

Supervision across the career: perceptions and experiences of highly regarded trainees and practicing therapists

 pacja.org.au/2018/09/supervision-across-the-career-perceptions-and-experiences-of-highly-regarded-trainees-and-practicing-therapists-2

[Return to Journal Articles](#)

Sandra E Stewart, PhD, *Lecturer in Psychology, Monash University, Counselling and Clinical Psychologist, MAPS*, and Janette G Simmonds, PhD, *Senior Lecturer in Psychology, Monash University, Counselling and Clinical Psychologist, MAPS*.

Introduction

Supervision has long been viewed as essential to good practice in psychotherapy and counselling (Bernard & Goodyear, 2014). Accreditation bodies require that trainees practice under supervision and many professional associations require ongoing supervision to maintain registration: for example, the Psychotherapy and Counselling Federation of Australia (PACFA) and the British Association of Counselling and Psychotherapy (BACP). In some theoretical orientations (e.g., psychoanalytic), ongoing supervision is mandated (Watkins, 2015).

Earlier substantive reviews found little evidence of the benefit of supervision for clients, calling into question the importance of supervision (Frietas, 2002; Kavanagh, Spence, Wilson & Crow, 2002; Wheeler & Richards, 2007). More rigorous research has linked quality of supervision with client outcomes (Bambling, King, Raue, Schweitzer & Lambert, 2006; Bambling, 2014) and benefits of supervision to therapists have also been reported, including increased awareness of self and others, greater capacity to cope with anxiety, improved self-efficacy, and more developed case conceptualisation and intervention skills (Ladany, Mori & Mehr, 2013; Ronnestad & Orlinsky, 2005). Such findings highlight the importance of supervision for both therapists and clients.

Despite the importance of supervision, trainees and practitioners do not always experience supervision as helpful (Orlinsky & Ronnestad, 2005). Ineffective supervision can be damaging for any therapist but for trainees in particular by increasing the stress they experience with client work and reducing their professional confidence (Orlinsky & Ronnestad, 2005). Greater understanding and delivery of effective supervision is clearly essential for both therapist wellbeing and quality of practice.

Most supervision research has employed convenience samples of therapists in training with under five years' experience, which is not sufficient for full understanding (Skovholt, Ronnestad & Jennings, 1997). In contrast, only a few studies have focussed on experienced therapists. This situation is problematic given that most service delivery is by registered therapists in clinical settings. Findings from several survey studies indicate that most practising therapists engage in some form of supervision (group or individual) and experience at least moderate satisfaction with supervision (Ashworth, Williams & Blackburn, 1999; Grant & Schofield, 2007; Townend, Iannetta & Freeston, 2002). Beyond reports of frequency of uptake and satisfaction, important questions remain, including therapists' commitment to supervision, regularity of supervision, engagement in supervision across the career, and the influence of supervision on professional development (Hill & Knox, 2013; Wheeler & Richards, 2007).

One approach to understanding effective supervision is from the perspective of therapists themselves. In a phenomenological study (Weeks, 2002), experienced practitioners reported viewing the supervisory relationship as "of paramount importance ... to the experience of good supervision" (p. 36). Three core conditions of a good supervisory relationship were identified: safety (e.g., feeling comfortable, non-threatened); equality (e.g., an equal powerbase in the supervisory dyad); and challenge (e.g., neither too comfortable nor too paternal/maternal, providing a different perspective).

Retrospective reports from highly regarded senior therapists have been used to understand factors that influence professional development (e.g., Jennings & Skovholt, 1999; Skovholt & Jennings, 2004). In such studies, factors such as personal therapy, ongoing supervision, life experience and exposure to client work have been identified. This approach has foundations in the expert performance literature (Ericsson, 2009; Ericsson, Charness, Feltovich, & Hoffman, 2006) and is based on the premise that highly regarded senior therapists are "exemplars" of effective practice. From an expert performance perspective, highly proficient professionals with at least ten years' or 10,000 hours experience can uniquely illuminate the factors that facilitate optimal professional development. Thus, retrospective reports of highly regarded senior therapists about influences on their practice and development across the career are likely to be an information-rich source of understanding about effective supervision.

Rationale and Study Aims

The aim of this paper is to report on research capturing highly regarded therapists' experiences and perceptions of supervision at three points in their career using purposive, theoretical sampling (Patton, 2015) based on the expert performance framework using both *experience* and *proficiency* dimensions. Sampling along both dimensions permits greater confidence that the interviewed practitioners meet criteria for expertise in that they have sufficient experience and are deemed high quality practitioners, thereby permitting greater confidence in the conclusions that can be drawn based on the findings.

On the experience dimension, a beginner was a therapist with less than five years' experience, taken from the point of entry into specialist counselling training (e.g., Master's or Doctoral level study), a mid-career therapist was one with less than 10 years' experience (to capture therapist experience approaching the ten year experience dimension); and a senior therapist was one with at least 15 years' experience but preferably substantially more (to capture experience well beyond the ten year differential and across the career). Sampling three cohorts captures both ends of the novice-expert continuum, as well as the in-between experience of mid-career

therapists, and also enhances trustworthiness by (a) providing an alternative perspective about participants' experience at different career points (e.g., all three cohorts can report on experiences of being a beginner) and (b) mitigating the limitations of retrospective recall across the career, which can span decades.

On the proficiency dimension, sampling was done by peer nomination on the basis of knowledge of client work (e.g., successful referral or client report, as opposed to awards or publication record). Peer nomination has been criticised because it does not measure therapist performance by client outcomes; however, in the absence of client outcome data for therapists in the community, peer nomination is one of few methods available to identify therapists likely to be high quality.

A qualitative interview approach allows for fresh understanding and exploration of experience and can provide rich, descriptive information that can be used to develop theory; it is therefore well suited to understanding the complex influences on therapist development. The specific research question addressed was: "How do highly regarded therapists, at three points on the career path, describe the role and influence of supervision in their practice and on their development?"

Method

Participants

The sample comprised highly regarded therapists in three cohorts (N = 23): six beginners (< 5 years' experience), six mid-career (7 – 10 years' experience), and eleven senior (> 25 years' experience). Participants were practitioners who had completed accredited Australian training and had eligibility for professional registration, or were in training towards accreditation as a therapist. All participants worked primarily with individual adults, and subscribed to "therapist" as their primary anticipated or current professional role (as opposed to trainer, manager, researcher, other). Summary demographic information is presented in Table 1, including age, years of practice, full time equivalent face-to-face contact, training, highest academic qualification, professional affiliation, main theoretical orientation, and practice setting.

Therapist Demographic Information

ID	Cohort	Pseud.	Age (yrs)	Sex	Practice (yrs)	% Full-time	Professional Affiliation	Highest Qualification	Theoretical Orientations	Practice Settings
T1	Senior	Sarah	59	F	35	90	Psychology Social work	Masters	Psychodynamic Systemic/postmodern	Private practice Community health centre
T2	Senior	Ingrid	63	F	28	50	Social work	Bachelor	Systemic/postmodern	Private practice Community welfare agency
T3	Senior	Carolyn	59	F	26	20	Psychology	Masters	Systemic/postmodern	Community welfare agency
T4	Senior	Richard	64	M	24	60	Psychology	Masters	Cognitive-behavioural	Private practice University counselling service
T5	Senior	Graeme	69	M	49	0	Psychology	Masters	Humanistic	Recently retired (late 2011)
T6	Senior	Joanne	57	F	26	100	Psychology	Masters	Psychodynamic	Private practice
T7	Senior	Amy	57	F	14	30	Social work	Masters	Systemic/postmodern	Private practice

T8	Senior	Valerie	55	F	30	50	Social work	Masters	Systemic/postmodern Cognitive-behavioural	Private practice Youth mental health
T9	Senior	Angela	53	F	36	60	Psychology	Masters	Psychodynamic	Private practice Private consulting agency
T10	Senior	Julia	58	F	25	80	Psychology	Masters	Psychodynamic	Private practice Not-for-profit organisation
T11	Senior (NFT) ^a	Leanne	67	F	17	20	Volunteer (none)	None	Eclectic	Community welfare agency
T12	Mid-career	Leone	47	F	9	90	Counselling/psychotherapy	Postgraduate Diploma	Humanistic	Not-for-profit organisation
T13	Beg.	Pamela	29	F	4	40	Psychology	4 + 2 Internship ^b	Cognitive-behavioural Systemic/postmodern	Psychology training clinic Community welfare agency
T14	Mid-career	Andrea	47	F	8	90	Psychology	Masters	Humanistic	Secondary school
T15	Mid-career	Helen	48	F	6	20	Counselling/psychotherapy	Masters	Humanistic	Private practice
T16	Mid-career	Mary	52	F	8	90	Social work	Bachelor	Humanistic	Not-for-profit organisation
T17	Mid-career	Sonya	52	F	10	40	Counselling/psychotherapy	Graduate Certificate	Eclectic	Private practice
T18	Mid-career	Nancy	57	F	9	75	Counselling/psychotherapy	Masters	Systemic/postmodern	Community welfare agency
T19	Beg.	Neil	26	M	1	60	Psychology	Masters ^b	Cognitive-behavioural	University counselling service
T20	Beg.	Jane	41	F	1	20	Psychology	Postgraduate Diploma	Humanistic	Community welfare agency
T21	Beg.	Adam	28	M	1	60	Psychology	Masters ^b	Eclectic	Primary school University counselling service
T22	Beg.	Chloe	34	F	1.5	40	Psychology	Masters ^b	Undecided	University counselling service

T23	Beg.	Selina	29	F	2.5	40	Psychology	Professional Doctorate ^b	Humanistic	University counselling service
-----	------	--------	----	---	-----	----	------------	--	------------	--------------------------------------

Recruitment

The target sub-sample of ten senior therapists was first recruited using peer-nomination and snowballing through the researchers' extended professional networks. Twenty-two key informants (e.g., practice managers, supervisors, trainers, practicing therapists) nominated peers according to criteria adapted from Jennings and Skovholt's (1999) study of master therapists as follows:

"Which three therapists first come to mind when thinking about those practitioners who are among the 'best of the best' among their peers with similar experience? Therapists who:

- (a) you would confidently approach for your own personal therapy; and/or
- (b) you would recommend for a close friend or family member; and/or
- (c) you know promote consistently excellent results for most clients."

From an initial pool of approximately 90 potentially-eligible nominated therapists, ten met eligibility criteria and had two or more independent nominations (e.g., from different organisations). One highly regarded volunteer therapist was also included. Using the same criteria, the target sub-sample of six mid-career therapists was then recruited, followed by the target sub-sample of six "promising" beginners who were nominated by supervisors and course leaders at three training institutions.

Participants were individually interviewed about their practice and development. The interview comprised 23 questions tapping four broad domains: (1) reasons for becoming a therapist and perceived demands and rewards of therapeutic work; (2) beliefs about effective practice; (3) strategies for improving as a therapist; and (4) perceived developmental influences. Questions mostly directly interrogating supervision were "Have supervisors or mentors been (or are they) important to you?" and "Is there anything else that you consider important in your development (e.g., reading, personal therapy, early family environment, or life events)?" Supervision was raised spontaneously by participants before being explicitly addressed in Question 17; excerpts coded "supervision" constituted 11% of the total transcripts (approximately 39,000 words from a total of 350,000 words) and formed the data set for this report.

Data analysis

Data collection and analysis was completed by the first author, an experienced therapist and a provisionally-registered psychologist. Average length of interview was approximately 1.5 hours. Interviews were held at a venue convenient for the interviewee (e.g., consulting room, office) and conducted in conversational format using the semi-structured interview schedule as a guide. Interviews were transcribed in the order they were conducted, with senior therapists first followed by the mid-career therapists and then beginners. Coding was conducted in Dedoose, an online platform for qualitative and mixed methods research. Initial coding of the larger data set revealed that supervision was the most-mentioned and most highly-valued developmental influence reported by the interviewed therapists, followed by professional development, personal therapy, formal training, life-experience and reading, respectively.

All excerpts coded as "supervision" were then analysed as a discrete data set. Inductive content analysis was first undertaken at the level of semantic meaning, guided by the analytic question "What did this therapist say about supervision?" (Braun & Clarke, 2006). Frequency tables (Lynass, Pykhtina and Cooper (2012) were then developed to summarise the codes at a semantic level and provide a snapshot of similarities and differences in therapists' responses from beginner to senior.

Thematic analysis was then undertaken. The entire supervision data set was read in the order the interviews were conducted. On a second pass, the data set was re-coded to reflect more detail about supervision. On a third pass, like-codes (e.g., Listening, Empathy) were grouped under provisional theme titles (e.g., "Helpful Supervision") ensuring that the full data set was incorporated. Themes were then refined using an iterative process of checking against the source text and code names to better represent therapist responses. Disconfirming codes were incorporated to capture the complexity of the data set (e.g., the provisional theme "Helpful Supervision" was changed to "Helpful/Unhelpful Supervision"). Themes were developed taking into account both frequency of mention (i.e., *how often* therapists mentioned certain codes) and importance (i.e., how much *weight* therapists attributed to certain codes). Theme names were finalised by reading the entire supervision data set to check that themes fully captured therapists' responses. Finally, excerpts were chosen to illustrate each main theme.

A codebook was developed to ensure that code definitions were sufficiently comprehensive and clear for another rater to code the text similarly. Inter-rater reliability was calculated with a practicing psychologist with experience in qualitative research and found to be acceptable ($r = .78$) (Guest, MacQueen, & Namey, 2012).

Ethical considerations

University ethical approval and written, informed consent were obtained. Pseudonyms are used for participants with identifying details removed.

Findings

Four themes were identified: Essential to Good Practice; Reflective Space; Relational Influence; Helpful/Unhelpful Supervision. Each are discussed in turn.

Theme 1: Essential to Good Practice

Supervision was viewed as essential to good practice by all but one therapist, and was described as a privilege rather than an obligation.

VALERIE: I continue to value supervision a great deal. ... I both get it externally [and internally] now, I see a private supervisor, 30 years down the track I value supervision more than anything [laughs] ... I just love that space of saying "This is what I did, this is how the client reacted". So that's the way that I want to improve myself as a therapist ... (Senior)

Conversely, practicing without supervision was viewed by the vast majority of senior therapists as unprofessional, bordering on unethical. Grave concerns were voiced about practicing without supervision because of the potential of harm to clients.

INGRID: ... if people don't get to that I think it's a bit dangerous really...that they know they need supervision in a group or individual. (Senior)

Mid-career practice was reported as highly demanding by current mid-career therapists and by senior therapists retrospectively. Mid-career therapists reported the largest case- and workloads and the highest percentage of fulltime in direct work with clients, along with high dissatisfaction with in-house supervision. For example, some organisations provided supervision infrequently or not at all:

AMY: I can't stress enough how essential it is. I've worked in places where you just haven't had enough supervision, and I think that it makes such a huge difference when you do get it. (Senior)

Other inadequacies reported included supervisors lacking clinical knowledge and/or skill and training in supervision, overly critical versus supportive feedback, and the dual role of supervisor/manager.

LEONIE: ...just the way a lot of organisations are set up, it's your manager who's your supervisor and I think that's problematic because it's a dual role. They're going to be the ones doing your performance reviews. (Mid-career)

Some mid-career therapists reported securing external supervisors, whereas others reported that the high cost relative to income was prohibitive. Some senior therapists recalled seeking external supervision when workplace supervision was inadequate, although (for senior therapists) their current reported work practices had been arranged to minimize demands (e.g., reduced caseload) and to maximize support, including appropriate supervision.

Reflecting the extent to which supervision was valued, practising therapists were discerning and proactive in sourcing a supervisor to best support their development; they did not leave supervision arrangements to chance.

JOANNE: I deliberately have chosen supervisors that are mature age, highly experienced in their respective fields, only two have been psychologists – the rest had a social work or medical background. I don't think the label is important but I think the way that you work with someone is. (Senior)

Some also reported substantial investment of time and effort in choosing a supervisor, for example:

JOANNE: I made an appointment to see three or four people, and I said, "I would like to make and pay for an initial session, I'm just in the process of looking for a supervisor, could we meet and I get a bit more of a feel for how you work?" And that was quite valuable, one of those people I stayed with for a number of years. (Senior)

Theme 2: Reflective Space

Therapists' perceptions of the role of supervision are presented in Table 2.

Table 2. Therapists' perceptions of the role of supervision

Response	Senior.	Int.	Beg.	Total.
Enhance self-awareness	7	6	6	19
Understand and manage dynamic processes	6	6	7	19
Reflection	5	4	3	12
Encouragement, support and validation	2	3	2	7
Assess capacity for work	3	1	2	6
Deal with difficult clients	2	2	1	5
Self-care	2		2	4
Discuss ethical concerns	3			3

Challenge and extension	3		3
Balance caseload	1	1	2
Devise alternatives	1	1	2
Staying open	1		1
Discuss end of career issues	1		1
Gain knowledge	1		1
Navigate training		1	1

Note. Figures reported refer to the number of therapists mentioning a particular response.

A triad of interrelated, concurrent processes involving deepening self-awareness, reflection and management of dynamic processes was described by all but one therapist, with supervision reported as the primary vehicle for facilitating this triadic process. Mid-career and senior therapists, in particular, reported that understanding and managing countertransference was essential to “good” therapy, and described both personal therapy and supervision as central in this regard.

GRAEME: I know that [dynamic processes] are reciprocal as well, and that I constantly gotta be reflecting on my own processes to deal with the transferential elements.... I was in both therapy and supervision during virtually all the time I worked as a therapist.... And with my therapist it had more of a direct therapeutic focus, and in my supervision we'd be talking more about this client and your relationship with that client and stuff. (Humanistic, Senior)

To a lesser extent, supervision was valued for encouragement, support and validation; self care; discussing ethical concerns; challenge and extension; managing caseload and devising alternatives. Mid-career and senior therapists valued supervision that was less technical than for beginners and more focused on understanding the impact of “self” on the therapeutic process.

LEONIE: I'm more interested in supervision that's not just about content, it is a lot about you ... a “supervisory-therapy” is what perhaps I'm looking for now, rather than it just being “Tell me about your cases.” (Mid-career).

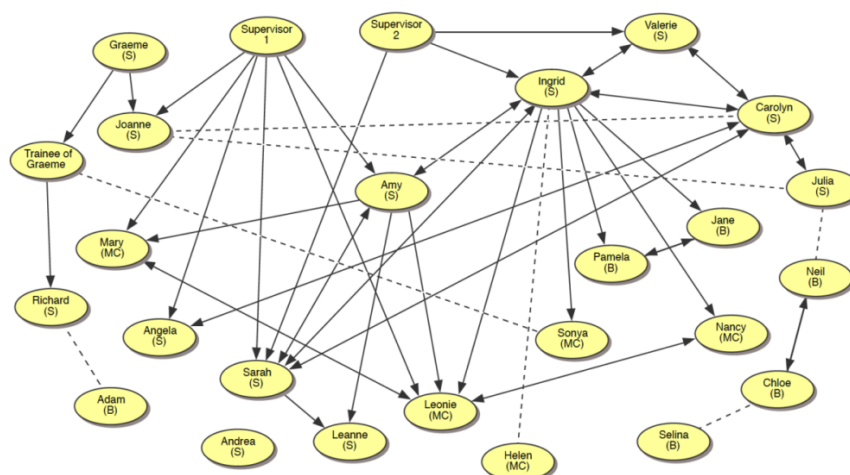
Conversely, role modelling and support was more highly valued by beginners.

CHLOE: ... having a good working alliance with a supervisor or mentor is unbelievable ... having somebody that you respect, somebody experienced, open, [who] embodies a lot of the elements about the good therapist ... somebody who's got empathy, ... [can] be supportive in your learning, just as a therapist is supporting somebody learning about themselves and their behaviours (Beginner).

Theme 3: Relational Influence

Participants reported being highly interconnected through past or present group or individual supervisory relationships. Not only did therapists perceive supervision as the cornerstone of effectiveness, they also reported it as highly formative in their professional development. Supervisory relationships were described with reverence, reflecting a level of appreciation much deeper than collegial respect. To conceptualise the nature and extent of the influence of supervisory relationships in this sample, Figure 1 was developed.

Figure 1. Web of influence and connection



Although all of the senior therapists were also supervisors, three supervisors were identified as highly influential. Supervisors 1 and 2 were not participants, but interviewees mentioned them often. Ingrid (T2) was the most interconnected participant, with a past or present individual or peer supervisory relationship with 18 others (78% of the sample). Long-term supervisory relationships were reported by five senior therapists, with four lasting more than 20 years, and one lasting more than 10 years. These relationships were maintained *in addition to* other, often required (e.g., workplace), supervisions at various points in therapists' careers. These relationships were also highly valued and perceived as powerfully influencing the development of the personal/professional self.

INGRID: ...my lifelong supervisor – I've had lots of supervisors of course, which has been great – but the one I chose was someone who had a lot to teach me about the part that was lacking in me ... it feels like it was pretty unconscious then ... but I couldn't have made a better choice. (Senior)

Two of Ingrid's supervisees (also participants) spontaneously described the formative experience she had provided them, an experience that appeared to mirror her own as a supervisee:

LEONIE: I can't imagine who I'd be if I hadn't had the supervisor I did to start with... I just know she was absolutely the right person for that starting out, because she was so encouraging. She was just perfect (Mid-career).

Theme 4: Helpful/Unhelpful Supervision

Although not prominent in the analysis, there were some descriptions of what was helpful and unhelpful in supervision. In particular, beginners reported that a lack of validation was undermining.

NEIL: Sometimes supervision of [complex] clients has been overwhelming ... you think "I did pretty well today" and then you'll have your supervision and it's like, "that wasn't validated ... and now I feel like crap." (Beginner)

Finally, the ideal supervision was seen as balancing challenge and support:

MARY: Having [a supervisor] ask questions that prompt me to really reflect and think about what's actually going on ... Helpful supervision helps me to get more clear about what I'm feeling, what the client might trigger in me ... my feeling of inadequacy or "stuckness" or whatever. (Mid-career)

Discussion

This research explored 23 highly regarded therapists' experiences and perceptions of supervision at three points in the career. Four themes were identified: Essential to Good Practice; Reflective Space; Relational Influence; and Helpful/Unhelpful Supervision.

Overwhelmingly, participants perceived supervision as essential to good practice; conversely, that lack of supervision risked unethical practice. This finding is consistent with survey data of Australian therapists in which 80% of respondents reported that personal therapy and supervision were important influences on their development (Schofield & Roedel, 2012), although participants in the present study described supervision as their most valued developmental influence. Participants' perspectives were also consistent with the view that supervision is foundational to ethical practice (Barnett & Molzon, 2014).

Supervision was described primarily as a reflective space for deepening one's self-awareness, with the aim of better understanding relational dynamics between therapist and client. Most participants assumed the ubiquity of dynamic processes in the therapeutic encounter, despite their explicitly-stated theoretical orientations. Although such a view of the role of supervision has psychodynamic foundations (Watkins, 2015), participants reported various theoretical orientations (see Table 1), indicating an implicit integrative approach (see Norcross & Goldfried, 2005).

A complex web of interconnectivity amongst participants through supervisory relationships was evident. Interconnectivity is an inevitable consequence of peer-nomination and snowballing within a specific geographical region; nevertheless, connections were via supervision (e.g., "She was my supervisor") rather than collegial acquaintance (e.g., "We worked together"). Consistent with Australian survey data (e.g., Grant & Schofield, 2007), this finding points to a strong culture of supervision within this therapeutic community, within which the

acquisition and maintenance of therapeutic competence occurred via valued supervisory relationships (as opposed to via professional development or training events, for example). Similar findings regarding the influence of supervision relationships within therapeutic communities on professional expertise were reported in New Zealand (Annan & Ryba, 2013).

Formative, long-term supervisory relationships were reported by half of the senior therapists in the present sample. Although long-term supervision might be expected to be more likely for psychodynamically-oriented therapists (Watkins, 2015), participants' theoretical orientations included postmodern and humanistic, within which long-term supervision might not be expected. This finding was not due to a single, highly influential supervisor because three highly influential supervisors were described.

The value of ongoing mandated supervision has been questioned in the literature (e.g., McMahon & Patton, 2002), particularly for therapists with relatively light caseloads. In contrast, the present findings indicate that a successful supervisory relationship, similar to that described by Bordin (1983), can support career longevity and professional growth. The findings are thus consistent with previous studies highlighting the primacy of the supervisory relationship (Ladany et al., 2013; Weeks, 2002) and underscore the importance and desirability of supervision.

The present findings are reassuring in that they demonstrate that supervision can be experienced as beneficial when supervisors with positive experiences offer the same to their supervisees. The descriptions of developmentally-appropriate supervision in which beginners were provided with relatively more support and encouragement, with a balance of support and challenge, are largely consistent with previous literature (e.g., Bernard & Goodyear, 2014).

Limitations and contributions

These findings must be considered in light of inherent methodological limitations; primarily, that a qualitative paradigm does not allow generalisation beyond the sample. This research adds to the supervision literature about post-training supervision, and specifically about the role and influence of supervision in one Australian therapeutic community. Rich, descriptive information is provided about highly-regarded therapists' perceptions of and engagement with supervision, for both their long-term growth and their immediate therapeutic work. The study also provides a novel contribution by capturing the perspectives of both members of a number of supervisor/supervisee dyads.

Future Research

Although the therapists in this sample valued supervision, the extent to which therapists in general engage in and value supervision remains uncertain; particularly regular, planned, individual, supervision as described in this study. Present survey research is limited in the number of studies conducted and the response rates reported. It is also likely that therapists who complete surveys may be those who value supervision (Grant & Schofield, 2007). Further research to establish rates of engagement in supervision is clearly required, and the question of whether it is possible to practice competently and ethically without supervision remains of key interest.

Given the powerful influence of the practice community on practitioner development reported in this study, further examination of the role of practice communities appears warranted. Furthermore, given that this community was located within a metropolitan area, questions about developmental influences for rural and remote practitioners not in close physical proximity particularly are raised: are those practitioners disadvantaged?

Numerous dissatisfactions with workplace supervision were raised by the therapists in this sample. Given that supervision can be costly when compared with weekly income, particularly for counsellors, on the basis of the present findings, organisations may be well advised to invest in non-evaluative supervision provided by qualified supervisors with clinical expertise. This would likely improve wellbeing and engagement of mid-career therapists, in particular, as they reported the highest demands of all therapists in this sample.

Supervision could be viewed as paralleling the role of coach or mentor in high performance domains (McMahan, 2014). Much has been learned about effective coaching in the acquisition of expertise (e.g., Farrow, Baker & MacMahon, 2008) and many world-class performers employ individual coaches (e.g., swimming, tennis). Research along these lines could inform understanding of "good" supervision.

Recommendations

The present study describes how highly-regarded therapists and promising beginners engage with supervision to their benefit. Participants' descriptions may therefore serve as a model for practitioners wishing to optimise their own supervision. On the basis of the present findings, the following recommendations are made.

For practitioners

- Engage in regular supervision, regardless of level of experience, through to retirement.
- Actively seek supervision that meets your needs if the provided supervision is lacking, including external supervision in addition to workplace supervision.
- Seek supportive yet challenging versus evaluative supervision.
- Find a supervisor who themselves had a positive experience of supervision, values supervision, and desires to provide a formative experience for their own supervisees.

For organisations

- Provide in-house supervision by qualified, clinically experienced staff.
- Avoid the dual role of manager/supervisor.

- Offer or pay for external supervision where employed staff are not suitable or available.

This study contributes to the literature about post-training supervision. A feature was the purposive sampling of highly-regarded therapists, which permits some confidence in the conclusion that supervision contributes positively to continuing professional development and that it supports competent and ethical practice.

References

- Annan, J., & Ryba, K. (2013). Networks of professional supervision. *School Psychology Quarterly*, 28(2), 170-182.
- Ashworth, P., Williams, C., & Blackburn, I. M. (1999). What becomes of cognitive therapy trainees? A survey of trainees' opinions and current clinical practice after postgraduate cognitive therapy training. *Behavioural and Cognitive Psychotherapy*, 27(3), 267-277.
- Bambling, M., King, R., Raue, P., Schweitzer, R., & Lambert, W. (2006). Clinical supervision: Its influence on client-rated working alliance and client symptom reduction in the brief treatment of major depression. *Psychotherapy Research*, 16(3), 317-331. doi:10.1080/10503300500268524
- Bambling, M. (2014). Creating positive outcomes in clinical supervision. In E. Watkins Jr & D. L. Milne (Eds.), *The Wiley international handbook of clinical supervision* (pp. 445-457). Chichester, West Sussex ; Malden, MA : John Wiley & Sons..
- Bambling, M., & King, R. (2014). Supervisor social skill and supervision outcome. *Counselling and Psychotherapy Research*, 14(4), 256-262. doi: 0.1080/14733145.2013.835849
- Barnett, J., & Molzon, C. (2014). Clinical supervision of psychotherapy: Essential ethics issues for supervisors and supervisees. *Journal of Clinical Psychology*, 70(11), 1051-1061. doi:10.1002/jclp.22126
- Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision*. Boston, MA: Pearson.
- Bordin, E. (1983). working alliance-based model of superivision. *The Counseling Psychologist*, 11(1), 35-42.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp. 77-101. doi:10.1191/1478088706qp063oa
- Chi, M. (2006). Two approaches to the study of experts' characteristics. In K. Ericsson, N. Charness, P. Feltovich & R. Hoffman (Eds.), *The Cambridge handbook of expertise and expert performance* (pp. 21-30). New York, NY: Cambridge University Press.
- Eells, T., Lombart, K., Salsman, N., Kendjelic, E., Schneiderman, C., & Lucas, C. (2011). Expert reasoning in psychotherapy case formulation. *Psychotherapy Research*, 21(4), 385-399. doi:10.1080/10503307.2010.539284
- Elliot, A., & Dweck, C. (Eds.). (2005). *Handbook of competence and motivation*. New York, NY: Guilford Press.
- Ericsson, K. A. (Ed.) (2009). *Development of professional expertise: Toward measurement of expert learning and design of optimal learning environments*. New York, NY: Cambridge University Press.
- Ericsson, K. A., Charness, N., Feltovich, P., & Hoffman, R. (Eds.). (2006). *The Cambridge handbook of expertise and expert performance*. New York, NY: Cambridge University Press.
- Ericsson, K. A., Whyte, J., & Ward, P. (2007). Expert performance in nursing: Reviewing research on nursing within the expert performance framework. *Advances in Nursing Science*, 30(1), E58-E71.
- Farrow, D., Baker, J., & MacMahon, C. (Eds.). (2008). *Developing sport expertise: Researchers and coaches put theory into practice*. Oxon, UK: Routledge.
- Frietas, G. (2002). The impact of psychotherapy supervision on client outcome: A critical examination of 2 decades of research. *Psychotherapy: Theory/Research/Practice/Training*, 39(4), 354-367. doi:10.1037/0033-3204.39.4.354
- Grant, J., & Schofield, M. (2007). Career-long supervision: Patterns and perspectives. *Counselling & Psychotherapy Research*, 7(1), 3-11. doi:10.1080/14733140601140899
- Guest, G., MacQueen, K., & Namey, E. (2012). *Applied thematic analysis*. Thousand Oaks, CA: Sage.
- Hill, C., & Knox, S. (2013). Training and supervision in psychotherapy. In M. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behaviour change* (pp. 775-812). Hoboken, NJ: Wiley.
- Jennings, L., & Skovholt, T. (1999). The cognitive, emotional, and relational characteristics of master therapists. *Journal of Counseling Psychology*, 46(1), 3-11.
- Kavanagh, D. J., Spence, S. H., Wilson, J., & Crow, N. (2002). Achieving effective supervision. *Drug and Alcohol Review*, 21(3), 247-252. doi:10.1080/0959523021000002705
- Ladany, N., Mori, Y., & Mehr, K. E. (2013). Effective and ineffective supervision. *The Counseling Psychologist*, 41(1), 28-47. doi:10.1177/0011000012442648
- Lynass, R., Pykhtina, O., & Cooper, M. (2012). A thematic analysis of young people's experience of counselling in five secondary schools in the UK. *Counselling and Psychotherapy Research: Linking research with practice*, 12(1), 53-62. doi:10.1080/14733145.2011.58053

- McMahan, E. H. (2014). Supervision, a nonelusive component of deliberate practice toward expertise. *American Psychologist*, 69(7), 712-713.
- McMahon, M., & Patton, W. (Eds.). (2002). *Supervision in the helping professions*. Frenchs Forest, New South Wales: Pearson Education.
- Norcross, J., & Goldfried, M. (Eds.). (2005). *Handbook of psychotherapy integration*. New York, NY: Oxford University Press.
- Orlinsky, D., & Rønnestad, M. (Eds.). (2005). *How psychotherapists develop: A study of therapeutic work and professional growth*. Washington, DC: American Psychological Association.
- Patton, M. (2015). *Qualitative research and evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, CA: Sage.
- Pelling, N. (2008). The relationship of supervisory experience, counseling experience, and training in supervision to supervisory identity development. *International Journal for the Advancement of Counselling*, 30, 235-248. doi: 10.1007/s10447-008-9060-2
- Rønnestad, M., & Orlinsky, D. (2005). Clinical implications: Training, supervision, and practice. In D. Orlinsky & M. Rønnestad (Eds.), *How psychotherapists develop: A study of therapeutic work and professional growth* (pp. 181-202). Washington DC: American Psychological Association.
- Schofield, M. J., & Roedel, G. (2012). *Australian psychotherapists and counsellors: A study of therapists, therapeutic work, and professional development*. Melbourne, Australia: La Trobe University.
- Skovholt, T., & Jennings, L. (Eds.). (c2004). *Master therapists: Exploring expertise in therapy and counseling* (pp. 31-52). Boston, MA: Allyn & Bacon.
- Skovholt, T., Rønnestad, M., & Jennings, L. (1997). Searching for expertise in counselling, psychotherapy, and professional psychology. *Educational Psychology Review*, 9(4), 361-369. doi:10.1023/A:1024798723295
- Townend, M., Iannetta, L., & Freeston, M. H. (2002). Clinical supervision in practice: A survey of UK cognitive behavioural psychotherapists accredited by the BABCP. *Behavioural and Cognitive Psychotherapy*, 30(4), 485-500.
- Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). New York: Routledge.
- Watkins, C. (2015). The learning alliance in psychoanalytic supervision: A fifty-year retrospective and prospective. *Psychoanalytic Psychology*, 32(3), 451-481.
- Weeks, D. (2002). Unlocking the secrets of 'good supervision': A phenomenological exploration of experienced counsellors' perceptions of good supervision. *Counselling & Psychotherapy Research*, 2(1), 33-39. doi:10.1080/14733140212331384968
- Wheeler, S., & Richards, K. (2007). The impact of clinical supervision on counsellors and therapists, their practice and their clients. A systematic review of the literature. *Counselling and Psychotherapy Research*, 7(1), 54-65. doi:10.1080/14733140601185274

[Return to Journal Articles](#)