also challenge or "*pushing*" (Jo) is an important aspect of the supervisory role, enhancing supervisees' learning and development.

Superordinate theme two: an emotional "*journey*" of development. Robin understood their vision of supervision as a "*journey*" embarked upon by two people, the supervisor and the supervisee, with an end focus and goal:

Interviewer: "*You said a couple of times about the journey, what is your experience of the supervisory journey?*"

Participant: "*Erm, I think it starts off as you just trying to lay down foundations really. [...] I've got to try to find a way to fit a way that is going to be most helpful [...] Sometimes trainees at the beginning don't know, they just don't know what to expect. [...] And I think the journey for me, is just about for the trainee to feel more heard, and take on that responsibility in supervision to kind of say things like that 'this is what I'm doing, this is my formulation' and just feeling that I am stepping back a little.*"

Features of this journey according to Robin are that you start by “*laying the foundations*” and find a way to “*fit*” the trainee enabling the trainee to build confidence and autonomy. There are three subordinate themes within this idea. First, the supervision journey involves working towards development of the trainee and, indirectly, the supervisor also develops. Second, a number of participants describe the journey of supervision as emotionally challenging. This is most prominent at the start, perhaps when the foundations are formed. This challenge can also involve the experience of worry or anxiety, which in some cases persists throughout the journey. The sense that supervision is valuable emerges as a final subtheme (Table 11).

Table 11

Overview of theme two: an emotional journey of development.

<u>Superordinate themes</u>	<u>Brief description</u>
Development and growth.	Participants described that supervision is a place of development and growth, particularly personal growth. It was suggested that both trainees and supervisors develop and grow throughout the process.
Challenge and worry.	Supervision can be worrying and emotionally challenging for participants, particularly at the beginning of a new supervision experience. This can include self-doubt and worry about their own skills in supervision.
Supervision is valuable.	Participants mostly described supervision as being valuable and in some cases enjoyable.

Development and growth. The idea of development and growth as a focus or outcome of the supervision journey is shared by six of the participants, most of whom reflected on what had developed within the trainee throughout the period of supervision. One of the main forms of development was the enhancement of trainees’ specific skills including confidence, assertiveness and autonomy. In a discussion of what had changed during their supervisory

journey, Jo described a process of self-discovery: *“There were things like eureka moments I guess where I was like crikey, and I learnt things about myself that I hadn’t registered”*.

Similarly, trainees discussed how they grew in confidence. For example, Jo also stated, *“I got braver with what I was able to say because it was about six months into the placement where I said, ‘sometimes I think you really criticise me’.”* However, the value of challenging your supervisor was not shared by all of the participants and Jamie specifically stated, *“I’m not somebody who’s, I guess, taken a lot of kind of criticism to supervisors in the way they work”*. Such an acknowledgement may also imply that some trainees are more comfortable with criticism or reflective feedback to supervisors than others. This may be something to be acknowledged when supporting trainees. Two supervisors within the sample also highlighted both an expectation that trainees should develop skills of autonomy and assertiveness during the course of supervision, and the experience that this normally happens in their observation of trainees. For example, Robin shared their vision of the changing position of the trainee during the journey when they said, *“at the end of the supervision I have an idea of the trainee coming in saying ‘this is what I felt, this is what I am thinking, this is how it’s going to go, and what are your thoughts’ and me taking more of a backseat”*.

Trainees are not the only ones with the potential for development throughout supervision and three of the supervisors shared the idea that they grow and develop with each trainee. For instance, Rae said that trainees *“stretch my kind of, knowledge”* and that *“I’m learning off trainees all the time, they bring new ideas”*. The idea of supervisor growth was only reflected by the supervisors which may suggest that the trainees are less aware of the mutual potential for development throughout the process of supervision.

It is also interesting to acknowledge the very limited discussion of enhanced or developed clinical skills by many of the participants. Jesse talked very specifically about their

increased skill in developing a formulation in their statement, “*certainly by the end of this placement I could do a formulation*”, but no other similar reflections were shared. This is particularly interesting given the shared view discussed above that one of the primary roles of supervisors is to mentor and in some cases teach trainees to develop clinical competence. This may imply that when reflecting on the development through supervision, clinical competence, whilst being considered of importance, is not where the obvious or most powerful changes or developments take place in the eyes of both members of the dyad.

Challenge and worry. In theme one, participants described that the supervisory relationship included feeling challenged by the other half of the dyad. Another form of challenge also presented itself in the interview when the participants were describing the journey and process of supervision in theme two. Six of the participants explained that the process of supervision could feel challenging, often quite intensely at the beginning of the supervisory journey. Jo described often feeling “*flustered*” during early supervision sessions and Rav felt that supervision, “*Can feel chaotic, well at least in the first few months*”. Other dyads reflected that it takes time to settle and develop, and Robin discussed their perception that “*it can be really hard for trainees kind of in those first encounters of supervision to be able to acknowledge when they are really struggling*”. These comments suggest that early on in supervision, challenges about the process of supervision feel more prominent. Robin described the challenges of balancing good supervision with the demands of their other roles: “*I recognise as the demands of my other commitments have got greater and greater and greater, that pressure that is placed on providing good supervision for trainees or good placements, I have noticed that has really encroached*”. Robin felt that the demands of wider service pressures can sometimes affect their ability to provide a good placement to trainees.

Other dyads talked about the potential for disagreements or differences of opinion which could sometimes feel difficult. For instance, Jesse discussed contradiction in their supervisor's advice which they found difficult: *"that was a conflict in supervision I felt because they (the supervisor) would talk a lot about just being good enough and that was something we talked about a bit more towards the end that they (the supervisor) was like, 'you just need to do enough, but why don't you do this and that and that' so I feel like that was a bit of a conflict"*. Jamie acknowledged the need to feedback to their supervisor but discussed feeling *"wary"* of offering feedback *"because this person has been listening to you, caring about you, wanting to help you"*. In a discussion of how it feels to adopt a role of openness in supervision, Jesse said that *"initially it felt quite uncomfortable I guess because I'm not very good at it"*.

Another challenging experience for trainees was that they either tended to focus on the negatives when given feedback by their supervisors, and disregard positive feedback. Jo described this process as *"steering towards what I did wrong"*. Jamie described the process of discussing their own strengths as *"a bit cringey"* because *"you feel like you're blowing your own trumpet"*. For all the trainees it was easy to focus on errors or things they did wrong, simply because of the seemingly intense negative experience they had when acknowledging their own skills. Similarly, but unacknowledged by the trainees in the sample, the supervisors also experienced self-doubt. For the supervisors this often revolved around not being *"good enough"*. Rav, when discussing their supervision expressed the worry, *"it's really bad, it's going to be really bad supervision and everyone else is going to find out"*. Robin talked about concern for what their trainee might think when watching the supervision: *"I worry about what Jordan might think about it as well, and what the trainee might think about it, are they*

getting a good enough thing, are they having good enough experiences?”. Unfortunately, further detail as to what “*good enough*” looks like was not available within the data.

It is also interesting to note that two supervisors and one trainee across different dyads, whilst being able to acknowledge worry about their own skills and abilities, later go on to rationalise that they were probably doing “*good enough*” (Rav) in supervision. Rae reflected that “*actually I’m alright, I’m not perfect but I’m ok, I’m doing an alright job*”. This ability to hold both worry about their skills and a rationalisation that their skills are probably good enough may reflect the ambivalence between certainty and uncertainty and may also represent efforts cognitively to re-assure themselves or soothe themselves in the face of anxiety.

Aside from concern about their own skills or lack of ability, the trainees also reported anxiety or worry in other forms throughout their experiences of supervision. Jordan described the fear they experienced when talking about applying skills they had otherwise only learnt during teaching sessions at the University: “*I think at first I found it really scary because I was like ‘no this is not what I have been taught’*”. Jesse described feeling worried about how the supervisor may react if they did not know things, stating, “*I am always wary about they are gonna, the person, the supervisor is gonna react, are they gonna think I am incompetent or not coping or whatever*”. Three of the supervisors also acknowledged this worry in their trainees. For instance, Reece’s reflection about trainee experience matched that of the trainee within the dyad and said, “*But probably the trainee was anxious about having feedback, ‘is it good? Is it bad?’*.” However, there was a slight contradiction in Jamie’s feelings about the supervisor’s negative judgement, as they said “*I never felt that supervision is a scary thing where you know, you should be really wary of what you say because you might get a lot of criticism, that isn’t the way I feel about it.*” It might be hypothesised again that there is

ambivalence in the expression of worry or anxiety, perhaps it is something that the participants feel should not be a part of a supervision experience.

Another experience shared by both supervisors and trainees was that anxiety decreased throughout the journey. Robin stated their belief that trainees' anxiety would be more normal at the start but that it should settle throughout the course: "*I expect there to be lots and lots of anxieties, and I expect trainees to kind of settle and anxieties to reduce during placements*". This expectation was confirmed by two of the trainees who felt that supervision was more "*anxiety provoking*" in the beginning (Jo). As such, the experience of challenge within the process of supervision, which seems more prominent at the start of the journey across all participants, parallels the experience of heightened worry and anxiety at the start.

Supervision is valuable. Despite the widespread agreement that the supervision journey is both challenging and worrisome, five of the participants expressed the view that supervision is generally a positive experience that can feel valuable or rewarding. In appraising their experience, Jordan stated, "*I find it helpful and I value it [...] I think that I look forward to it and do get a lot out of it*" and similarly the other half of the dyad, Robin said, "*I do enjoy it, I do find it a challenge*". Rae also strongly agreed with the enjoyment component of supervision: "*I really really love it. I really enjoy supervising trainees*". Thus there is a clear agreement that upon reflection, supervision is generally a positive, enjoyable or valuable experience. However, it is also noted that this idea was not explicitly shared by Jo and Rav in dyad one. Whilst there is limited data as to why that might be, it adds credence to the idea that the emotional tone or in this case, the agreed value of supervision, is something which may have been reciprocal and shared within the dyads.

Summary of an emotional journey of development. The journey of supervision can involve a shared process of development, challenge and enjoyment for both supervisors and supervisees. It is not clear how these experiences relate to one another, but it is plausible that challenge and anxiety may well go hand in hand, particularly during the foundation-laying stage of the supervisory journey. It may also be the case that the appraisal of supervision as a positive or valuable experience is only possible when the challenges are either overcome, or integrated with the positive components of supervision. Additionally, experiencing anxiety and worry is understandable when trainees are faced with the challenge or “push” to openly express their needs in supervision (as discussed in theme one). What may be more surprising to trainees in particular is the acknowledgment of anxiety in the supervisor:

“I really love it, I really enjoy supervising trainees. I find it very challenging so I know that it makes me nervous, erm, when the trainees first come in on placement. So I’m a mixture of nerves mixed with excited when a trainee comes on placement because I’m excited to meet them and find out more about them and find out how we can work together. Erm, and, I feel nervous because I feel, erm, a lot of, I think, a lot of people feel this, that, 'am I good enough' thing, so I want to be good enough for trainees and I want to give them a good enough experience”. (Rae).

This quote is useful in capturing the wide range of seemingly strong emotional responses which arise simply in anticipation of embarking on a new supervisory journey in the knowledge that it may include challenge, nerves, excitement, enjoyment and self-doubt.

When reflecting on the participants’ willingness to reflect openly about emotive experiences and the emotive content, it was notable that, during the interviews, the dyads varied in their readiness to acknowledge emotive content. In particular, there was similarity in the ways dyads one, two and four reflected upon the content of their experience and they were able to offer very clear, reflective statements about their emotive experiences. However, a difference was observed in dyad three whereby both the trainee and the supervisor provided

fewer emotionally reflective statements. This may represent a shared narrative or negotiation within this dyad about supervision not being a place of deeper emotional experience, unlike the other dyads presented here.

Superordinate theme three: the “blurry line” between supervision and therapy.

The final superordinate theme to emerge describes an idea which seven of the participants contributed to, sometimes with striking similarity. The theme involves the experience that supervision can feel very similar to personal therapy. Rae described a “*blurry line between supervision and therapy*” implying that it is not always easy to differentiate what is reflective clinical supervision and what is within the remit of personal therapy (Table 12).

Table 12

Overview of theme three: the “blurry line” between supervision and therapy.

<u>Superordinate theme</u>	<u>Brief description</u>
It’s like therapy, but not therapy.	Seven of the participants discussed the idea that supervision can feel like personal therapy but also balanced this with a hesitancy to call supervision, “therapy”.
A deep knowing of one another.	Eight participants discussed that supervision can involve deep levels of insight into one another developed over the course of their relationship.

It’s like therapy, but not therapy. Rav described supervision as “*a weird kind of healing relationship*” and Jesse described supervision as “*a therapeutic space*” suggesting supervision did feel therapeutic. It is interesting however that in addition to acknowledging the parallels between supervision and therapy, often qualifying statements were made that supervision ideally should not delve into the remit of personal therapy. For instance, Robin discussed trying to make sure “*that supervision doesn’t feel like personal therapy*”. However

it was also emphasised by Reece that it may be “*unrealistic [...] if you pretend that you can just split personal and professional things*”. Reece also questioned:

“How do you tap into that [trainee support needs] without it becoming personal therapy? But you can’t also completely dismiss that, because that has an impact. If I’m perceiving that there is a need and it’s big enough to be out there, then I can’t dismiss it. But then how do I support a trainee to either look for further support somewhere else, or to support them in supervision if there is nothing out there?”

In this quote, Reece describes their role in considering the needs of the trainee according to whether there is support which can be provided in supervision versus the support which may be useful for the trainee to access outside of supervision. Out of the sample of supervisors, three recognised the role of ensuring that support needs are either met within supervision or in an appropriate alternative setting. However here Reece also suggested that they would provide personal support in supervision should they feel there are no other avenues for the trainee.

A deep knowing of one another. Six of the participants emphasised how the relationship allowed them to develop an in-depth knowledge of one another. For instance, when discussing how well their supervisor knows them, Jo said “*I think it’s different to say my friends know me well, completely different, they (the supervisor) doesn’t know me that well, but they (the supervisor) know me in a different sense and in some ways they (the supervisor) probably knows me better*”. Similarly, Jo’s supervisor, Rav (in reference to a moment in the video where there appeared to be some form of non-verbal communication) stated, “*At this stage we have worked together for nine months, right, so they know that when I am doing that, I am trying to get them to recalibrate their values on something*”. This idea of sharing a deep, insightful knowledge of one another, one might suggest, may parallel the experiences of individuals in personal therapy.

Summary of the “blurry line” between supervision and therapy. The majority of participants likened the experience of supervision to the experience of personal therapy, despite also expressing the idea that supervision should not become personal therapy. Furthermore, all of the participants expressed a deep insight into one another following the experience in supervision, an insight comparable to that which may be developed through personal therapy.

Discussion

The “journey” of supervision. The superordinate themes that emerged in the above study of the experience of supervision gives good insight into the prominent components of the experience of good clinical supervision for both trainee and qualified clinical psychologists. It is of interest to note that only one question within the interview schedule directly asked participants to discuss their experiences of the supervisory relationship, yet the largest theme in terms of depth of detail and discussion describes the supervisory relationship (a reciprocal relationship of mentoring and support). One might therefore argue that the relational dynamic within supervision is an important component of the supervisory experience for these dyads.

A thread which unites all the ideas within each theme, is that of a journey towards the development, most prominently personal development, of the trainee. The reciprocal roles adopted allow for this journey towards development, and the sense of safety and support in the relationship allows the trainee to safely be pushed and encouraged to grow. In some cases this can feel very much like personal therapy. The members of each dyad expressed some reciprocal experiences, particularly in the way in which their roles worked together and the emotional tone within the descriptions of their experiences. It was clear that each experience was unique to the two people involved and that dynamics, content and, thus, experiences in supervision are likely to change or evolve every time any member of the dyad changes.

Revisiting models and theories of supervision. The findings of this study highlight the position of the members of the dyad in relation to one another, specifically in relation to the roles adopted within the dyad. The dual role highlighted within theme one of the supervisor as both a source of support and a mentor or teacher supports the implication in Bernard’s discrimination model of supervision (Bernard 1979) that the process of supervision requires

the supervisor to adopt a specific role, dependent on the specific needs of the supervisee. The findings also support the founding assumption of developmental models of supervision that the primary focus of supervision is to develop competence and skills within the trainee (Stotenberg & McNeill, 2001). However, the present study challenges both Bernard's and Stotenberg and McNeill's focus on "teaching" and the implicit suggestion that this teaching is largely focussed on development of clinical competence. Instead, it was found that the focus of development is heavily weighted towards personal development through the exposure of the trainee's true self and insight into their own personal needs. There is limited evidence that much importance was placed on the trainee's clinical skills.

As the only available alternative study of the supervisory experience, Starr et al.'s (2013) finding that supervision can also include the experience of comfort alongside challenge strongly mirrors the participants' experiences in the present study. Starr et al.'s participants considered challenge in supervision to be around having someone offer alternative viewpoints and encourage alternative ways of thinking. Similarly, the participants here recognised that a similar form of challenge was useful in the supervisory relationship (theme one). However they also recognised the other challenges of the supervision processes such as fear of judgement and self-doubt (theme two).

Theoretical interpretations. If one of the defining features of supervision is the development of a reciprocal relationship within the dyad, the quality of supervision will depend upon the strength and character of the relationship. It follows that relational theories may provide a useful way of theoretically interpreting the results of this study. Attachment theorists described a child's capacity to learn and develop as being enhanced by a mother's ability to nurture safety and comfort alongside encouraging the child to explore their world (Bowlby, 1971; Ainsworth, 1979). One might suggest that a similar process is being described

within the supervisory relationship in theme one, particularly in the creation of a safe place in supervision alongside the encouragement to learn new things and develop. This process of exploration is considered by attachment theorists to be the mechanism by which the infant learns and develops, which again may parallel the process of trainee learning and development also evidenced in the idea in theme two of “*an emotional journey of development*” through supervision. The reciprocity within the relationship is demonstrated by the fact that supervisors also felt that they learnt from the trainee.

It is widely acknowledged that infant attachment relationships form the “internal working model” for future, adult relationships (Bretherton & Munholland, 1999). As such, it is unsurprising that Bowlby (1988) also applied an attachment framework to his understanding of therapeutic relationships and suggested that therapists should act as a ‘secure base’ for their clients. Given the parallels drawn between supervision and therapy within theme three, it is reasonable to use attachment theory in the interpretations of supervision experiences.

Unsurprisingly, the idea that attachment styles may have an impact on the experience of clinical supervision has been gathering attention within the literature, (Pistole & Watkins, 1995) particularly due to the intense experience of training having the potential to activate attachment systems within the supervisory dyad (Bennett, 2008). A secure attachment style has been found to have a positive impact on the perception of supervisor alliance with supervision dyads (Riggs & Bretz, 2006; Dickinson, Moberly, Marshall & Reilly, 2011) and one might speculate that different attachment styles could have an impact on the way supervisors and supervisees experience supervision. For instance, an insecure style may make some of the fundamental components of supervision such as self-disclosure, openness and providing feedback, challenging for either member of the dyad. The importance of the supervisory relationship presented here also adds credence to other suggestions within the

literature of the value of developing a good supervisory relationship if supervision is to be of benefit to the trainee (Bordin, 1983; Beinart, 2002; Karpenko & Gidycz, 2012).

If attachment theory helps to understand how the supervisor-supervisee dyad provides the conditions for the supervisee's development, further light can be shed on the mechanisms involved by invoking Vygotsky's concept of the "zone of proximal development" (ZPD; Vygotsky, 1962). Vygotsky's learning and development focussed theory explored the processes present within infant learning and suggested that a caregiver's role is to give infants experiences suitable to their ZPD. These experiences are provided by tasks that the infant is able to do with support, as opposed to tasks that the infant is already able to do autonomously or tasks which, even with support, the infant would not be able to perform (Vygotsky, 1962). The idea of the supervisor balancing comfort or support with encouragement and challenge could be likened to ensuring that learning opportunities and provision of comfort and support are within the trainee's ZPD.

One of the more striking findings within the present research is the third theme of supervision feeling in many ways like personal therapy. All of the participants described the supervisory relationship as unique in its capacity for participants, in particular trainees, to expose their true or authentic self. This is acknowledged in the agreed role that the trainee adopts a position of openness and reflectiveness in supervision (theme one), which is a very exposed position in which to be. One could argue that the supervisory relationship is unique in its capacity to elicit this exposure in a work environment and perhaps this may be the part of supervision which feels most strongly like "therapy" for seven of the participants. Giddens (1991) describes "the self" as a "*reflective project sustained through a revisable project of self-identity*". One might also ask whether the poignant and most prominent focus of development in the supervision journey for these participants is that of personal development

or the development of the self, through supervision. The supervisor might facilitate this process through the use of the core applied psychology skills in which they have been trained.

Implications for clinical practice. If it is the case that supervision serves a function of personal or self-development, it implies that training is quite an unusual experience for trainees who are expected to embark on five different supervisory journeys during their training, each one filled with expectations, unknowns, worry, enjoyment and exposure. Similarly, this may also present an intense experience for supervisors undergoing this range of experiences within such a relatively short supervisory interaction, often lasting only five months. This is important to consider in the guidance and training of supervisors and trainees with regard to what to expect from supervision, specifically as the personal developmental component is not as clearly emphasised within BPS documentation regarding clinical supervision of trainees (BPS, 2010). Holding the purpose of personal development and clinical development in mind over five, short placements may be unrealistic over the course of training. If this is the case, perhaps supporting trainees to access additional personal therapy as in the case in psychotherapy training (BACP, 2013) should be visited. If however it is felt that personal development is considered fundamental within supervision then one might consider the guidance provided regarding supervision and ensure that participants know to expect that supervision may involve a therapy-like development process. One might also argue however that five month placements may not be the best place to enter into a therapeutic relationship alongside a clinical skill development model and that training and placement frameworks should be re-considered in light of this.

Training in clinical supervision has developed considerably over recent years (Fleming, 2012). The findings of this study are a valuable contribution to the development of such training, specifically in the acknowledgment of the relational components of supervision.

Specific training in the application of developmental or relational theories such as attachment theory or the ZPD within core supervision training may be of benefit to prospective supervisors. Additionally, normalising the experiences of anxiety and self-doubt which appeared to permeate the experience of supervision for both the trainees and the supervisors would also be valuable within such training.

Evaluation of the current research and future directions. This project provides a novel, much needed insight into an important working relationship and experience within the practice of clinical psychologists. It is one of few studies which explores what is prominent or important to trainees and their supervisors engaging in supervision.

As a methodological approach, video recordings of supervision and viewing those as part of the interview process is a novel way of gather data in this area. The videos did not feature heavily in this study due to interview time constraints and because it was necessary to ensure that there was enough time for the other components within the semi-structured interview. However, future studies may benefit from using this approach in more depth and spending more time viewing the video, possibly through use of a cued recall method.

The study has also suggested a number of different ways to interpret these experiences of supervision including through an attachment lens, through a consideration of the ZPD and through a considerations of Giddens' work on the idea of the continuous development of the "self". The study is also a very useful source of some rich verbatim material related to the experiences of trainee and qualified clinical psychologists which may be a valuable, accessible resource to others in a similar position.

This study exclusively examines the experiences of those who consider themselves to be engaging in "good" or "useful" supervision, and one might suggest that a willingness to engage in this form of exploratory research would limit any sample into comprising of people

comfortable and able enough to offer open, honest reflections. Another limitation is the studies' small size which does not allow for large amounts of comparison between the supervisor and supervisee groups, nor for generalisation about these experiences. The study also does not allow for an exploration into the potential differences between the experiences of trainees at different levels. Insight into the experiences of individuals who are engaging in supervision or supervisory relationships *not* considered “good” or “valuable” would also be useful in order to paint a greater picture of the overall experiences of supervision. It would be interesting to explore whether there are any differences in the themes which emerge in those who have experienced supervision as “good” and those who thought otherwise. Additionally, it may also be of interest to explore the experiences of trainees at different levels of experience or clinical psychologists as a wider group.

In light of the “practical implications” above, further research is needed to shed light on the “blurry line” between supervision and therapy. Perhaps the question of what differentiates these experiences needs to be explored further. The question of how supervisors and supervisees can be reassured that their processes in supervision fit within the realms of supervision as opposed to therapy could also be examined. One might also ask, is it truly possible to separate supervision from therapy? Little light is shed on the answer to this question within this project and so this may benefit from further exploration. Finally, in order to continue to build on the idea of supervision as a place balancing comfort and challenge, it may be useful to explore more specific components of the supervisory experience for example, asking what it is that the supervisor is considering when offering both comfort and challenge.

Concluding remarks. As an exploratory process this study is valuable in providing a broad overview and interpretation of the experiences of those engaging in clinical supervision.

The findings certainly add value and credence to ideas proposed by other studies in the area, particularly around the novelty of the supervisory relationship relative to other professional relationships and the range of emotions and challenges to be expected from both halves of the dyad in a “good” or “useful” supervision journey. As an area of research, clinical supervision remains under-developed. However this study has highlighted some interesting avenues which may expand our broadening knowledge of the range of experiences which play an important part in the seemingly intricate journey of supervision.

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Chapter Three-Public dissemination document

This document provides an overview the systematic review and empirical project completed for the degree of Doctorate in Clinical Psychology.

Literature review: A systematic exploration of the empirical evidence base surrounding the utility of group format clinical supervision for practicing therapists

Introduction. As therapists, participation in clinical supervision is an important part of clinical practice (Health and Care Professionals Council, 2012). Clinical supervision involves spending time with a more senior colleague discussing clinical work and experiences. The main purpose of supervision is to ensure that the quality of care provided by professionals is maintained. But it can also include education and mentoring (Hawkins and Shohet, 2012). Supervision often occurs one-to-one, i.e. with one supervisor and one supervisee (Division of Clinical Psychology, 2014). However, supervision in a group, i.e. with multiple supervisees, is also sometimes utilised as it is more cost effective and less time demanding (Hawkins & Shohet, 2012). This review aims to answer the question, ‘How useful is clinical supervision in a group format?’

Method: A search for relevant articles which provided some insight into group supervision took place which produced 25 relevant research papers. In order to consider the quality of the papers, a quality framework was used to rate the remaining articles (Kmet, Lee & Cook, 2004). Papers of the highest quality were considered to make the strongest contribution towards answering the research question.

Results: Upon reading the papers, it was observed that the focus of the findings in each paper fell into one of four categories. The first category involved what happens in the supervision room. The second category involved what group supervision is used for. The third

category discussed timing issues in group supervision. And the final category considered the outcomes of supervision. Table 13 describes the findings within each category.

Discussion: The review provided a useful summary of the evidence and current issues in the practice of group supervision for counsellors, psychologists and psychotherapists. The findings suggest that the group format, if used carefully, can be a good way of providing supervision to student or trainee populations. It needs to be recognised that group supervision is different and separate from individual supervision and that it may involve different issues such as group conflict and feeling exposed. When using the group format, participants need to consider ensuring that the roles of the supervisor and supervisees are agreed and understood, that the supervision environment feels safe, that group issues such as conflict are addressed and that a suitable amount of time is allowed for the session.

Table 13

Overview and description of the findings of the systematic review.

Category	Subcategory	Description of findings
What happens in the group?	Safety and exposure.	Groups can feel exposing, but this is seen as important. Creating a 'safe' environment is also considered important in the group.
	Roles, responsibilities and style.	The supervisor should be very direct and should facilitate discussions whilst supervisees benefit when they provide peer support to one another.
	Conflict.	Group conflict can have a negative impact on the group.
	Learning process.	The group includes learning through each other and also a place where interactive teaching tools can be used.
What the group is used for.	Focus on specific topics	The group can be a useful place to focus on a wide range of specific topics.
	Diverse material.	A range of ideas can be discussed in the group.
Timing/group size issues.		Limited time split between more people has a negative impact on experiences in the group.
Outcomes.	Development of therapeutic skills.	Some studies suggested that clinical skills improved in the group.
	Personal development.	Some people developed skills of reflection in the group.

Empirical paper: Trainee Clinical Psychologist supervision: exploring the experiences of the supervisor and the supervisee.

Introduction: Supervision in the clinical psychology profession is focussed on the development and improvement of skills of clinical psychologists (Falender & Shafranske, 2014) alongside providing a means to monitor the quality of the services provided by professionals (Bernard & Goodyear, 2004). However, the understanding of what it is that happens in supervision, how it happens and why it is important is still vague. Research has gone into exploring models of supervision (Stotenberg & McNeill, 2001, clinical outcomes in supervision (Wheeler & Richards, 2007) and the role of the supervisory relationship (Bordin, 1983). Yet little has been produced to explore the experience of supervision or what it feels like to engage in clinical supervision (Starr, Cicilitira, Marzano, Brunswick & Costa, 2013). Therefore, the question asked by this study is: “what is it like to experience clinical supervision for supervisor and trainee clinical psychologists?”.

Method: Interpretative Phenomenological Analysis (IPA; Smith, Flowers & Larkin, 2009) is an approach used to explore the unique features of individual experience and was considered a useful way of answering the above research question. Trainee clinical psychologists and their supervisors were invited to take part in the study and overall, four trainees and their supervisors consented to be in the study; all of whom felt that their supervision was ‘good’ or ‘valuable’. They were invited to an interview asking them to reflect on their experiences in supervision.

Results: The themes, following the analysis are summarised in Table 14.

Table 14

Overview and description of empirical paper themes.

Themes	Sub–themes	Brief description
A relationship of mentoring and support.	Distinct but reciprocal roles.	The supervisory relationship involved the supervisee and the supervisor adopting specific roles which worked well together.
	Comfort and challenge.	The participants felt that the supervisory relationship was characterised by feeling comfortable, alongside being encouraged to develop.
An emotional journey of development.	Development and growth.	Supervision can feel like a place of development and growth for both supervisors and supervisees.
	Challenge and worry	Feeling challenged, worried or anxious is common in supervision for supervisors and supervisees.
	Supervision is valuable.	The participants felt that supervision is valuable or enjoyable.
The “blurry line” between supervision and therapy.	It’s like therapy, but not therapy.	The participants felt that supervision can sometimes feel like personal therapy.
	A deep knowing of one another.	All of the participants felt that supervision encourages a deep insight into the other member so of the dyad.

Discussion: The findings are valuable and bridge a gap in the evidence base around understanding the experiences of trainee clinical psychologists and their supervisors in supervision. The intensity of the supervision experiences and personal development focus calls into question the expectation that supervision is primarily a place of clinical competence development. Guidance and training in supervision may benefit from acknowledging the importance of personal development processes in supervision, or perhaps the idea of supporting all trainees to access personal therapy during training might be valuable.

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Appendices for Volume 1

Appendix A. Email confirming ethical review.

The ETHical Review Approval email has been redacted from the e-version of the thesis for confidentiality protection.

Appendix B.

Health Research authority study screening tool.

www.hra-decisiontools.org.uk/ethics/EngresultN1.html

MRC Medical Research Council **NHS** Health Research Authority

Do I need NHS REC approval?

To print your result with title and IRAS Project ID please enter your details below:

Title of your research:

IRAS Project ID (if available):

Your answers to the following questions indicate that you **do not need NHS REC approval for sites in England**. However, you may need other approvals.

You have answered **'YES'** to: Is your study research?

You answered **'NO'** to all of these questions:

Question Set 1

- Is your study a clinical trial of an investigational medicinal product?
- Is your study one or more of the following: A non-CE marked medical device, or a device which has been modified or is being used outside of its CE mark intended purpose, and the study is conducted by or with the support of the manufacturer or another commercial company (including university spin-out company) to provide data for CE marking purposes?
- Does your study involve exposure to any ionising radiation?
- Does your study involve the processing of disclosable protected information on the Register of the Human Fertilisation and Embryology Authority by researchers, without consent?
- Is your study a clinical trial involving the participation of practising midwives?

Question Set 2

- Will your study involve research participants identified from, or because of their past or present use of services (adult and children's healthcare within the NHS and adult social care), for which the UK health departments are responsible (including services provided under contract with the private or voluntary sectors), including participants recruited through these services as healthy controls?
- Will your research involve collection of tissue or information from any users of these services (adult and children's healthcare within the NHS and adult social care)? This may include users who have died within the last 100 years.
- Will your research involve the use of previously collected tissue or information from which the research team could identify individual past or present users of these services (adult and children's healthcare within the NHS and adult social care), either directly from that tissue or information, or from its combination with other tissue or information likely to come into their possession?
- Will your research involve research participants identified because of their status as relatives or carers of past or present users of these services (adult and children's healthcare within the NHS and adult social care)?

Question Set 3

- Will your research involve the storage of relevant material from the living or deceased on premises in the UK, but not Scotland, without an appropriate licence from the Human Tissue Authority (HTA)? This includes storage of imported material.
- Will your research involve storage or use of relevant material from the living, collected on or after 1st September 2006, and the research is not within the terms of consent from the donors, and the research does not come under another NHS REC approval?
- Will your research involve the analysis of DNA from bodily material, collected on or after 1st September 2006, and this analysis is not within the terms of consent for research from the donor?

Question Set 4

- Will your research involve at any stage intrusive procedures with adults who lack capacity to consent for themselves, including participants retained in study following the loss of capacity?
- Is your research health-related and involving prisoners?
- Does your research involve xenotransplantation?
- Is your research a social care project funded by the Department of Health?

Appendix C.

Recruitment e-mail.

Dear all,

I think I have met most of you- my name is Amy Naylor and I am in the second year of the DClinPsy. As I am sure you are aware we are at the stage where we are planning our research projects and my project is looking at the experience of clinical supervision from the perspectives of clinical psychology trainees and their supervisors. I was hoping to recruit participants from your cohort. The project involves recording a small segment of your regular supervision and then reflecting on your experiences with me in an interview.

The project will be interesting as there is so much emphasis placed on clinical supervision as part of our clinical practice (at all levels), but there is very little research on the unique experiences within trainee supervision. It would be really helpful to me at this stage to get an idea of whether or not you would be interested in taking part. It goes without saying that I would be incredibly grateful for any participation. At this stage I am just looking to find out if there would be interest; I am not asking for anyone to agree to participate at the moment. If you are interested then please let me know via e-mail and I will be more than happy to answer any questions.

Additionally, if you feel that this is something which you definitely would not like to be involved in, then it would be helpful if you could let me know that too.

I look forward to hearing back from you.

Kind Regards,

Amy Naylor
Clinical Psychology Trainee
University of Birmingham

Appendix D.

Participant information sheet.

Version 2, 30/10/14

UNIVERSITY OF
BIRMINGHAM

Study Title: Exploring Trainee Clinical Psychologist supervision:
what are the experiences of both the supervisor and the supervisee?

You are invited to take part in a research study looking at the topic of clinical supervision. In order to help you decide whether you would like to be involved, it is important for you to read over the details of the study and what it will involve. Feel free to discuss this information or if you need any more information, please ask the researcher using the contact below.

Purpose of the study

Clinical supervision is a process undertaken by all practicing Clinical Psychologists. However, supervision theories, models and approaches have evolved over the years and to this day, there is no one set of advice as to what supervision should encompass (Fleming & Steen, 2009). However, what has been comparatively under investigated within psychological research is the process of supervision and what it is like to experience supervision. Starr et. al. (2013) attempted to explore this from the perspective of qualified female psychologists using interviews about their experiences; however this has never been done from the perspective of the supervisor. Additionally, as clinical supervision is such a large part of the training of clinical psychologists, it would be interesting to explore experiences within supervision specifically from their perspective too. As such, the aim of this study is to give a chance for both trainees and supervisors to consider their own experiences of good clinical supervision and to share these experiences. It is hoped that this understanding will help to inform best practice in the training of clinical psychologists and procedures surrounding clinical supervision in general.

Why have I been chosen?

You have been invited to take part because you are either a clinical psychology trainee, or you are the supervisor of a trainee. We are interested specifically in supervision dyads who consider their supervision to be “good” or “useful” as it is hoped you would feel able to reflect openly and honestly about your experiences.

Do I have to take part?

It is entirely up to you whether you chose to take part in the study or not. It is important that you think about this information carefully before you decide and only if both halves of the dyad agree will participation be considered. Therefore, it is advised that you both think about and discuss the study together before coming to a decision. You are allowed to withdraw your participation at any time and with no reason provided, up until two weeks following your interview as data analysis will have commenced at this stage.

What will happen to me if I take part?

You will first be asked to video-record a 20minute segment of one of your usual clinical supervision sessions over the summer of the foundation placement.

After the trainee has finished the placement, I will invite you both back for an interview which each of you will complete separately. The other half of the dyad will not be made aware of the discussions which take place within the interview. During the interview we will watch the video and discuss your experiences within the session and your reflections. The interview may take between one and two hours.

You will be offered two weeks following the interview as a 'reflecting period' to consider your involvement and ask any further questions. Also if there is anything you would like to be excluded from the analysis then this can be removed. The data will be transcribed, analysed and written up for publication in a peer reviewed journal. Direct quotes may be used, but your details will be kept completely confidential. Withdrawal will not be possible following the reflecting period as your data won't be individually identifiable.

The video recordings themselves won't be analysed in this project, however because they will provide interesting data, we hope to further analyse the supervision session in a future project. It is entirely up to you whether you agree to this and the consent form will ask separately if you consent to this. You are entitled to agree to the current project but not to this specific data being kept. All data will be kept in encrypted files or locked cabinets and will be destroyed 10 years after the end of the project, accessible only by the researchers.

Risks of taking part

Because you will be taking part in the study as one half of a supervisory dyad, although the interview will take place confidentially, there is a possibility that you will be able to recognise what the other half of your dyad has said within the write up. If any quotes make it particularly clear which dyad you are connected to, or are perceived to be particularly sensitive, they will not be assigned to a particular identity within the report. If the interview becomes, emotive, sensitive or very personal then you will be reminded of your right to withdraw from the study or to have a break. All participants will be invited to debrief following the interview.

Benefits of taking part

While this study may not benefit you directly, it provides an opportunity to contribute your views and reflections and share your own experiences in an emerging body of literature pertinent to the practice of all clinical psychologists.

Will my taking part in the study be kept confidential?

Your participation will be kept confidential and the only people aware of your involvement will be the researcher and the other half of your dyad. However, if clinical malpractice or negligence is disclosed by any party, it will be the responsibility of the researcher to raise this with relevant members of the Clinical Psychology Department at the University of Birmingham and potentially with the host trust.

Who will see the video?

As part of this study, the video will only be seen by the researcher (Amy Naylor) and both halves of the dyad. However, if you consent, the video will also be viewed by the supervisors, Ruth Butterworth and/or Michael Larkin as part of a future study.

Who will see the interview transcript?

The transcript will only be viewed by the researcher (Amy Naylor) and the participant if requested. It will not be accessible by the other half of the dyad.

Ethics and funding

The study is being completed as part of a Clinical Psychology Doctorate qualification at the University of Birmingham. The protocol has been approved by the University of Birmingham Ethics Review Committee and local NHS trust research and development departments.

Contact Details:

If you have any queries about the study or if you have any concerns or complaints, please use the contact details below:

Amy Naylor (Researcher)
Trainee Clinical Psychologist
Department of Clinical Psychology
School of Psychology
University of Birmingham
Birmingham
B15 2TT
Number:
Email address

Dr Ruth Butterworth or Dr Michael
Larkin (Research Supervisors)
Department of Clinical Psychology
School of Psychology
University of Birmingham
Birmingham
B15 2TT
Number:
Email address:

Appendix E

Consent form

I can confirm that I have read and understand the participant information sheet dated 11th August 2014 (Version number 1) for the above study. I have also been offered the opportunity to ask any questions required and the answers provided have been satisfactory.

Please
initial box.

I understand that I can withdraw my participation at any time up until data analysis and that my participation is entirely voluntary.

I agree to be video recorded and audio recorded as part of the study.

I consent to taking part in the current study.

Signed

Date

As explained within the participant information sheet dated 30.10.14 (Version 2), although the supervision session recordings will not be analysed as part of this study, with your consent, the videos may be analysed as part of a future study considering the content and process of supervision sessions.

Please initial
box.

I consent to the recording of the supervision session being kept by the research team and being analysed as part of a future research project.

Signed

Date

Appendix F

Interview schedule

Part 1

- Can you tell me how supervision means to you?
- Can you tell me how supervision usual works or looks like for you?
- Prompts: thoughts, feelings, behaviour, experience?
Roles/responsibility or you/the other
- Was the video you recorded a typical session for you?

Part 2

We are going to watch the video back of your supervision session.

I would like you to stop the video at any point when you see something interesting, this can relate to you, the other participant or the relationship.

Some ideas for when you might like to stop the video are:

- When you have some insight into how you, or the other person was feeling.
- When you have some insight into what you, or the other person was thinking.
- When you have some insight into what you, or the other person was experiencing.
- When you see any moments which give you some insight into the supervisory relationship with the other person.

You can stop the video at any point you spot anything of interest, even if it isn't one of the points above. Each time you spot something and stop the video, we can talk about what it was you saw or experienced.

Part 3

- How did you experience this research?
- Is there anything that you have learnt about your or supervision?

Appendix G

Example of stage 2 of IPA analysis

Thank ideas /
gen's / general
thoughts

Stance/
P12
Tav.

OOE &
Usings

1 I: So, how does supervision typically work for you as a supervisor?

2 P: Typically?

3 I: Yeah.

4 P: I tend to try, well, so a narrative goes across all the things I supervise. So

5 for the first couple of months they will be chaotic, well at least in the first

6 month, in terms of trying to organise it, time, day, which is going to be

7 regular so therefore I know when it is coming up and I can prep for it in

8 my head, and then what tends to happen is 5-10 minutes before

9 supervision, I will start thinking about what I need to talk about with the

10 supervisee, what is going to be on my agenda. And then we will say come,

11 see what's on their agenda kind of thing, and then I tend to follow, it's a

12 fine balance, supervision is a fine balance isn't it? Between, reflective

13 space, and support and guidance. And in feedback I have always been told

14 that I am more leaning on the side of reflective space, so my supervision

15 tends to be more on the reflective space, and less guidance, and that can

16 be really difficult for some people because some of the trainees they

17 appreciate having more guidance to start, and I start off with that because

18 I would rather they develop their own opinion and confidence in thinking.

19 So what I resist against is when a trainee will come and report back what

20 they have done because I think you can get into a pattern of just reporting

21 what you are doing and you don't have the thinking around it. So the

22 primary rule I always have in supervision is, and I outline this right at the

23 start, is the basic things that I need for them to explain to me why they do

24 what they do, if they can tell me what their thinking is behind their

25 choices in therapy with the client, or whatever project they are doing then

26 that is fine, it's when they can't outline their thinking that I start to worry,

27 because that means they are reacting, and more often than not, luckily

28 my experience has been that people have a rational behind doing what

29 they are doing, and then we can apply where that has come from whether

30 that is a personal thing or professional thing and then we will look at that

31 stuff.

32 I: Okay.

I bring to S/V -
similar process across all
supervisions

S/V can be -
chaotic @ start
when organising

my responsibility -
to prep S/V with the
trainee responsib
around their own agenda

purpose
of sup -
reflective space
balanced in
guidance

S/V can be -
challenge when
supes needs diff
to exps

my responsib
is not just reporting
w/o thinking.

my respons
@ highlight @ start
should be able to
explain what
doing.

my respons -
assessing skills in
justifying work.

goal of S/V - be able to justify decisions

goal of S/V to understand why do what we do

goal of S/V to processes & discuss
why we do what we do

change
over time in
the process

Stance
I know
v. clear
& direct
of myself

acknowledging
trainee needs
@ first

support &
reassurance
prior to
challenge

Tone =
assertive

Trainee
needs to
understand
it be
accountable

Personal
reflection in
trainee - 1
important
in development

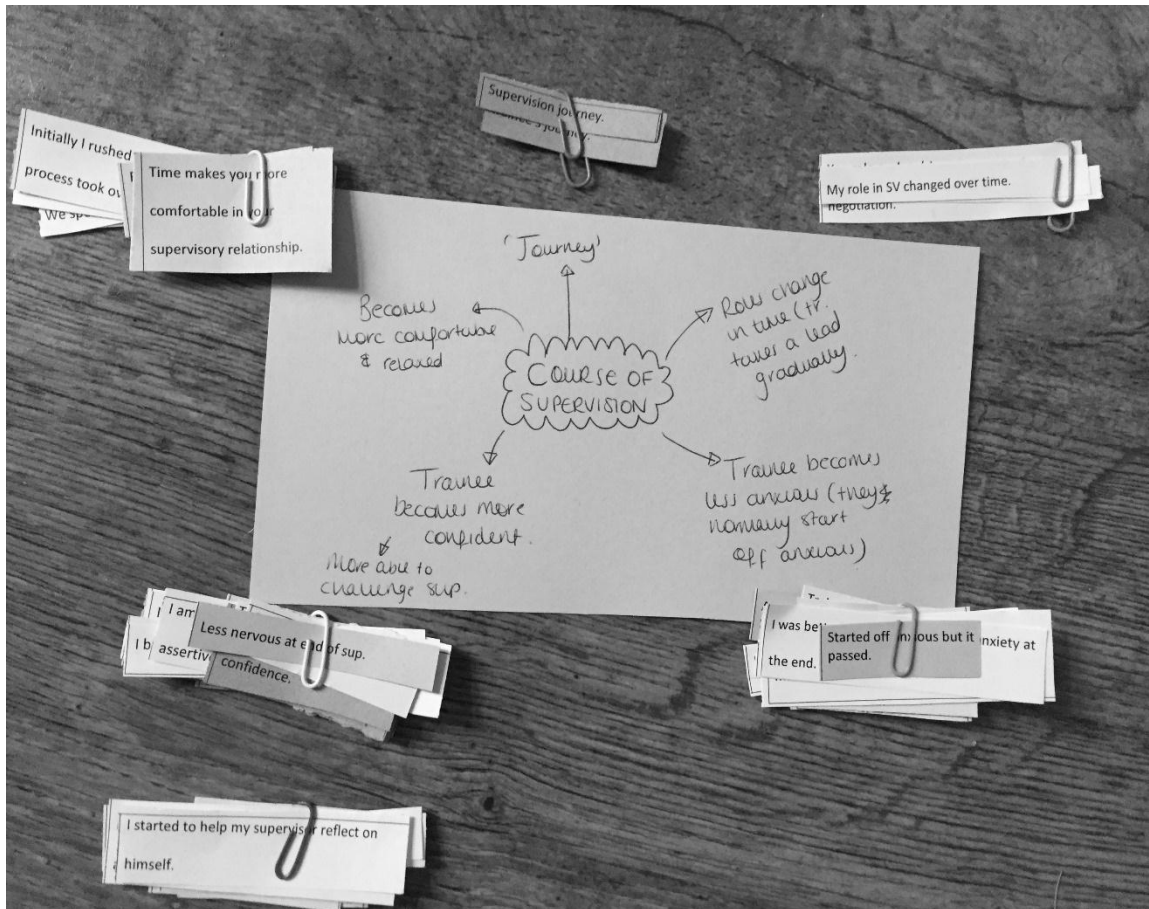
Appendix H

Example of stage 3 of IPA analysis

Object of concern	Location & Description	Summary
Typical supervision session/what usually happens.	<p>321: I think supervision with Jen is <u>usually structured</u> but this following a form.</p> <p>324: we would usually <u>reflect a little bit more</u> and we would normally sit in a more relaxed position.</p>	<p>SV usually structured.</p> <p>Usually reflect a lot in SV</p>
Supervisory style	<p>14: between the two of them it was completely different. <u>Different supervisors vary.</u></p>	<p>Supervision different dependent on SV</p>
Course of supervision over placement.	<p>169: But particularly with Jen, the way she responded, she was fine, in the end it was fine and it came naturally and <u>in the end I wasn't nervous about saying things.</u></p> <p>330: It wasn't like it straight away like it's not with anyone when you meet them in <u>the early days and I was a bit apprehensive about having Jen</u> because a previous trainee had had her and he, he'd failed or been moved. <u>Apprehension at start due to other trainee experiences of her.</u></p> <p>422: Erm. It felt very naturally really, <u>particularly by the end of like, by the time we knew each other</u> and we knew the way supervision worked.</p>	<p>Less nervous at end of sup.</p> <p>Apprehensive at start of SV as didn't know what to expect.</p> <p>Knew each other well by the end.</p>

Appendix I

Example of stage 5 of IPA analysis.



Appendix J

Evidence of permission to recruit from local NHS trusts

The ETHical Review Approval emails have been redacted from the e-version of the thesis for confidentiality protection.