

**A window into supervision: An examination of the experience of  
clinical psychology trainees and their supervisors using  
Interpersonal Process Recall and Grounded Theory analysis.**

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## **Abstract**

All clinical psychology trainees engage in supervision with their placement supervisors throughout training. We know much about the function of supervision, the supervisory relationship and that a great deal of learning and development takes place within the four walls of supervision. But what is less clear is how this process of learning and development takes place. This study focuses on key moments of learning in supervision for the trainee (from both the trainee and supervisor perspective). A qualitative design using Grounded Theory (GT) was adopted to develop a theory as to how such a shift occurs. Participants recorded a supervision session and Interpersonal Process Recall (IPR) was then used as the method of data collection, to capture the participants' experiences. Six core themes emerged from the analysis – anxiety context: drivers behind trainee perspective, developmental context: drivers behind supervisor perspective, competency capability, developmental enactments, supervisory enactments and shift in perspective. The findings suggest that the overtly evaluative nature of the supervisory relationship, the trainees' anxiety and their reassurance/guidance seeking influences the learning and development that takes place. Supervisory enactments based on collaboration lead to a more profound shift in perspective. Enactments based on rupture still lead to a shift in perspective, but it takes longer to get there. The findings are discussed in relation to relevant theory and research. The implications for future research, theory and training are highlighted.

*Key words:* Supervision, clinical psychology trainees, process models of supervision, Grounded Theory, Interpersonal process Recall.

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# 1 Introduction

## 1.1 Context

The provision of supervision for clinical psychologists, psychotherapists and counsellors is embedded within their practice. Clinical governance requirements mean that individuals and organisations alike are accountable through the setting and monitoring of performance standards, and that such requirements have had a major impact on the day-to-day work and professional development of all NHS employees. Clinical supervision is a key mechanism through which such clinical governance requirements can be monitored and implemented, in order to maintain standards and safe practice (Butterworth, 2001; Fleming and Steen, 2012). Supervision though is about so much more. It can provide an opportunity to pause, reflect, and explore different perspectives. It can provide opportunities to discover the learning that often emerges from the most difficult of situations (Hawkins and Shohet, 2006). Supervisees do not always receive what they seek and supervision is an environment where new ways of thinking can be generated through adversity (e.g. difficulties in the supervisory relationship, clinical work; being challenged and taken out of their comfort zone), uncertainty (e.g. not knowing the answers) and self-doubt (e.g. lack of confidence in their abilities) (Hawkins and Shohet, 2006; Despensier, 2011; Fleming and Steen, 2012).

## 1.2 Literature review

The articles and books for this literature review were found using the advanced search facility at the Leeds University Library. The following databases were consulted: Medline (OVID), PsychINFO (Ovid), and the Leeds University Library's Books and Journals @ OVID (Full text), dissertations (published and un-published), and government websites.

The initial search terms included combinations of the following words: *Supervision, function of supervision, models of supervision, key moments in supervision, processes in supervision, supervisory relationship, and ruptures in supervisory relationships.*

The search was limited to English-language peer-reviewed journals (including literature reviews), dissertations and books. This search identified available and relevant literature reviews and both quantitative and qualitative studies relating to supervision, key moments in supervision, transformed thinking, 'IPR', and 'GT'.

The initial search identified 6,554 items. The following criteria were applied: items were included if they had a focus on supervision, personal and professional development, supervisory process, or skills development in trainee clinical psychologists. An advanced search was then conducted to include the additional following words: *clinical psychology, trainee clinical psychologist, experiential learning, personal and professional development, evaluation, reflective practice, Interpersonal Process Recall (IPR), and Grounded Theory (GT)*. The advanced search resulted in a reduced list of 256 items for inclusion in this study.

The literature relating to learning theory is vast so a full review of it is beyond the scope of this literature review. However, the ‘zone of proximal development’ (Vygotsky, 1962), ‘experiential learning’ (Kolb, 1976) and ‘learning as transformation’ (Mezirow, 2000) are reviewed and presented as appropriate and relevant platforms, along with existing models of supervision, to illustrate how supervisees learn and develop through experience. This had the clear aim to capture a comprehensive account of the available literature relating to experiential learning and development and it subsequently reduced the number of items for inclusion in this study. Further refinement of the 256 items involved prioritising the original work of Kagan (1997) in relation to IPR and Charmaz (2014) regarding a constructionist approach to GT. The final list comprised of 130 items for inclusion in the literature review.

The literature review highlighted two papers that focused specifically on process models within supervision and transformed thinking (Ladany, Friedlander, and Nelson, 2005; Hawkins and Shohet, 2006). This literature review will now provide an overview of learning theory. It will then explore the supervision literature before providing a definition of supervision for the purposes of this study.

### **1.3 An overview of learning theory**

In exploring the literature relating to learning a useful starting point is to ask the question: what is learning? Knowles, Holton, and Swanson (2005) suggest that learning

*‘is the act or process by which behavioural change, knowledge, skills, and attitudes are acquired’ (p.10).*

Defining learning is no easy task, however. Smith (1982) suggested that learning defies precise definition because there are multiple issues involved (e.g. purpose and motivation for learning). Is learning about the mastery of what is already known about something, or is

it new knowledge about something previously unknown? Smith (1982) suggests learning is the

*'extension and clarification of meaning of one's experience' (p.11)*

According to Smith (1982), learning is used to describe a product, a process, or a function. Whether the issue relates to interpretation or definition, learning involves some form of change or transformation, a shift from one position to another. Indeed, Burton (1963) argued that learning is a change in the individual, due to an interaction of that person and their environment, and is reflected in a change in their thinking and resulting behaviour.

Regarding the issue of adult learning, Knowles et al (2005) clearly positioned themselves in terms of experiential learning as the best way for adults to learn, especially when new information is presented in a real-life context. As a result, the experiential perspective to learning has become firmly established as a dominant approach to adult learning practice. This raises two interesting points. The first concerns how affective states help and/or hinder learning. Several studies on logical reasoning found that participants' emotional state often resulted in a deterioration of reasoning performance (Oaksford and Chater, 1992; Harmon-Jones, Gable, and Price, 2012; Jung, Wranke, Hamburger and Knauff, 2014). If a supervisee is experiencing an elevated emotional state then this is likely, if un-checked and un-regulated, to impact on their logical reasoning abilities. The second point concerns what processes enable experiential learning. One understanding of the process is through the 'zone of proximal development' (ZPD, Vygotsky, 1962). The ZPD can be seen as the gap between what a learner has already mastered (the actual level of development) and what they can achieve when provided with educational support.

According to Vygotsky (1962), social interaction is the basis for cognitive growth. Accordingly, the communication that occurs in a social setting with more knowledgeable or proficient people (e.g. supervisors) assists people in building an understanding of the concept. Wood, Bruner, & Ross (1976) went on to describe the process known as 'scaffolding', where the more knowledgeable or proficient person enables the student to master the task in question then gradually withdraws the scaffolding (i.e. support structure) so that the student will then be able to complete the task again on their own.

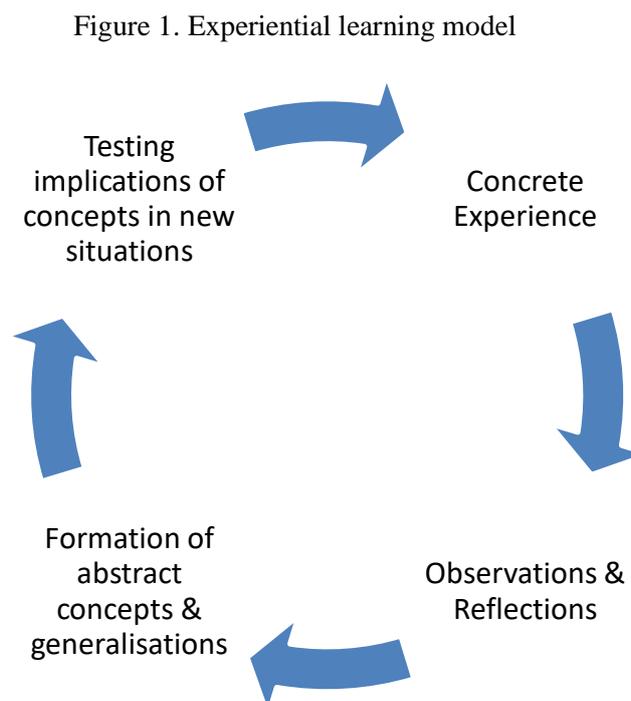
What else does the literature tell us about the process of learning? Kolb (1976) is the renowned proponent of experiential learning. It is important to note that Kolb, by his own admission, based his model of experiential learning on the earlier experiential works of Dewey's philosophical pragmatism, Lewins' social psychology, and Piaget's cognitive-

developmental genetic epistemology. The researcher refers the reader to Zhang & Sternberg (2001) for a more detailed account of these works. Kolb (1976) defines learning as

*'the process whereby knowledge is created through transformation of experience' (p.197).*

For Kolb, learning is more about the interaction between content and experience, whereby each transforms the other.

Kolb (1976) suggests that there are four stages in the experiential learning cycle (Fig. 1):



According to Kolb *concrete experience* involves the full involvement in the here-and-now experiences. *Observations and reflection* is the reflection on and observation of the learner's experiences from many different perspectives. The cycle then moves to the formation of *abstract concepts and generalisations*, where concepts are created that integrates the learner's observations into logically sound theories. The final phase in the cycle involves the *testing of implications of new concepts in new situations*. Validation of his model raised methodological concerns (Cornwall and Manfredi, 1994), and was also criticised for being too linear (Freedman and Stumpf, 1980). Despite this the model has made a major contribution to the experiential learning literature by providing a theoretical foundation for experiential learning and a practical model for learning practice.

In any kind of training and learning environment not just in the NHS, the application of Kolbs' model is clear to see. Kolb suggested that using real experience in the form of on-the-job training (e.g. direct client work) is a useful strategy for the concrete experience and active experimentation steps of his model. Equally case discussion and direct observations are useful strategies to enable the formation of abstract concepts and generalisations. Clinical supervision in many professions, and certainly for clinical psychology trainees, can therefore be a platform for the application of Kolbs' model of experiential learning: trainees on placements are involved in direct client work (i.e. gain concrete experience), they then reflect on the experience in supervision, formulate to develop a conceptual idea (e.g. what might have led to the onset of a clients' difficulties), and then test out the concepts in future client sessions (Stedman and Dallos, 2009). Arguably the structural basis of the learning process lies in the transactions between the four steps of Kolbs' model. Progress through each step is therefore enabled by dialogue, reflection, and an exploration of internal representations (e.g. thoughts about the specific task) within the ZPD.

It is reasonable to argue therefore that thinking is modified in some way through the learning experience. According to Mezirow (2000) meaning making is central to this notion and that a change in perspective often follows some element of meaning becoming clarified. Such phases are illustrated in the following table (table one).

Table 1 Phases of meaning making

Phase	Example
Disorientating dilemma	Difficult issue in client therapy
Self-examination with feelings of fear, anger, guilt, or shame	Loss of empathy to a client with resulting guilt for feeling this way
Critical assessment of assumptions	Sharing and reflecting on thoughts and feelings towards a situation or task
Recognition that one's discontent and the process of transformation are shared	Sharing reflections in supervision
Planning a course of action	Planning what to do next with the client
Acquiring knowledge and skills for implementing one's plans	Researching specific intervention technique
Provisionally trying new roles	Role play the new role play during a supervision session
Reintegration into one's life on the basis of conditions established by the new perspective	Practice new thinking through practice

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Cranton and Wright (2008) describe transformed learning as

*‘a process by which individuals engage in critical self-reflection that results in a deep shift in perspective towards a more open, permeable, and better justified way of seeing themselves and the world around them’ (p. 33).*

Recent developments in theories about the purpose of learning reflect the notion that adult education programs should, not only satisfy the identified learning needs of individuals, organisations, and society, but should also seek to support individual learners to modify and adapt their way of thinking about themselves and their world. Mezirow (2000) called this ‘perspective transformation’. This idea was reflected by Brookfield (1986) who pointed out that significant personal learning occurs when adults reflect on their self-image, change their self-concepts, and change how they previously thought; thereby reinterpreting their current behaviours from a new and different perspective. In the process, adults explore affective and cognitive domains that they previously had not thought of or were previously unaware of.

The provision of supervision to trainee therapists, psychologists and other healthcare professionals is well placed to provide the space for shifts in perspective, through Kolb’s experiential learning cycle and the ZPD. Together with the supervisee supervisors can explore meaning making and progress through the phases of progressive insight suggested by Mezirow (2000). Such phases, however, do not take into account the evaluative nature and the heightened emotional state (e.g. anxiety) of clinical psychology trainees on clinical placements. Nor do they provide an account of understanding the emotional content of supervision. Despite the wealth of literature relating to learning through experience the process through which a supervisee attains a shift in their perspective remains somewhat elusive.

## **1.4 Supervision**

By its very nature, therapy makes considerable demands upon therapists. The therapist may become over-involved, ignore some important point, and become confused as to what is taking place with a particular client, or have undermining doubts about their own usefulness (Despenser, 2011). There may also be complex and overlapping demands (Inskipp and Proctor, 1993).

It is invaluable to have regular consultation with a trusted professional with whom there is a formal agreement or contract which spells out the boundaries of confidential discussions (Despenser, 2011). An ongoing relationship also allows both parties to notice when there is an apparent departure from the therapist's usual style of working: this may be an important clue about the impact of the client on the therapist, and/or the client's inner world. (Despenser, 2011).

Clinical supervision has become a common development technique in nursing (Faugier and Butterworth, 1994) and in other professions such as psychology, psychotherapy and social work (Morcom and Hughes, 1996). There have been numerous definitions of 'supervision' proposed over the last thirty years.

Barber and Norman (1987) described supervision as an interpersonal process in which a skilled practitioner or supervisor helps less skilled practitioners in relation to their professional development. Knapman and Morrison (1994) took a similar view, adding that the objectives of clinical supervision should be to achieve greater competence, accountability, performance, and to provide personal and professional support. Fowler (1996) suggested that clinical supervision on an individual basis aims to enable the supervisee to do their job better, improve their confidence, develop their inter-professional working, with a view to improving clinical outcomes. More recently Scaife and Inskipp (2001) defined supervision in the context of their own experiences and also placed emphasis on clinical governance and Personal and professional Development (PPD).

*'I have come to regard supervision as an entitlement, an activity which acts as a safeguard for client wellbeing and facilitates my on-going personal and professional development'* (p.1).

Falender and Shafranske (2004) referred to supervision as a

*'collaborative interpersonal process'*

through which the supervisee's education and training needs are met, and identified specific mechanisms by which to achieve this

*'It involves observation, evaluation, feedback, the facilitation of trainee self-assessment, and the acquisition of knowledge and skills by instruction, modelling, and mutual problem solving'* (p.3).

In their definition of supervision Cutcliffe and Lowe (2005) referred to when supervision works well and the challenges and complexity often experienced by supervisees

*'It is supportive, is centred on developing best practices for service users, is challenging, is brave (as it requires a level of openness on the supervisee's part to recognising their mistakes), is safe, provides opportunities to vent emotion without repercussions, offers a chance to explore difficult areas of work in an environment where the other person attempts to understand, is an invitation to be self-monitoring, and is concerned with reflective practice'*

Milne (2009) stated that supervision of therapist trainees is the formal provision, by approved supervisors, of a relationship based education and training that is work focused; which manages, supports, develops, and evaluates the work of trainees; thereby providing a space to engage in reflective practice. The main methods used to develop the trainee are corrective feedback on the trainee's performance, teaching, collaborative goal setting, and reflective practice (Milne, 2009). This definition focuses on the educational, reflective and evaluative nature of supervision.

Clinical supervision can also be said to consist of three important processes – monitoring, support, and learning (Inskipp and Proctor, 1993). The monitoring process involves the experienced supervisor overseeing the supervisee. On the other hand, the support process involves the supervisor guiding the less experienced supervisee with difficult and challenging issues faced during their placement experience. The learning process involved in reflective practice is necessary in the context of client therapy (Abiddin, 2008).

Following the advent of the Improving Access to Psychological therapies (IAPT) initiative (BPS, 2007a) Roth and Pilling (2008) produced a competency framework for the supervision of psychological therapies. This resulted in a comprehensive document that has been widely referred to and referenced in supervision practice since (Fleming and Steen, 2012). The following table identifies some of the main features of this framework (Roth and Pilling, 2008).

Table 2 Supervision competencies framework

Competencies	Skills
Generic supervision competencies	Ability to form and maintain a supervisory alliance Ability to help supervisee’s ability to reflect on their work and on the usefulness of supervision Ability to enable ethical practice Ability to employ educational principles that enhance learning
Specific supervision competencies	Ability to help supervisees practice specific clinical skills Ability to incorporate direct observation into supervision

The function of supervision will now be explored in an attempt to explore this concept of process further.

## 1.5 Function of Supervision

Supervision has arguably three main functions (Bordin, 1983; Holloway, 1995; Bernard and Goodyear, 2009; Milne, 2009; Scaife, 2013): formative, normative, and restorative.

Formative functions include educating and guiding the supervisees’ professional practice by maintaining and facilitating the supervisees’ competence, capability and general effectiveness. Normative functions include monitoring and ensuring client well-being, and monitoring and evaluating supervisee competence. Restorative functions involve supporting supervisee personal and professional development and their well-being through the emotional experience and processing of events in both therapy sessions and in supervision. According to Milne an immediate goal of the restorative function is to develop the trainees’ professional identity and further their development. However, development arising from some aspect of changed thinking can occur not just through the processing or reflecting on therapy events, but also through education, observation and feedback on therapeutic skills. Such development could equally be achieved through the formative and normative functions

of supervision, by providing the opportunity to practice skills in supervision and observing the trainee in client therapy sessions (Scaife, 2013).

It is important to consider the potentially negative effects of supervision that undermines trainees' feelings of containment, insight and development. Suffice to say that the pressure of constant evaluation, corrective feedback, challenges in client therapy, provision of educational material, external life events, can impact differently on different occasions given how 'safe' the trainee is feeling at any one time (Scaife, 2013).

In its basic form supervision is aimed at the learning and development of the supervisee, has an undeniable evaluative component to it, and is an interpersonal process; best served through collaboration. The above definitions of supervision function go some way to providing a comprehensive account of what is required to facilitate new insight and learning. A reference to supervision as being a collaborative inter-personal process is given (Barker and Norman, 1987; Fallender and Shafranske, 2004), but none of the definitions highlighted provide a specific account as to how new insight, learning and PPD takes place through the processes that are enacted.

Professional bodies such as the BPS have proposed specific guidelines for the learning objectives for supervision. In particular the provision of supervision for trainee clinical psychologists should address personal issues, professional development, overall workload and organisational difficulties as well as feedback relating to on-going casework (BPS, 2010).

There are numerous models of supervision within the literature. What do such models tell us about how shifts in perspective take place within the inter-personal process of supervision?

## **1.6 Supervision models**

In this section existing supervision models (e.g. Orientation specific, Developmental, Discrimination, Supervisory alliance, and Interactional process) will be explored.

### 1.6.1 Orientation Specific models

Originally, supervision models were direct applications of psychotherapy theories (Ekstein and Wallerstein, 1972). Others, such as cognitive behavioural models of supervision described by Ricketts & Donohoe (2000) focus on the structure of supervision sessions in terms of agenda setting and the use of socratic questioning. Systemic supervision emphasises a multi-dimensional family life-cycle approach (Liddle, Becker, and Diamond, 1997) embedded within live supervision.

In cognitive behavioural models, the content of supervision mirrors that of therapy, in that the problem is identified and the appropriate technique (e.g. behavioural activation) to resolve the problem is selected (Prasko, Vyskocilova, Slepecky, and Novotny, 2011). Such models place a great deal of emphasis on the supervisory relationship, making a contract, setting clear and achievable goals for supervision, and active listening throughout the process; thereby modelling therapist skills in therapy. A supervisor using this approach might use role play, problem solving, giving assignments (e.g. reading about a theory), to raise insight regarding a particular issue. The use of feedback should be clear, specific, and constructive. In their evaluation of behavioural models Prasko et al (2011) argued that supervision may only lead to the supervisee's professional growth if it supports his/her individuality and helps them to discover new things they previously were unaware of. This is a valid point, but the specific processes by which this discovery occurs are less clear. Nor is it entirely clear as to how such models fit within a training, essentially evaluative, and emotive context of trainee clinical psychologist supervision.

Carl Rogers developed person-centred therapy around the belief that the client has the capacity to effectively resolve life problems without interpretation and direction from the counsellor (Haynes, Corey, and Moulton, 2003). Person-centred supervision assumes that the supervisee has the resources to effectively develop as a counsellor. The supervisor is not seen as an expert in this model, but rather serves as a 'collaborator' with the supervisee. The supervisors' role is to provide an environment in which the supervisee can be open to his/her experience and fully engaged with the client (Lambers, 2000), through the provision of empathy, genuineness, and unconditional positive regard (Smith, 2009).

Person-centred supervision relies heavily on the supervisor-supervisee relationship to facilitate effective learning and growth in supervision. The structure of such a model provides direction and a series of expectations as to how the supervisor should be, but it does not establish the process through which a supervisee utilises his/her skills to resolve

the difficulties they experience. The model does not take into account the wider context of evaluation and the complex and dynamic power relations in the supervisory relationship.

According to Lee and Everett (2004) the goal of a psychodynamic approach to supervision involves the following: monitor the basic clinical patterns of projective identification, splitting, idealisation, and collusion as they occur in both the therapeutic and supervisory relationships. The supervisor can support the supervisee to develop insight into his/her internal and interpersonal processes. It is crucial for the supervisor to maintain a safe and contained environment to enable the supervisee to explore these internal processes, which could be quite exposing. Fundamentally, this supervision model enables the supervisee to recognise and take responsibility for their own reactive projections either towards the client and/or the supervisor. In its most basic form, a psychodynamic approach to supervision is to explore underlying issues of attachment and bonding in relationships. Much less attention is paid to the structural components of supervision (e.g. evaluation) and how this may impact on the inter-personal processes within it.

Systemic models of supervision validate the competence and resources of the supervisee, emphasises the importance of clear incremental goals and identifies pre-existing solutions and exceptions to problems in the supervisee's work (Lee and Everett, 2004). It focuses more on the supervisee than on the client. It attends to process from an interactional perspective, rather than from an intra-psychic one. Wetchler (1990) describes the role of the supervisor as concentrating on what the supervisee is doing effectively, and assisting him or her to continue to do those things.

The focus in the next section relates to the main generic models of supervision. These can be divided into Discrimination/Social role models (Bernard, 1979) Supervisory alliance models (Holloway, 1995), Developmental models (Stoltenberg, McNeill, and Delworth, 1998), and Interactional process models (Hawkins and Shohet, 2006; Ladany et al, 2005).

### **1.6.2 Discrimination/social role models**

The Discrimination model (Bernard, 1979) assumes supervisor flexibility to respond to the needs of the supervisee at any time. According to Beinart (2012) this model was developed as a teaching tool in order to provide a structure of guidance for supervisor training. The model identifies three main supervisor functions (therapist, teacher, and consultant) and

three main areas of supervision (process, conceptualisation, and personalisation). There is a matrix of choices for supervisor intervention.

Bernard (1979) described the model as atheoretical in that it can be used across any model of psychotherapy. Process skills refer to the basic psychotherapy techniques such as engagement and interviewing skills. Conceptualisation involves the tasks of thinking, analysis, and theory-practice links often involved in formulation. It is personalisation which refers to the personal and or emotional elements of the trainees' experience, such as the ability to manage their clients' emotions in session as well as contain their own (Beinart, 2012).

The Discrimination model provides a framework for training flexible and responsive supervisors but it fails to address how the process of providing such flexible and responsive supervision leads to a shift in perspective during supervision. Neither does it consider important issues in supervision such as evaluation and the supervisory relationship (Beinart, 2012).

Scaife (2001) offered a General Supervision Framework (GSF) that builds on and develops the earlier Bernard (1979) model. The three dimensions of supervisor role, supervision focus and supervision medium make up the GSF (Beinart, 2012). The supervisor role includes three roles that the supervisor may assume in supervision: inform-assess (e.g. when evaluating), enquire and listen-reflect. Scaife argues that the supervisor role will vary according to what is presented at any one time in supervision, but crucially both enquire and listen-reflect roles tend to lend themselves more to a collaborative supervisory style. The supervision focus may be on actions and events (e.g. discussions relating to the content of therapy sessions), developing a formulation, or on feelings and emotional response to the supervisees' clinical work (Beinart, 2012).

Given that the models highlighted so far have failed to identify the processes involved in enabling shifts in perspective, perhaps those models focusing on the supervisory relationship can offer an explanation?

### **1.6.3 Developmental models**

Nye (2002) explored developmental processes of maturation and internalisation from both the supervisor and supervisee perspective, and examined the relevance of these two processes to teaching and learning in supervision. Internalisation describes a process

through which the external is internalised (e.g. trainees' ability to internalise and assimilate supervisory experiences). Kohut (2009) suggested that over time and in response to 'empathic failures' a supervisee begins to perform affect and self-esteem regulating functions more independently. Nye (2002) suggests that supervisees internalise a supervisors' curiosity about the clients' experience(s) and their efforts to deepen and understand the clinical process. Nye (2002) also argues that supervisors should make themselves professionally and emotionally available to be internalised through the provision of a strong supervisory relationship. A more challenging and difficult relationship might erect obstacles to this process of internalisation. A supervisee, according to Nye (2002) must be open to being influenced by the supervisory relationship.

Developmental models of supervision postulate that supervisees develop through a series of different stages towards qualification and that their supervisors need to adjust their supervisory focus and approach to match the trainees' needs. For example, the Integrated Developmental Model (IDM, Stoltenberg, McNeill, and Delworth, 1998) proposes three structures (awareness of self and others, motivation, and autonomy) to monitor the development of supervisee competence in a range of areas (assessment, formulation, intervention, and professional ethics). Supervisees at level one are described as anxious, highly motivated and dependent on their supervisors for advice and guidance. They tend to be self-focused and self-critical when dealing with anxiety and performance. Their supervisor tasks tend to include more anxiety containment, role modelling, with some encouragement to be more autonomous.

At level two, trainees have developed skills and knowledge to become less internally focused and to increase their focus on the client; although motivation, efficacy, and autonomy may vary. Their supervisors tend to be less didactic and more facilitative than at level one. At level three, trainees develop the skill to appropriately balance the clients' perspective whilst maintaining self-awareness, motivation and increase their autonomy (Beinart, 2012). More focus is placed on a trainees' personal and professional development.

There has been little longitudinal evaluation of the IDM model (Fleming and Steen, 2012). Whilst there is a clear rationale for direction and structure early in the process of learning (Ellis and Ladany, 1997) and the development of increasing autonomy as trainees mature (Dye and Borders, 1990), it is difficult to imagine how a trainee will progress through the stages and how they are judged to be at the appropriate stage of development in order to progress. Neither does the model identify how a supervisees' shift in perspective takes place.

#### **1.6.4 Interactional process models**

Process models are those which focus on specific processes related to and within supervision (Bernard and Goodyear, 2009), but are few in number compared with orientation specific, developmental, discrimination, supervisory alliance models as highlighted above.

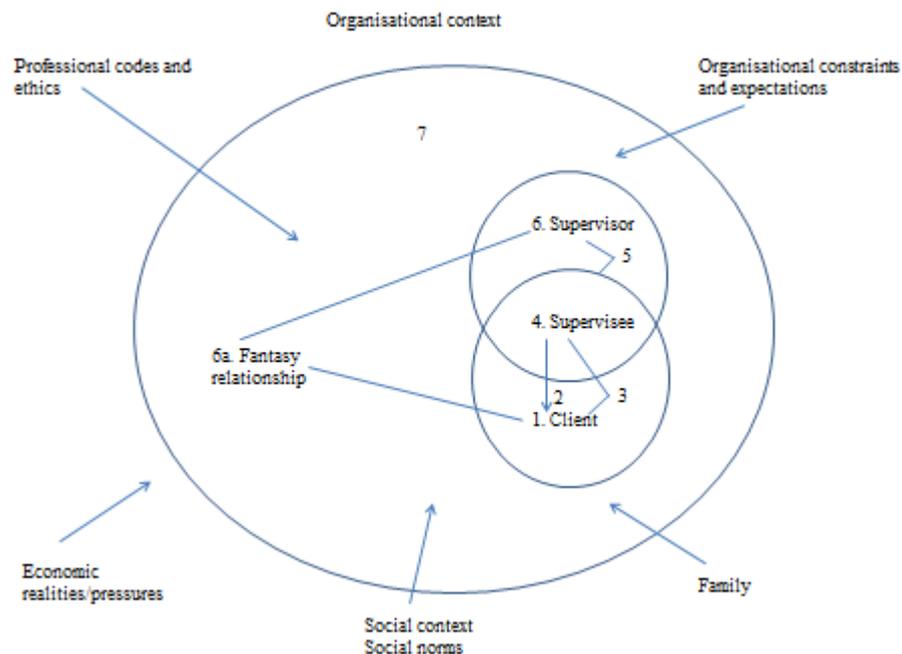
##### ***1.6.4.1 Systems Approach to Supervision (SAS) model (Holloway, 1995)***

The Systems Approach to Supervision (SAS) model (Holloway, 1995) describes the tasks and functions of supervision, but sees the supervisory relationship as central and takes into account a range of contextual factors. Such factors include the client, trainee, supervisor, and the institution (e.g. organisational structure and climate, professional ethics and standards). Holloway viewed these dimensions as being inextricably linked and being part of a wider system of inter-connectedness. The model provides a way of analysing a particular episode of supervision in terms of the nature of the task, the supervisor's function, nature of the supervisory relationship, and the relevant contextual factors. This model suggests that powerful contextual factors influence the supervisory relationship. These are the experience, culture, and theoretical orientation of the supervisor, the personal characteristics and identified problem of the client, the learning style and emotional needs of the supervisee, and the institution (e.g. outcome measures and performance targets). Whilst providing relevant and important contextual factors, this model does not identify the specific processes that lead to a shift in perspective, only those factors that might potentially affect it.

##### ***1.6.4.2 Seven eyed- process model of supervision (Hawkins and Shohet, 2006)***

The following diagram illustrates the seven eyed process model of supervision (Hawkins and Shohet, 2006)

Figure 2. Seven eyed process model of supervision



This model was developed by Hawkins and Shohet (2006) and appears to focus closely on the process of the supervisory relationship. The model posits that at any time in supervision there are many levels operating: supervisor, supervisee, the client, and the work context. The supervision process involves ‘two inter-connected systems of matrices’ (p. 81), those being the client/supervisee matrix and the supervisee/supervisor matrix. The seven eyes of supervision involve the supervisor paying attention to the following processes:

Firstly, focus on the client and what and how they present. Attention is concentrated on events within the client therapy session, such as what the clients chose to share and how they presented within the session. The aim of supervision here is to help the supervisee pay attention to the client, and the connections between the various aspects of the client’s life.

Secondly, to explore the strategies and interventions used by the supervisee. The focus here is on the choices the supervisee makes in therapy and on their reasons for acting in a particular way, with a view to developing their choices and intervention skills.

Thirdly, explore the client/supervisee relationship. Here the supervisor will focus on what was happening consciously and unconsciously in the client-supervisee relationship, in order to help the supervisee to adopt a wider perspective and develop greater insight into the dynamics of the therapeutic relationship.

Fourthly, focus on the supervisee. Here the supervisor concentrates on how the supervisee is affected, consciously or unconsciously, by the therapeutic work with their clients. It focuses

specifically on the supervisees' development and how they utilise their resources to cope with the demands of working therapeutically.

Fifthly, focus on the supervisory relationship. Here the supervisor focuses on the relationship in the supervision session. Hawkins and Shohet (2006) posit that regular attention should be paid to the quality of the working relationship and to explore how the relationship might be unconsciously paralleling the hidden dynamics of the client-supervisee interactions (e.g. the client might be behaving in a passive-aggressive way to the supervisee in therapy, and when discussing the client in supervision, the supervisee might become unconsciously passive-aggressive to the supervisor).

Sixthly, the supervisor focuses on their own process. Here the supervisor pays attention to their current here-and-now experience in the supervision session in terms of their feelings, thoughts, and images that emerge in working with the supervisee but also from what emerges when hearing about the material being discussed in therapy. Hawkins and Shohet (2006) argue that it is here that the previously unconscious material of the client/supervisee session emerges in the thoughts, feelings, and images of the supervisor. It is reasonable to argue that by attending to their own processes a supervisor can help to generate a shift in perspective on the part of the supervisee.

Lastly, there should be a focus on the wider contexts in which the work happens. There are numerous professional codes (e.g. BPS, HCPC), organisational service requirements, relationships with other professionals (e.g. MDT), as well as social, political, and cultural considerations to be considered. As Hawkins and Shohet argue

*'The supervisor cannot afford to act as if the client-supervisee-supervisor threesome exists on an island without a context' (p.84).*

The above seven eyed process model is somewhat hierarchical in nature with the supervisor at the top of the process, the supervisee in the middle and client at the bottom. Indeed, much of the focus is on what the supervisor should address, in order to enable the supervisees' learning and insight. The model implies that supervisees have responsibility for attending to themselves and their clients. Hawkins and Shohet (2006) suggest, however, that their model does not lay claim to the supervisor being superior to either the supervisee or the client, as the three cannot exist without the other two.

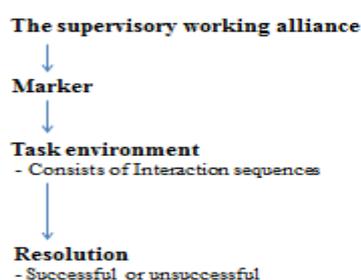
A second observation of the model is that it claims to be integrative; drawing upon understanding from systemic, psychodynamic, cognitive behavioural and humanistic approaches to understanding relationships. Yet at its centre is the idea that change in the

supervisory matrix impacts the client-supervisee matrix; thereby leaning more heavily on a systemic thinking to supervision.

In summary, the seven eyed process model of Hawkins and Shohet (2006) offers a useful mechanism to explore the processes within supervision to aid a supervisee's learning experience. It is plausible to see how any one of the eyes could lead to a shift in perspective by the trainees in this study. It is less clear how a trainee might move in-between as well as backwards and forwards through the various stages until they reach a place where they gain greater insight and/or learning about the issue being addressed. What the supervisee brings to supervision is not as well accounted for in the Hawkins and Shohet (2006) model. This leads to an interesting question as to how well their model fits if supervisors and supervisees accounts were taken into account when exploring the processes within supervision.

#### **1.6.4.3 Critical Events-based process model of Supervision (Ladany, Friedlander, & Nelson, 2005)**

Figure 3. Critical Events based process model



Ladany et al (2005) developed the Critical Events-based process model of supervision. They argued that the model is interpersonal and relational in nature rather than focused solely on the supervisees' development. There are four phases to the model – 'The supervisory working alliance', 'marker', 'task environment', and 'resolution'.

In 'the supervisory working alliance' phase, Ladany et al (2005) postulated that for optimum learning to occur a solid working relationship between supervisor and supervisee is essential. This is achieved through the provision, by the supervisor, of a safe base, a

reflective space, a boundaried and structured environment, and by modelling (Henderson, Cawyer, and Watkins, 1999; Wulf and Nelson, 2000; Ladany et al, 2005; Ellis, 2006; Barnett, Erikson Cornish, Goodyear, and Lichtenberg, 2007). It is reasonable to argue that the quality of the supervisory relationship will impact on the nature and degree of shifts in perspective that takes place.

It is inevitable that trainees will make mistakes in client therapy (Cook, 2012). The extent to which a trainee avoids disclosure of such mistakes (Kuyken, Peters, Power, and Lavender, 2003), or can take responsibility for the mistake, be open to feedback, and reflect on the experience in supervision will depend on the quality and effectiveness of that supervision (Mazzetti, 2012).

What then makes a strong supervisory relationship? In his model of the supervisory working alliance, Bordin (1983) argued that the quality of the relationship is embedded within a collaborative approach. This approach consists of three elements: mutual agreements (i.e. shared understanding of the goals set); the tasks of each party, and the bonds between them. Bordin suggested that goals of the supervisory relationship include the supervisee increasing their self-awareness, and overcoming personal and intellectual obstacles towards learning and for the supervisor, to focus on areas of difficulty experienced by the supervisee (e.g. personal and/or professional issues which impact on their practice). Indeed, it is logical to argue that a supervisee is likely to feel more confident, contained, and supported within a collaborative framework that is structured and boundaried; thereby fostering the emergence of new ways of thinking. Bordin's model lacks the attention to how the goals are manifested through the interactional processes within supervision, but at least goes some way to identifying the likely mechanisms that enable a shift in perspective.

Using Stoltenberg et al (1998) developmental model of counsellor supervision in an examination of relational consequences of supervisor and trainee counselling/clinical psychologists across the United states (N=164), Krause and Allen (1988) found that trainees preferred supervision that was characterised by a collaborative approach; with a focus on trainees' personal development.

Beinart (2002) explored factors that predict the quality of the supervisory relationship, from both supervisor and supervisees' perspectives, and arguably developed some insight towards how specific mechanisms impact on shifts in perspective. The study used quantitative and qualitative methodologies to test aspects of the two aforementioned models (Bordin, 1983; Holloway, 1995). Supervisees (N=100) were asked to rate and describe the characteristics and qualities of the supervisory relationship that were most and least effective in terms of their development as a clinical psychologist. The quantitative element of the study found

that satisfaction with supervision, rapport, and a feeling of being supported were the main qualities of an effective relationship. This raises the interesting question of who is the best judge of what is effective. The answer lies in the eyes of the beholder. A trainees' perception of effective may be very different from that of their supervisors', depending on their learning and/or developmental needs at any given time. A grounded theory analysis in Beinar's study suggested that there were nine categories to describe the supervisory relationship: boundaries, supportive, respectful, open relationship, committed, sensitive to needs, collaborative, educative, and evaluative. Clinical psychology trainees described a strong preference for collaboration in terms of agenda setting and the goals of supervision, flexibility from their supervisor, and responsiveness to their emotional needs.

Frost (2004) explored the supervisory relationship from both supervisor and trainee clinical psychologists' perspective. Using qualitative methods (e.g. interpretative phenomenological analysis) this longitudinal study found that the process of establishing a strong supervisory relationship was critical in the early stages of supervision and if this continues the relationship develops in collaboration and openness. The study also suggested that the opposite was true if unmet expectations continued to be unvoiced then difficulties within the relationship would continue and may never be resolved.

In another longitudinal study using qualitative design (i.e. thematic analysis), Watkins and Scaturro (2014) found that the development of technical ability through skill acquisition and the creation of connected relationships was significant to both supervisors and supervisees. The study offered a number of ideas to show the construction and effect of relationship building through the exploration of supervisory interactions, supervisory style, and responsiveness to supervisees, and attention to professional standards.

Clohesy (2008) used a qualitative methodology to explore supervisors' perspectives of their supervisory relationship. Using Grounded Theory, three categories were identified as important components in the quality of the relationship: contextual influences (e.g. the team service, the existence of the training course and the individual factors that the dyad bring to the relationship), the flow of supervision (e.g. the dyads' contributions to the process of supervision) and core relational factors (e.g. the interpersonal connection between the dyad, the emotional tone of the relationship and the degree of safety, trust, openness and honesty within the relationship). The findings suggest a reciprocal role between core relational factors and the flow of supervision (Beinart, 2012). This study raised the interesting point that the most successful relationship appeared to be characterised by positive features in all the three core areas identified. It seemed therefore that the supervisory relationship needed only to be good-enough to work effectively, meaning that there could still be moments of friction and tension but the quality of the relationship could restore any such moments.

The qualitative themes developed by Beinar (2002) were used by Palermo, Beinar, and Cooper (2010) to develop the Supervisory Relationship Questionnaire (SRQ). Factor analysis of the SRQ revealed six components as to the nature of the relationship: provision of a safe base, structure, commitment, reflective, education, role model and formative feedback. It is reasonable to also argue that if a trainee feels safe, emotionally contained, supported, guided, allowed to develop their skills, then their confidence will grow and shifts in their perspective can take place. Indeed, Holloway (1995) argued that as the relationship develops and matures uncertainty reduces. This more mature phase allows the exploration of developing formulation skills, working on self-confidence, efficacy on the part of the supervisee, and their personal and professional development.

Pearce, Beinar, Clohessy, and Cooper (2013) developed the 'Supervisory Relationship Measure' (SRM) as a valid and reliable measure of the supervisory relationship from the supervisors' perspective. It used a cross sectional self-report questionnaire with a repeated component; sent out to 267 clinical psychologists who provided supervision to UK clinical psychology trainees. A principal components analysis (PCA) was employed to establish five factors: 'safe base', 'supervisor commitment', 'trainee contribution', 'external influences', and 'supervisor investment' as important predictors of supervisor satisfaction. As with the SRQ, the SRM establishes great importance on the supervisory relationship and highlights central features of supervisory enactments that might influence processes within it. Pearce et al (2013) did not set out to explore processes within supervision and did not take into account the supervisees' satisfaction with supervision. One cautionary note is that satisfaction with supervision does not necessarily equate to supervision effectiveness (Gonsalvez, Hamid, Savage, and Livini, 2017).

Whilst the SRQ and SRM identify very important qualities within the supervisory relationship, they do not account and identify the processes within supervision and how they occur.

In the 'marker' phase of the 'critical events based process' model Ladanay et al (2005) argued that the supervisees' statement or behaviour triggers a need for supervisor intervention. This can be in the form of a specific request for help with a difficult issue and also, implicit signalled by the absence of what is said or done by the supervisee. It may also involve something the supervisor notices when observing the supervisee in a client therapy session, such as some attitude or action that requires their guidance or corrective feedback. It should not really matter who notices the marker just that the supervisor or supervisee does, and neither is it always such a clear event.

In the 'task environment' phase of their model Ladany et al (2005) proposed a series of stages called '*interaction sequences*' (p.14). These sequences comprise various supervisor and supervisee interactions, which flow through exploration, clarification, and working through events. For example, in a counter transference event, the sequences will often include a focus on the supervisory alliance (e.g. discussion related to agreement on tasks, goals, provision of feedback, and checking in on the quality of the alliance). The therapy process may then be explored (e.g. discussion about events between therapist and client and the type of interactions between them). Issues of counter-transference will then be clarified followed by an exploration of any parallel processes within supervision that draws attention to similarities between a specific therapeutic event and the supervisory interaction. Ladany et al (2005) identified other interactional sequences within the task environment phase of their process model – focus on self-efficacy, skill, assessing knowledge, and multicultural awareness. It is plausible that such sequences could lead to a shift in perspective, although an evaluative sequence is absent from the above account.

In the 'resolution' phase of their model Ladany et al (2005) argued that an event occurs with an outcome or accomplishment of a particular supervisory task. The event might involve insight or planning which is brought about by either an enhancement of or decline in self-awareness, knowledge, skills, or the supervisory alliance. Successfully resolved events are those in which the original task has been resolved. It is clear from their rationale that Ladany et al (2005) were not claiming definitive resolutions to events but rather some form of shift in the supervisees' perspective.

This process model potentially explains the process of changed thinking. However it is based on the supervision of therapists engaged in individual psychotherapy and positions itself from the supervisors' perspectives. By their own admission, Ladany et al (2005) state that this model was based on their cumulative experiences as supervisors, generated over many years in practice, and not subjected to empirical testing. The issue here is that recall of such experiences was retrospective and may not reflect an accurate representation of their experiences at the time. The model also falls short of determining which interactional sequences in the supervisory task environments are most characteristic of successful resolutions of a dilemma addressed in supervision. Despite these reservations, whilst not specifically focused on trainee clinical psychologists, the relevance and utility of the process can provide a solid framework for a trainees' experience of supervision. Such a process could reveal how key moments in supervision lead to a shift in their perspective.

What then is the relevance, application and utility of the above supervision models to the current study? Are the processes any different for a trainee psychologist in clinical supervision, than for the supervisees in these models? An important consideration is the

evaluative nature of the supervisor-trainee relationship. Will this power imbalance impact on any shift in perspective following key moments in supervision? Will the trainee psychologist be as open and honest in their reflections in supervision thereby limiting any potential for developing different perspectives? An important consideration and omission from the seven eyed process model is what constitutes a key moment, although the critical events based process model goes some way to establish what such moments look like. This literature review will now further explore the notion as to what constitutes a key moment in supervision.

## **1.7 Key moments in supervision**

Ladany et al (2005) argued that the most meaningful aspects of supervision can be defined by the critical/key events that occur. They cited the following examples of key events that take place in supervision: remediating skill deficits, heightening multi-cultural awareness, negotiating role conflicts, working through transference and counter-transference (Sansbury, 1982), therapy/supervision overlap, personal motivation (Heppner and Roehlke, 1984), professional ethics and identity (Ellis, 2006), purpose and direction (Chen and Bernstein, 2000), and conflict within the supervisory relationship (Gray, Ladany, Walker, and Ancis, 2001). Ladany et al (2005) also identified the following events from their clinical experiences: managing sexual attraction, repairing gender related conflicts, addressing supervisee problematic emotions and behaviours, and working through therapist shame. It would seem reasonable that such events are experienced by supervisees, but there is some scope for saying that key moments are those which are in the eyes of the beholder. If we know what events are likely to occur then what might constitute a shift in perspective?

## **1.8 Shifts in perspective**

A shift in perspective is arguably when a person comes to understand or experience affectively an event or relationship in a different and unexpected way (Castonguay and Hill, 2012). Such a definition was based on open discussions and observations of what they termed 'corrective experiences' (p.335) taken from videotaped sessions of supervision. Castonguay and Hill (2012) argued that this definition includes events that are emotional, relational, or cognitive.

This introduction will use the term shift in perspective rather than transformed thinking and/or corrective experience because this term does not posit that the supervisee is necessarily doing anything wrong in their practice to require correction and/or a grand transformation. An overview of the supervision literature relating to trainee clinical psychologists on placements will now be provided, thereby giving a further rationale for the relevance of this study.

## **1.9 Supervision and the trainee clinical psychologist**

The provision of supervision is embedded into every UK Doctoral programme in clinical psychology (BPS, 2007b). Trainee clinical psychologists should be provided with

*‘Individual supervision to provide opportunities to discuss personal issues, professional development, overall workload and organisational difficulties as well as on-going case work’*

For their part trainee clinical psychologists are required to

*‘Use supervision effectively to reflect upon personal effectiveness, shape and change personal and professional practice’*

The BPS competencies explicitly refer to the evaluative nature of a trainees’ clinical placement

*‘There must be a formal interim review of the trainee’s progress in the placement and of the experience provided’*

and that

*‘Full written feedback should be given on the trainee’s performance on placements’*

The BPS guidelines/standards present a unique set of circumstances for the trainee clinical psychologist. On the one hand they are to use supervision to reflect on their personal and professional development. This involves learning about their mistakes (Mazzetti, 2012), identifying gaps in their knowledge, and raising awareness and insight into their assumptions and prejudices. This process can be exposing. On the other hand, they know they are being assessed and evaluated throughout their clinical placement, and their progress is conditional on passing the placement. This creates pressure to perform and to be competent at a certain level and might well involve levels of impression management.

Indeed, trainee clinical psychologists experience a range of stressors; notably the evaluative aspects of training (Skovholt, Ronnestad, and Jennings, 1997; Schwartz-Mette, 2009; Pakenham and Stafford-Brown, 2012).

Nevertheless emphasis on a trainees' personal and professional development (Hughes and Youngson, 2009) and their development as reflective practitioners (Stedman and Dallos, 2009) is an inevitable feature of their training. In both areas, supervision plays a central role in supporting and guiding the trainee to reflect on self, others, and the process of learning. Furthermore, Gillmer and Marckus (2003) referred to the term personal and professional development to mean that part of supervision that helps to develop the trainees' capability to *'critically and systematically reflect on the work-self interface'* (p.23).

Such depth of reflection can illuminate areas of strength and development and so the more awareness a trainee has the more likely they are to seek support if they experience particular difficulties (e.g. challenging issues in client therapy). It is clear that a trainee will need to feel safe, contained, and supported by their supervisor in order to do this. In essence, a placement during training is the place where trainee psychologists learn their skills, learn to integrate theory into their practice, and learn to build on their personal and professional development through reflection and experience. The link here between trainees' learning on clinical placement and Kolbs' experiential learning and Mezirows' learning as transformation is clear.

In 2009 there was an important change for the profession in that the Health and Professions Council (HCPC) became the regulatory body for all psychologists practising in the UK. Further, Section 2c.2 notes registrant practitioner psychologists must: be able to audit, reflect on and review practice.

### **1.10 Relevance of the current study**

A review of the literature has highlighted features of good supervision through a competency based framework of supervision (Roth and Pilling, 2009d). It has identified and explored various models of supervision, including process models (Hawkins and Shohet, 1989, 2000, 2006; Ladany et al, 2005). It has established the importance of the supervisory relationship and its influence on supervisory satisfaction (Palermo, 2010; Pearce et al, 2013), learning and on development (Barnett et al, 2007). A number of other studies have taken the perspectives of both supervisor and supervisee into account (Krause and Allen, 1988; Beinart, 2002; Nye, 2002; Watkins and Scaturro, 2014; and McKay, 2014) and have

offered a unique insight into the quality and construction of the supervisory relationship; where collaboration is seen as essential to the effectiveness of such relationships.

The Seven Eyed Process model (Hawkins and Shohet, 2006) and the Critical Events-based process model of supervision (Ladany et al, 2005) offer some insight into the processes of development within supervision. However, the supervisor and supervisee do not exist in isolation to one another within the supervision arena. A study that integrates both perspectives to explore the processes in supervision could add value to the wider literature. This study aims to add such value by exploring both supervisor and trainee clinical psychologists' perspectives on how key moments lead to a shift in perspective by the trainee; thereby enabling their learning and PPD. After all, it is crucial for trainees as well as other qualified healthcare professionals to gain new insight and learn skills in order to provide excellent care to their patients. Supervision therefore needs to be an environment that enables such insight and skills to occur.

The research question is therefore: What are the key moments in supervision that lead to a shift in the trainee's perspective, from both the trainee and supervisor perspective?

In the following method section I will provide a rationale for adopting IPR, as an approach to collect data and GT as the method of analysis in this study. Both have been used frequently in the literature to explore supervision and its content.

## **2 Method**

### **2.1 Overview**

In this section, the methodological design of the study and the rationale for its use are described, followed by an exploration of the researcher's reflexivity. Participant recruitment, inclusion and exclusion criteria, and the ethical considerations will then be discussed. The procedure, including recruitment specifics is highlighted, followed by a discussion of the data analysis and the credibility checks used in this study.

### **2.2 Design**

GT (Charmaz, 2003, 2014; Strauss and Corbin, 1998; Glaser and Strauss, 1967) was used to analyse the data to identify an emerging theory as to how key moments in the supervision process can lead to a shift in perspective on the trainee psychologists' part. Data were collected using IPR (Kagan, 1997).

### **2.3 Rationale for methodology**

Qualitative research can make a substantial contribution to the constructs of key moments in supervision and how such moments lead to a shift in perspective. In particular it can account for the socio-cultural context in which shifts in perspective occurs and can reveal the nature and quality of shared experience within the supervisory process. A qualitative approach is well suited to the discovery of the lived experience of research participants and it can provide a meaningful description of phenomenon in very specific contexts (Ungar, 2003). This approach can also reveal power differentials between supervisor and supervisee that may otherwise remain hidden from conscious exploration within a quantitative research method. A number of studies in the field have also used qualitative research methodologies (Nelson and Friedlander, 2000; Clohessy, 2008; Burgess, Rhodes and Wilson, 2013) and have served to increase insight into supervisory processes, their relationships, and experiential learning.

Interpretative Phenomenological Analysis (IPA) and GT were considered for this study. The aim of IPA is to explore in detail the processes through which participants make sense of

their experiences, perceptions and sense-making (Reid, Flowers, and Larkin, 2005). IPA is phenomenological in that it is concerned with individuals' subjective reports rather than the formulation of objective accounts (e.g. Flowers, Hart, and Marriott, 1999), and it recognises that research is a dynamic process (Smith, 1996). Whilst the researcher attempts to access the lived experience of the participant, IPA acknowledges that such access is influenced by the researchers' own perceptions as they engage in the interpretation of the participants' account (Brocki and Wearden, 2006).

GT, on the other hand, posits that meaning is negotiated and understood through interactions with others in social processes (Blumer, 1986; Dey, 1999; Jeon, 2004). These social processes have structures, implied or explicit codes of conduct, and procedures that explain how interactions unfold and shape the meaning that comes from them. The aim of GT is to develop an explanatory theory of basic social processes, studied in the environments in which they take place.

GT is a widely used qualitative methodology, especially as a means to inductively separate clinical issues of importance by creating meaning about those issues through the analysis and modelling of theory. Grounded theory is associated by many with the notion of symbolic interactionism (Blumer, 1937). This process aligns an interactionist approach alongside naturalistic inquiry to develop theory. This is where individuals are known to share culturally orientated understandings of their world, where understandings are shaped by similar beliefs, values and attitudes and determine how individuals behave according to how they interpret the world around them.

The following is taken from Starks and Brown Trinidad (2007) comparison of phenomenological and GT methods of qualitative analysis.

Table 3. Comparison of Phenomenological and Grounded Theory methods

	Phenomenological	GT
Philosophy:	An essential perceived reality exists with common features	Developed by examining concepts grounded in the data
Goal:	Describe the meaning of the lived experience	Develop an explanatory theory of social processes
Methodology:	What is the lived experience of the phenomena of interest	How does the social process happen in the social context
Analytic methods:	Identify descriptions of phenomena, cluster into discrete categories	Open, focused, and axial coding to examine concepts across their properties. Develop explanatory framework that integrates concepts into a core category
Method of data Collection	Semi-structured interviews	Semi-structured interviews

GT was selected as the preferred method of analysis for the following reasons: the method provides rigorous, systematic, and specific procedures (such as coding and memo writing) that help guarantee the development of theory that starts with and remains close to the qualitative data being collected. Researchers can check, refine, and develop their ideas and intuitions about their findings as the data are collected. Given that this study aimed to identify key moments in supervision and how such moments lead to a shift in perspective, GT was selected over IPA. This study is concerned with how process happens within the context of clinical supervision by developing an explanatory theory. The lived experience of the participants, as an integral part of the IPA method, whilst important, was secondary to the study's main goal.

A social constructionist approach to GT deals best with what people construct and how this social construction process unfolds (Charmaz, 2008). Specifically, constructionist grounded theorists attend to what and how questions (Charmaz, 2014). They emphasize abstract understanding of empirical phenomena and contend that this understanding must be located in the studied specific circumstances of the research process. Charmaz (2014) posited that

the researchers' reflexivity is central in the interpretation of the data and that as such researchers are not passive recipients but rather active agents in how the data is interpreted and theory constructed. As the researcher I adopted the constructionist approach to GT, as advocated by Charmaz, and given my role as a trainee clinical psychologist on the Leeds training course in the final year of training and my supervisory experiences throughout training; it would be un-realistic to argue that I did not have a vested interest both personally and professionally in this area of research and its outcome.

Given that the aim of this study was to access the participants' there and then experiences at the time of the recorded supervision session, it was imperative to get as close to the event as possible through the method of data collection. IPR (Kagan, 1969, 1975; Kagan, Krathwohl, and Miller, 1963a) was initially developed as a training tool for therapists to develop self-awareness and critical thinking skills but has since been employed in psychotherapy research (e.g., Levitt, 2001; Lokken and Twohey, 2004; McLeod and Balamoutsou, 2001). A typical IPR interview involves recording (audio and visual) a single therapy session and then when watching it back, asking the participant to stop the recording when they notice the phenomenon under investigation (Larsen, Flesaker and Stege, 2008).

There is a strong evidence base for the use of grounded theory with IPR (Charmaz, 2008). It has been used in social psychology (Kettley, Kettley, and Bates 2015), cognitive science (Pidgeon, Henwood, and Blockley, 1996), health psychology (Charmaz, 1990), clinical psychology (Rennie, 1994, 2006; Borrill and Foreman, 1996), and counselling psychology (Larsen et al, 2008). Given that an IPR approach can gain access to cognitions and affect closer to the actual event than a semi-structured interview in IPA, IPR was the chosen method of data collection for this study.

## **2.4 Participants**

All trainee participants were in their final year of training on the Leeds University DCLin Psych doctorate course, being supervised by experienced supervisors in their elective clinical placement. Trainee participants had completed nine months of their one year placement when they were recruited for this study.

A total of five pairs of supervisory dyad were recruited for this study. All dyads recorded a supervision session. Unfortunately the research interview could not be conducted with one of the supervisors as the original recorded supervision had been permanently deleted in error. Limited demographic information is provided given the small number of participants

and likelihood of identification. Participants included some same gender and some mixed gender dyads.

#### **2.4.1 Inclusion**

All trainees (N=16) in their elective final year placement on the Leeds University DCLin Psych doctorate training course were eligible for inclusion in this study and were invited to participate. Clinical placement supervisors who were qualified Clinical Psychologists providing a third year elective placement to the eligible trainees were eligible for inclusion in this study, irrespective of their years of experience, theoretical orientation, and/or placement type. After the trainees had expressed an interest in the study and after volunteering to participate, their placement supervisors were then invited to participate.

#### **2.4.2 Exclusion**

One dyad who expressed interest were excluded due to the supervisor having supervised the researcher on a five month clinical placement earlier in his training. The familiarity of this supervisors' style and their previous strong supervisory relationship could have unduly influenced the subsequent interpretation and analysis of their data.

#### **2.4.3 Pen Portrait**

A generalised description of the participants, placement type, and use of supervision models (where applicable) is provided in order to ensure anonymity. Placements were offered in a range of clinical settings: low secure adult inpatient unit, inpatient assessment unit for young people, child and adolescent services (CAMHS); specifically family therapy and Autism assessment clinics, older adult services, and adult psychological therapies service). One dyad identified drawing on the Hawkins and Shohet 'seven eyed process model' of supervision, with the other dyads being more integrative in their supervision approach (i.e. CBT, Systemic).

#### **2.4.4 Recruitment**

Guest, Bunce and Johnson (2006) argued that up to 12 participants should be sufficient to discern themes concerning common views and experiences among a relatively homogenous group of people. Charmaz (2014) argued that for IPR and GT 8-12 participants are generally sufficient. It was planned that a minimum of four pairs of supervisor-trainee dyads (N=8) would be recruited for the purposes of this study.

A small scale feasibility study was conducted in May 2015, asking third years (N=16) on the Leeds course about their potential interest in this study. There was overwhelming support to participate.

The course administration team contacted, by e-mail, all 16 third year trainee psychologists on the Leeds clinical psychologist training course asking for expression of interest to participate in this study (Appendix A). This e-mail enclosed a summary of the research, its aims, and what participation would involve. Those who expressed an interest to participate were then provided with the Participant Information Document (PID) (Appendix B) as per the recruitment protocol. The reader is referred to a more detailed account of the recruitment protocol listed in appendix C.

Recruitment of all participants was by opportunistic sampling, not taking into account age, gender, ethnicity, culture, previous experience prior to undertaking the post graduate course, location of placement, and supervisory model used.

### **2.5 Procedure**

Each participant dyad recorded a supervision session they had undertaken together, via a digital camcorder (both audio and visual). Issues of varying intensity and complexity were brought to supervision by the trainee. Such issues were focused around the development of their clinical skills and/or personal and professional development, such as those cited by Ladany et al (2005) above. The researcher then met with each participant individually (the trainee first, then the supervisor) to conduct a semi-structured interview using the IPR method. During the interview with the supervisor any key moments that had been identified by the trainee were held in mind by the researcher.

With the trainees the average time between the recorded supervision and research interview was four working days and with supervisors, three working weeks. This was due to service

demands on the supervisors' availability. It was hoped that research interviews could capture participants' cognitions and affect, as near to the event as possible and to minimise the impact of any other external variables, such as discussions between supervisor and trainee about the recorded supervision session(s).

IPR (Kagan, 1969, 1975; Kagan, Krathwohl, and Miller, 1963a) was employed throughout the research interview. Each participant and researcher watched the recorded supervision session. The participants were instructed to pause the recording at times when they perceived a key moment in the process had occurred. At this point, the researcher asked "Why have you stopped at this point?", "what were you thinking/feeling at this point?" and "what have you noticed at this point?" Whilst in principle the researcher could also stop the tape this only happened once in an interview with a supervisor (where the supervisor had not stopped at a key moment for the trainee).

Research interviews took on average one and half hours. Data from the research interviews were obtained via a digital recorder (audio only). This recording was transcribed, anonymised, and then permanently deleted. The process of transcribing and analysis was systematic (e.g. TP1 then SP1, TP2 then SP2 etc.). This enabled the researcher to apply the principles of GT (e.g. theoretical sampling of the developing theory to subsequent data sets).

## **2.6 The pilot study**

Following the response from the feasibility study in May 2015, a single case pilot study was undertaken to test out and experience the IPR method of data collection and to evaluate the recruitment process as far as possible in accordance with the thesis protocol. A detailed account of the pilot study is provided in appendix D.

### **2.6.1 Reflections on the pilot study**

The data collection method as outlined in the thesis protocol was followed as accurately as possible in the pilot study. Replication of the procedure was essential in order to identify any possible flaws, the feasibility of, and potential areas for refinement in the main study. The pilot study provided the researcher with invaluable experience in the data collection

method subsequently employed. It identified a need to have a greater repertoire of questions aimed at eliciting the processes occurring in supervision. This was achieved by identifying, through discussions and reflections in research supervision, questions aimed at, and more likely to access, the internal cognitions and emotions of participants at the time of the supervision.

The researcher was mindful of wanting to appear knowledgeable and confident in conducting the research in front of peers and was certainly focused on this on several occasions during the pilot study. This manifested itself in the form of repeated questions asked in both interviews without further exploration; thereby potentially limiting access to the internal cognitions of both participants.

It was encouraging that both participants reflected on their experience and learning from the peer supervision they engaged in. Both felt that something had occurred through their exploration of the issue discussed, and that the supervisee had experienced a shift in their perspective. This pilot study showed the applicability and feasibility of the data collection method to identify shifts in perspective.

## **2.7 Data analysis**

The research interviews were transcribed and analysed; informed by the principles of GT (Charmaz, 2003). The aim of GT is to develop a theory which emerges from the systematic analysis of the data. The Grounded Theory method can enable an exploration of processes and context, unravelling the multiple perspectives and common sense realities of the participants. In relation to this study, the significant social context is the supervisory relationship which exists within a wider context of evaluation of the trainee, support and direction provided by their supervisor and the presenting challenges and difficulties experienced by the client (Charmaz, 1995). The use of Grounded theory involved constant comparison of the data and theoretical sampling and the data from 9 participants was of sufficient quality to reach the stage where no new themes emerged from further analysis or from the addition of new participants.

## **2.7.1 Coding**

### **2.7.1.1 Open Coding**

Each transcript was coded, firstly using open coding. This involved coding the data line by line by identifying units of meaning, which were initially documented within NVIVO and in the margins of transcripts. The codes generated were initially descriptive, remained close to the data, and where possible preserved meaning and actions (Charmaz, 2006). Transcripts were then re-read several times and codes which explained larger segments of the data, and made the most analytic sense were highlighted and copied onto flipchart paper. This process was followed for each data set. The researcher coded sections of the data and this was reviewed in research supervision, to consider the extent to which these codes corresponded to the original data, and to provide a wider more objective and analytic perspective on the data. The researcher separated any cognitions and statements of affect identified at the time of the supervision recording from those expressed in the research interview when the participants were looking back.

### **2.7.1.2 Axial Coding**

The categories generated for each interview were compared across interviews and combined or separated, depending on the degree of commonality or difference, to form more analytic categories and sub-categories. These emerging categories and sub-categories were recorded in a word document, together with the original code, transcript and line of interview they referred to. This enabled the continual checking and review of the developing analysis for alternative interpretations and meanings of the data.

In addition to constant comparison, the researcher looked for negative cases – examples which did not fit the emerging categories, so that the developing theory could then capture the complexity of the data. The researcher then examined the categories for conceptual links and considered questions of what were the key moments in supervision and how they came about.

### **2.7.2 Theoretical Sampling**

The researcher did not return to participants in order to collect additional data to help develop the emerging theory during. Trainee participants were at the end of their placement and were no longer situated within the particular trust, and service demands on supervisors were such that their available time to participate further was limited. Instead, the researcher coded each transcript in sequence (from first then to the last). Each transcript was interpreted and viewed in the context of the emerging themes to assess their relevance and utility to the categories and sub-categories. The merging themes were then situated, modified, and amended accordingly. This approach constituted an abbreviated form of GT (Charmaz, 2008).

The researcher was able to contact some of the participants several months after the research interviews had taken place to complete credibility checks of the process model generated. Those who responded (N=3) commented on the goodness of fit of the model to their experience of the processes within the recorded supervision session.

### **2.7.3 Theoretical Saturation**

In GT, data collection should continue until theoretical saturation has been achieved, when gathering additional data no longer produces new insights or reveals new properties of the theoretical categories of the emerging theory (Charmaz, 2008). Some qualitative researchers suggest that this is a goal rather than a realistic expectation (Willig, 2001). In this study the transcripts were revisited repeatedly throughout the research process until such time as the majority of the data was identified, categorised, and where no new themes emerged.

### **2.7.4 Memos**

The researcher wrote memos throughout the process of data collection and analysis to provide a written account of theory development, and to help identify the development of categories. Writing memos is a helpful way to develop the analysis by elaborating on processes, assumptions and biases within the identified categories (Charmaz, 2008). The identified memos incorporated definitions of categories and the labels selected for them and their relationship to other categories. All memos were dated, contained headings and explicitly referenced which sections of data they related to (Willig, 2001).

## **2.7.5 Quality Standards**

A number of guidelines to improve quality control in qualitative research have been established in the literature (Elliot, Fischer, and Rennie, 1999; Tracy, 2010; and Roller and Lavrakas, 2015) and are referred to below.

### **2.7.5.1 Reflexivity**

Reflexivity, as a qualitative methodological tool, requires the researcher to account for their inevitably biased viewpoint to account for their impact on the data throughout the research process but also to consider the powerful influences of social and cultural factors (Pillow, 2003). Such experiences inevitably impact on ones' reflexivity. It was therefore imperative to monitor the researchers' emotional reaction and response to both the content and process of what was being discussed and explored in the research interviews.

The researcher was open about his opinions, beliefs, and assumptions and to have awareness of his biases and even prejudices (Elliot et al, 1999). These were made explicit so that the reader could track and be aware of throughout the research process. For example, as a trainee the researcher is currently on a clinical placement and is engaged in supervision as a supervisee. There are a number of parallels between the researchers' experience of supervision and that of the trainee participants in this study: being evaluated by his clinical placement supervisor, having had several years of supervisory experiences pre-training, anxiety about his readiness for being qualified. Due to his pre-training experience the researcher has developed a view of supervision that it generally provides the platform for learning and PPD, is containing and nurturing. This is clearly a biased view as to what good supervision should look like.

This process of monitoring the researchers' emotional response to the research process highlighted the key influences, direction and any other possible interpretations of the data (Charmaz, 2005, 2008). Sincerity (Tracy, 2010) is a pre-requisite in qualitative research and any such study should be marked by self-reflexivity about the researchers' subjective values, biases and inclinations. Above all the researchers' position should be consistent throughout the research process (Roller and Lavrakas, 2015). The issue of reflexivity was addressed by keeping a research diary to note thoughts and emotional responses to the data, throughout the research project. Extracts from the diary are presented in appendix G.

#### **2.7.5.2 *Situating the sample***

It is important to describe the participants in sufficient detail to aid the reader to understand the context in which this study takes place. The reader can then begin to form their own judgements and generate their own interpretation of the data and its applicability to the findings. The participants in this study are described above in section 2.4.

#### **2.7.5.3 *Grounding in examples***

It is necessary to provide examples of the data to clearly illustrate the process of analysis and the researchers' developing understanding and sense making of the phenomena being studied (Elliot et al, 1999; Creswell, 2007; Tracy, 2010; and Roller and Lavrakas, 2015). This allows the reader to further develop their own interpretations of the data. Numerous examples of the codes and sub-codes and the quotes they relate to are provided in the results and discussion sections.

#### **2.7.5.4 *Credibility checks***

Providing credibility checks is important to ensure the credibility of categories and themes presented in the research. Elliot et al (1999) suggested a number of methods including participant checking, to ensure the analysis is meaningful and credible. A summary of the analysis and a visual representation (Cresswell, 2007) of the process that led to a shift in perspective was provided to an opportunistic sample of the participants in this study. There was unanimous agreement from those who responded (N=3) that the process model accurately reflected their experience of the recorded supervision session, and that it provided a feasible and realistic account of the processes that led to a shift in perspective.

The researcher used the process model when supervising an assistant psychologist on placement to test for its relevance, application, and flow. The assistant was able to follow the model, identifying with the driver of 'elevated emotional state' (e.g. felt anxious when talking about team dynamics). The assistant commented that they were seeking re-assurance and guidance as to how to approach the particular issue brought to supervision. In a spirit of collaboration, the assistant stated that they felt contained, validated, and was more able, by the end of supervision, to sit with the un-certainty of complex and un-predictable dynamics

within the team. The shift in perspective was affective, in that they felt less anxious. There was also a cognitive element to the shift in that they had re-appraised the limits of their capabilities and was clear about how to approach the issue.

Additional credibility checks occurred through regular discussion, testing of the process model, the coherence of the analytic components of the codes and sub-codes, within research supervision.

#### **2.7.5.5 *Coherence***

It is important that the results and conclusions of the analysis are structured in a coherent way, providing a structured route map and summarising the researchers' interpretation of the data and understanding of the analysis. The results section below commences with a pictorial representation of the emerged theory and is supported by a systematic appraisal of the process leading to a shift in perspective on the trainee's part.

#### **2.7.5.6 *Resonating with readers***

Research should resonate and be meaningful to the reader (Elliot et al, 1999; Roller and Lavrakas, 2015). It should provide an accurate account of the phenomenon being studied and ideally, develop and extend the readers' insight and understanding of it. Various drafts of the write up were read by the research supervisors and the researcher used their comments and feedback to improve the quality of the analysis and the thesis overall.

## **2.8 Ethical Considerations**

The main ethical issues in this study involved the dual relationships between researcher and trainee participants; trainee participants and thesis supervisors, informed consent and confidentiality.

## **2.8.1 Dual Relationships**

### ***2.8.1.1 Researcher and trainee clinical psychologists***

The researchers' role on the Leeds DClin Psych course was as a second year trainee at the time of recruitment and data collection. As a result all trainee participants were known to the researcher in an acquaintance capacity. It is possible that some trainees may have been inhibited talking to a peer. Conversely, they may have felt more able to talk to someone they knew about their experience of supervision. Given the shared experience of supervision whilst on training, it is likely that the researchers' role may have helped more than restricted trainee participants' involvement and their disclosures.

Given the researchers' role, placement supervisors may have felt that the experience of participation was too exposing of their competence and skills set as a supervisor. It is likely that only those supervisors who were confident enough in their skills as a supervisor and felt that they had a positive supervisory relationship with their trainee were likely to participate in this study.

### ***2.8.1.2 Trainee clinical psychologists and research supervisors***

The research supervisors are an academic and a clinical tutor for the Leeds DClin Psych course. As such they may have been involved in organising and supporting some of the placements where the trainee participants were located. In this event they would also be involved in the evaluation of trainees' in their mid/end of placement visits (where the trainee, placement supervisor and course clinical supervisor meet to discuss and evaluate the trainee's progress on placement). Only the researcher knew if this was the case. All steps were taken to ensure anonymity in this event such as the removal of identifiable information from trainees; particularly in the course of discussions between researcher and the research supervisors.

## **2.8.2 Informed Consent**

Supervisors who were invited to participate were aware of the researchers' role on the course. Before the research interview all participants were offered access to the Participant

Information Document (PID) (Appendix B) to read and were invited to ask questions. Participants were asked to sign a consent form (appendix E) to participate in the study, for their research interview to be audio-recorded and transcribed, for the inclusion of anonymised quotes from their interview in the thesis and any publications or presentations. Participants were free to withdraw up to the point at which their recordings were transcribed and anonymised, without giving a reason.

Potentially distressing, difficult and/or challenging issues could be discussed in the research interviews. Given this, all participants were referred to the PID for the availability of additional support, should they need it, during or after the end of this study.

### **2.8.3 Confidentiality**

Participant confidentiality was maintained throughout. There were no breaches of confidentiality as participants did not disclose any criminal activity, malpractice and/or safeguarding issues.

Prior to the recorded supervision session the supervisor/trainee participants were directed not to refer to service users or the trust/service by name. They were reminded that the focus of the research is on the trainees' shift in perspective following key moments in the recorded supervision session and should be mindful of this throughout. The actual research data was contained in the recorded research interview (i.e. in audio format only) between the researcher and participant. Prior to this interview each participant was again reminded not to refer to service users or the trust/service by name. The transcription process removed any information that would identify people or services by deletion in the transcript. Only anonymized transcripts were shared with the research supervisors. The researcher was mindful of their dual role when discussing transcripts and recorded sessions to ensure anonymity of the participants.

Each participants' confidentiality and/or anonymity were protected by a unique reference code for transcription purposes. For example TP1 (i.e. Trainee Participant one) and SP1 (i.e. Supervisor Participant one) were the first dyad to be interviewed. The other dyads were identified as TP2/SP2, TP3/SP3 and so on. There was no other potentially identifiable information assigned to each data set other than the reference code. This code was given to the administrator along with each data set for transcription.

#### **2.8.4 Ethical approval**

Ethical approval was given by the University of Leeds School Of Medicine Research Ethics Committee (SoMREC). The reader is referred to appendix F for SoMREC approval.

Research and Development approval was given by three NHS trusts in two counties, one of which related to an out of area placement for one of the trainees.

Recruitment of participants occurred post ethical approval from both the University of Leeds and individual trusts. The interviews were transcribed immediately after they were conducted and analysis commenced immediately after this point; in conjunction with GT principles as described below in the data analysis section.

### **2.9 Conclusion**

This study aimed to develop an exploratory theory to identify how key moments in supervision lead to a shift in perspective. The participants were trainee clinical psychologists nearing the end of not only their elective placements but also their training, and their clinical placement supervisors. Data was collected using the IPR method and was subsequently analysed by GT. The following chapter sets out the results in the form of the ‘Events Based Process Model’ (EBPM) with its associated themes and sub-themes, to illustrate the processes through which a shift in perspective evolves.

### 3 Results

This chapter presents the findings of the study ensuring that the process of analysis is clear and transparent. Memos are used to illustrate the flow and development of categories. As described above in ‘Quality standards’ (section 2.7.5) the quality and rigour of the analysis has been maximised by the use of credibility checks (such as situating the sample, grounding in examples, the provision of a coherent account of the analysis etc.), and these will be evident throughout this chapter.

GT was used to explore the processes within supervision that lead to a shift in perspective. Systematic analysis of the data involving constant comparison of the individual data sets is illustrated by the following process model – The ‘Enactments Based Process model (EBPM) (fig4). Evidence to support this model is provided by the presentation of themes, sub-themes, and a summary of the open, focused and axial coding for each theme. The themes started as a focus on the trainee and supervisor perspectives separately to explore the identification of a key moment and how they thought the key moment had led to a shift in perspective. Their perspectives were then merged to identify a more holistic and collaborative perspective regarding the specific shift.

The research questions for this study were as follows:-

- What are the key moments in supervision that lead to a shift in perspective in the trainee (from both the trainee and supervisor perspective)?
- How do such key moments lead to a shift in the trainee’s perspective?

Analysis was approached as a whole (identifying codes and categories and developing conceptual links between them), as well as seeking to address the research questions more specifically. This enabled the researcher to remain open to all possible interpretations of the data. The findings as they relate to the research questions are discussed below.

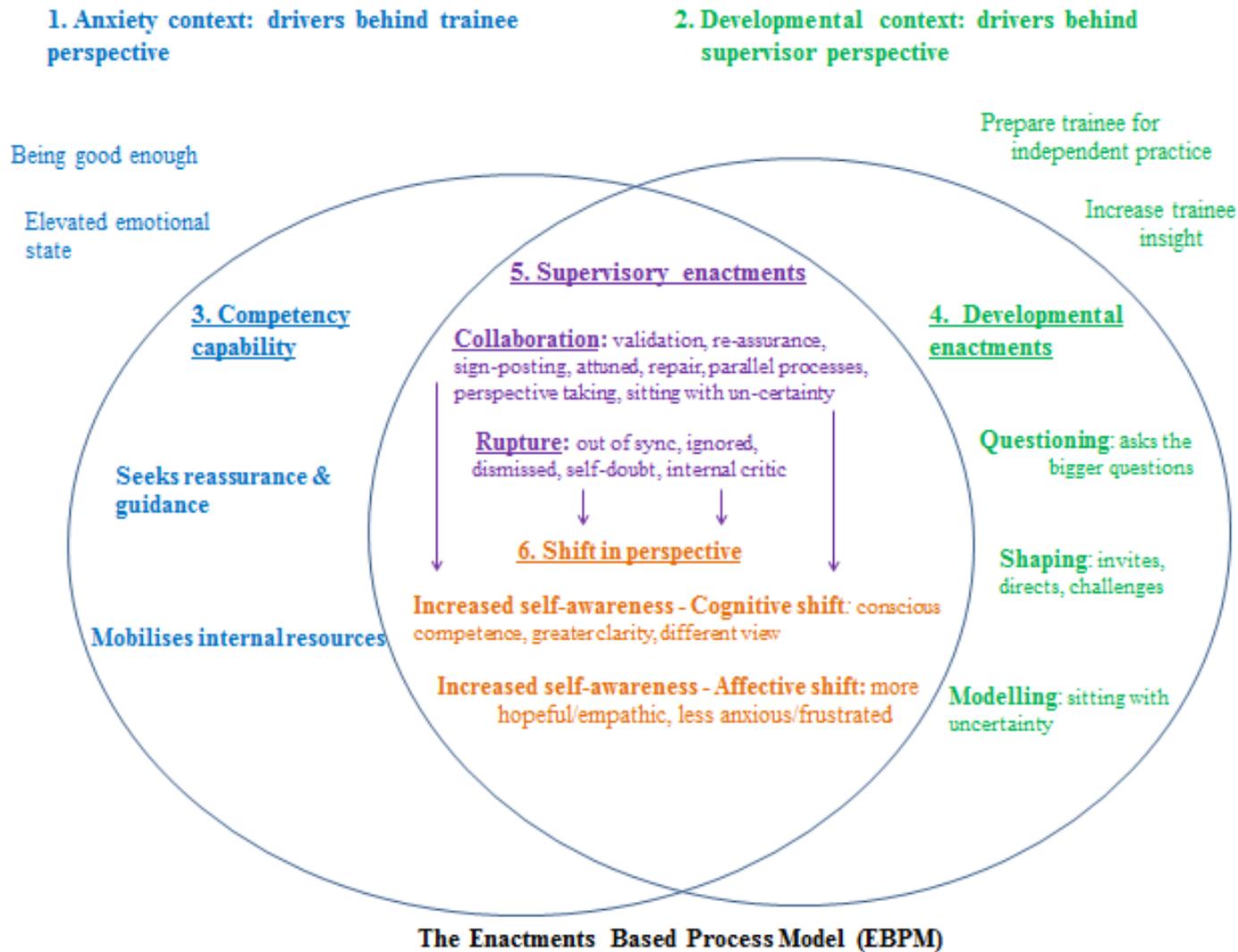
This chapter is organised as follows. Firstly, coding and category development is summarised by exploring each phase of the EBPM. This includes the ‘Anxiety context: drivers behind trainee perspective’, ‘Developmental context: drivers behind supervisor perspective’, ‘Competency capability’, ‘Developmental enactments’, ‘Supervisory enactments’, and ‘Shift in perspective’. The open coding section of each phase is presented as a very brief summary. A more detailed account of open coding is illustrated in Appendix H. Secondly, three examples are taken from the data to illustrate what the key moments are

in supervision and how the process within supervision leads to a shift in perspective on the trainees' part.

Throughout this chapter quotes will be presented and abbreviations used to show where in the transcript they originated e.g. TP1 346-376 means that this citation is from Trainee participant 1 and can be found on lines 346-376 of the transcript from this interview.

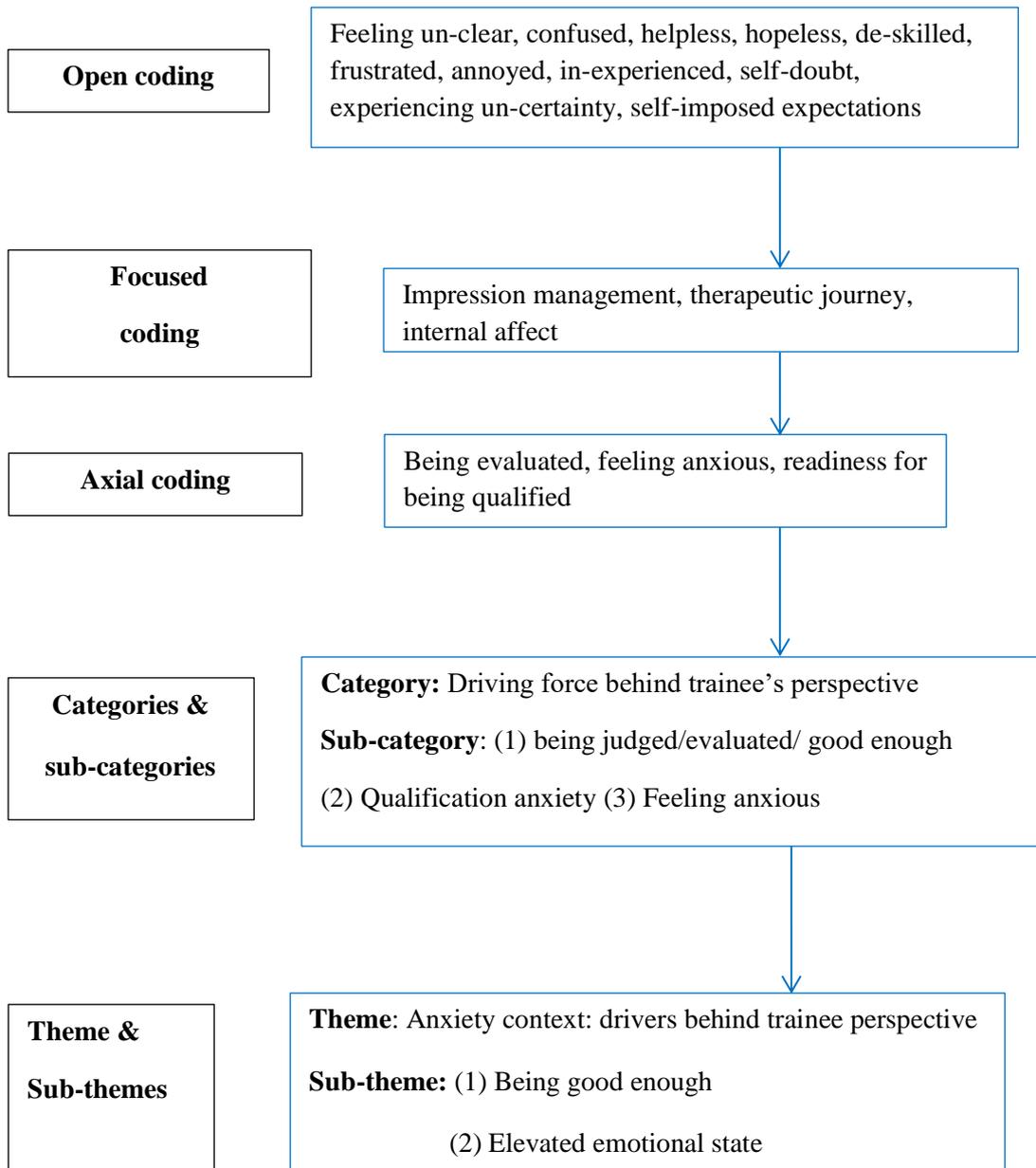
The overall process model is presented in the diagram below (fig 4)

Figure 4. The Enactments Based Process Model (EBPM)



### 3.1 Theme One: ‘Anxiety context: drivers behind trainee perspective’, with sub-themes of ‘being good enough’ and ‘elevated emotional state’

The first identified theme and its associated stages of coding is illustrated by the following diagram.



### 3.1.1 Coding – Open coding

Each transcript was coded, firstly using open coding. This involved coding the data line by line by identifying units of meaning, which were initially documented within NVIVO and in the margins of transcripts. The codes generated were initially descriptive, remained close to the data, and where possible preserved meaning and actions (Charmaz, 2008).

One trainee felt anxious at the beginning of the supervision process.

*“ . . . so I think I was a bit anxious at this point cause um, with this particular client, I’d just gone ahead and like organised family sessions...” (TP4 46-48)*

For another trainee there was a sense of hopelessness towards the client’s desire for change and prospects

*“With this person I do . . . feel quite hopeless and I’ve taken a little bit of a helpless position sometimes” (TP2)*

Affect was more strongly experienced by another trainee who felt overwhelmed and unclear

*“I’m really overwhelmed and I don’t know where, how even to start” (TP1 1325-1326)*

### 3.1.2 Coding – Focused coding

Initial codes were reviewed, and codes which explained larger segments of the data were underlined, and copied into a word document (with the relevant details of the interview). For example, the following is from TP2 interview:

*“I sometimes feel I should like this is the bit where I should, that I should do well; and if I explain it well then that’s me being a good supervisee um, there’s a bit of pressure there to kind of explain things well” (TP2 80-83)*

Initially, this section of the text had a number of codes – self-imposed expectation, ‘being a good supervisee’, and ‘pressure to explain things well’. There was a certainly a level of impression management; the focus being on what the supervisor might think about the trainees’ current capabilities and level of development. Impression management seemed to capture the essence of what this trainee was saying, albeit implicitly.

Descriptive codes were developed following an examination of the similarities and differences of the codes and segments of text they related to. This constant comparative

method occurred throughout the analysis and data from subsequent interviews integrated. The researcher referred back to the original text to ensure that developing categories reflected the meanings of the original interviews. This in-depth analysis initially yielded three codes and twelve sub-codes which seemed to capture larger segments of data. The codes are illustrated in the following table.

Table 4. Codes & sub codes emerging from focused coding

Codes	Sub-codes
Impression management	Self-imposed expectations (TP2) ‘Being a good supervisee’ (TP2) Fear of negative supervisor evaluation (TP1, TP4) ‘Pressure to explain things well’ (TP2)
Therapeutic journey	Feeling frustrated with progress (TP1) Feeling hopeless (TP2) Feeling confused about which direction to go in (TP3) Who is the client? (TP4)
Internal affect	Feeling anxious (TP1, TP2, TP3, TP4) Feeling annoyed (TP5) Feeling un-certain about own skills (TP1, TP3) Feeling overwhelmed (TP1, TP2)

### 3.1.3 Coding – Axial coding

Axial coding involved the examination of the codes generated for each interview to identify the drivers influencing the trainee’s starting perspective. Descriptive codes from focused coding were reviewed and refined by the researcher following numerous discussions with the thesis supervisors into three categories, with six sub-categories. This was to identify higher order analytical categories. The categories derived from axial coding are illustrated in table 5 below.

Table 5. Categories derived from axial coding

Categories	Sub-categories
Being evaluated	Impression management Being judged
Feeling anxious	Internal supervisor Progress in therapy
Readiness for being qualified	Self-doubt Internal critic

### 3.1.4 Memo writing

Throughout the research process, a diary was kept which included memos, to note reactions, thoughts and to document the analysis. The memo for the first themes and sub-themes can be found below in box one.

### 3.1.5 The findings – ‘Anxiety context: drivers behind trainee perspective’, with sub-themes of ‘being good enough’ and ‘elevated emotional state’

The categories derived from axial coding were further refined following discussions in research supervision to form the theme of ‘Anxiety context: drivers behind trainee perspective’ and sub-themes of ‘being good enough’ and ‘elevated emotional state’. The driving forces behind each trainee’s starting perspective influenced them to seek different things in supervision. Justification for labelling the theme in this way is provided in box one below.

**Box One – Memo on ‘Anxiety context: driving forces behind trainee perspective’:  
29/12/16**

All trainees appeared to have a fear of negative evaluation by their supervisors. Being evaluated is the ‘given’ on clinical placement. Regardless of the quality of the supervisory relationship, this power in-balance remains. Ultimately, the outcome of the placement is down to ‘pass/fail’; a decision made by the supervisor. Being judged, however, is something different and I wonder if this links to the concept of shame? It is interesting to think about the shame literature here; in particular the likely response(s) of the person concerned when experiencing shame. Being ‘good enough’ is a term spoken of at regular intervals during training on the Leeds course. It seems logical that a number of the trainees spoke about being ‘good enough’ as they progress towards qualification; addressing issues such as readiness for training, developing the internal supervisor etc. For one trainee who shared a perfectionist streak with the client, there was a growing realisation that her work needed to be ‘good-enough’. This was echoed by the other trainees, some more explicitly than others. Labelling this sub-theme as ‘Being good enough’, encompasses the notion of being evaluated/judged in the light of needing to pass the placement ahead of qualification.

This idea of being good-enough links to the trainee developing their internal resources to sit with uncertainty, discomfort. All trainees experienced an elevated emotional state coming into supervision. For some their anxiety was about readiness for being qualified. For others, anxiety was the guiding influence for the trainee to seek re-assurance. This re-assurance may have been about the validity of their clinical decision making, re-assurance because they were feeling self-doubt, being self-critical, un-clear, confused and overwhelmed. For others, their driving force may have been more about un-certainty over what to do next in therapy, endings, making sense of an aspect of the therapeutic work, and next steps.

We know from the cognitive tradition that we all have beliefs and assumptions about the world, others in it and ourselves and that we bring these into every interaction. Our thoughts and feelings in-turn influence our resulting behaviour. It makes intuitive sense to label theme one as ‘Anxiety context: driving forces behind trainee perspective’, with sub-themes of ‘being good enough’ and ‘elevated emotional state’ to incorporate the above ideas of evaluation, anxiety, and readiness for post –training. Also, to illustrate the analytical process followed throughout.

Seeking re-assurance and guidance are not mutually exclusive, but are rather more interchangeable and experienced differently throughout the supervision recordings. It seems that those seeking re-assurance experienced self-doubt were un-sure, self-critical, experienced a higher intensity of discomfort/anxiety.

The researcher then reviewed each data set to test the accuracy of this label. The following quotes illustrate this process of identification and exploration.

The intensity of the trainees’ affect and cognition at the beginning of the shift process was heavily influenced by the driving forces behind them. One trainee was focused on what the supervisor might think about her clinical skills.

*“I can remember thinking um . . . should I say that he feels like we um, are no better than monkeys. I, cause I remember thinking it, I wonder if [supervisor] thinks that I’ve gone off on a tangent in therapy” (TP1 130-133).*

Through this process of identification, clarification and constant comparison, two sub-themes emerged from the data.

### **3.1.5.1 ‘being good enough’**

The following statements accurately reflect the trainee’s perspective at the start of the process

*“There’s almost that bit of anxiety and the idea of being evaluated, and somebody who’s senior and, you know EPV (end of placement visit) coming up in a few weeks. It almost kind of, I guess, gave me that little bit of doubt about oh, did I, should I have said that; should I have had this overview; am, am I good enough?” (TP2 206-211)*

*“I do struggle with that concept of, especially being a trainee, of: have you done enough if they’d have had like a qualified then maybe they’d have got further” (TP1 294-298)*

One trainee reflected on their development and progress towards the end of training.

*“and kind of becoming more independent as a clinician, and working towards being qualified” (TP2 103-104).*

This issue was referred to by all the trainees, either implicitly or explicitly

*“There’s a point later where we reflect on like my stage of training and how my confidence in my own competence is clearly . . . gone up” (TP4 48-50)*

*“it’s quite nice to see, to watch myself come up with my own conclusions cause I think that really is important going forward. Kind of that being your own supervisor” (TP1 1370-1373)*

### 3.1.5.2 'elevated emotional state'

Trainees experienced a range of emotions, varying in degrees of intensity and at different points in supervision. One trainee was anxious at the beginning of supervision.

*"... so I think I was a bit anxious at this point cause um, with this particular client, I'd just gone ahead and like organised family sessions..." (TP4 46-48)*

*"I may have felt a little bit tense, and I noticed that I was kind of a bit more 'tappy' and a bit more animated. So maybe I was discharging anxiety a little bit" (TP2 272-274)*

For one trainee there was a sense of hopelessness towards the client's situation

*"With this person I do... feel quite hopeless and I've taken a little bit of a helpless position sometimes" (TP2)*

Another trainee felt overwhelmed by the complexity of the clinical work.

*"I'm really overwhelmed and I don't know where, how even to start" (TP1 1325-1326)*

Another trainee felt annoyed about the timing, availability and duration of supervision

*"for then today's supervision to be kind of like late and time-limited when I know I'm probably entitled to more, I just find it a bit annoying..." (TP5 41-43)*

Together, the sub-themes of 'being good enough' and 'elevated emotional state' form the constituent parts of the overriding theme of 'Anxiety context: drivers behind trainee perspective'. Such driving forces prompted the trainee to seek re-assurance and/or guidance from the supervisor.

The strength of the trainees' cognition and intensity of their affect influenced their goals for supervision and what they needed and wanted from their supervisor. Affect such as self-doubt and internal criticism fed into seeking re-assurance. There was concern expressed by some that they needed re-assurance that their clinical decision was appropriate. This goal was implicit in the trainees' approach to supervision.

*"It suddenly occurred to me, 'oh God, what if she says to me that wasn't the right thing to do.'" (TP4 41-42).*

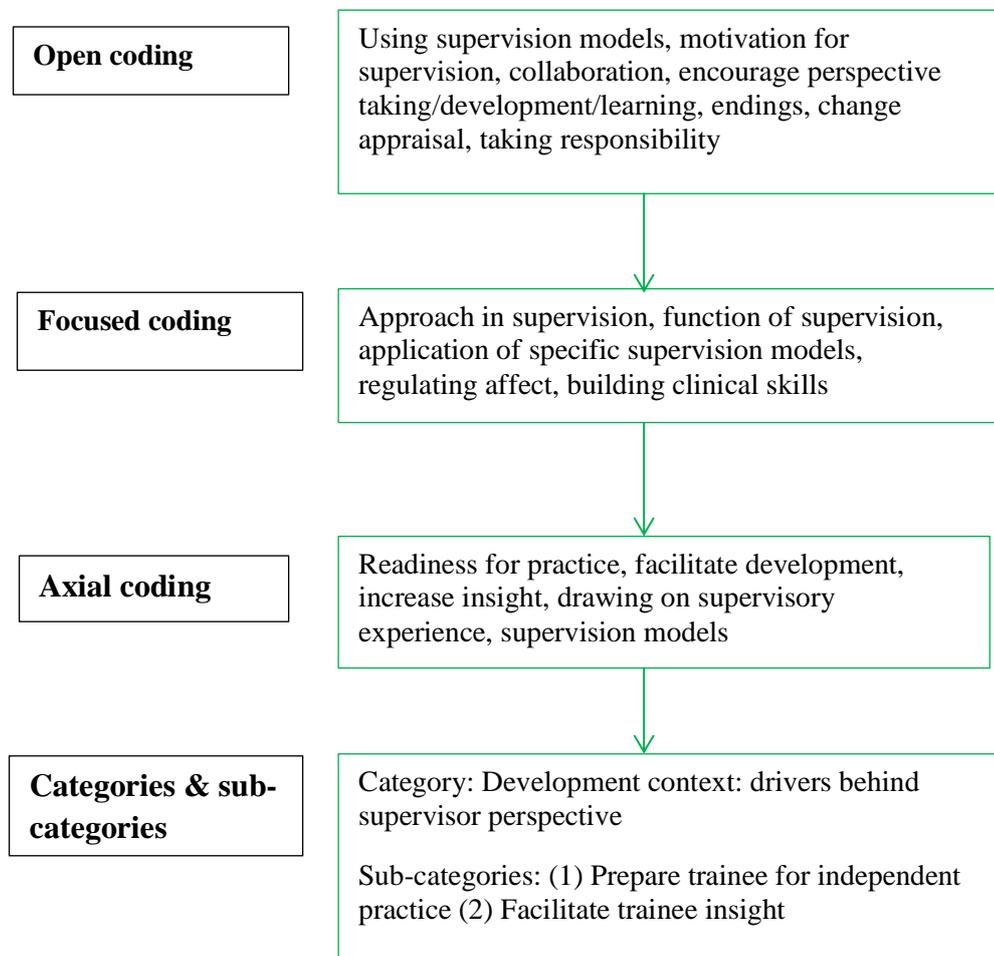
A feeling of frustration and confusion fed into seeking guidance from their supervisor.

*“My intention was to set out to see if we could um, you know be if I could be less jumbled and . . . think through what is the best way of understanding; see if [supervisor] could help me; is, is there any way that fits better, I suppose” (TP3 110-121)*

The theme relating to the ‘Developmental context: drivers for the supervisors perspective’ will now be examined.

### 3.2 Theme two: ‘Developmental context: drivers behind supervisor perspective’ with sub-themes of ‘prepare trainee for independent practice’ and ‘increase trainee insight’

The second identified theme and its associated stages of coding is illustrated by the following diagram



### 3.2.1 Coding – Open coding

The researcher followed the same process of coding as in section 3.1.1.

One supervisor referred to using Hawkins and Shohet seven eyed process model, as she felt that the trainee had moved to a more informing phase in his development and progress

*“The Hawkins and Shohet, the seven eyed, that I tend to prefer that atheoretical way of thinking. But what I notice in terms of process, is that especially when it comes to third years, is there’s very much, it feels it’s about informing.” (SP2 118-138)*

and was able to focus more on process, in order to develop a wider perspective.

*“and that having somebody on the outside that is I suppose, thinking about the Hawkins model who is watching and witnessing that relationship, and is then able to say, ‘Oh, and also there’s this bit to think about.’ To add to that thinking and make it wider” (SP2 407-414)*

Supervisors referred to the need for trainees to be provided with learning opportunities as a way of developing their clinical skills

*“I suppose, obviously supervision has lots of different kind of roles and one of the roles is that kind of learning opportunities, isn’t there? And I suppose I was offering this other perspective as well to add into the formulation” (SP2 356-370)*

Supervisors had explicit approaches in supervision drawing on their inter-personal skills

*“...and you want them to feel good about themselves and confident” (SP2 854)*

*“and I think also the other thing is I didn’t jump in cause I think sometimes, as supervisor, you want to, you want to validate the trainee” (SP2 845-850).*

For others it was also their values base and the personal satisfaction they derived from seeing the trainee progress and develop

*“...when your trainees are developing and blossoming, you can get that sort of a slight sense of pride” (SP4 337-338)*

### 3.2.2 Coding – Focused coding

Focused coding followed the same process as described above in section 3.1.2. This in-depth analysis initially yielded five codes – Approach in supervision, function of supervision, application of specific supervision models, regulating affect, building clinical skills; and ten sub-codes. The codes and sub-codes are illustrated below in table six.

Table 6. Codes and sub-codes arising from focused coding

Codes	Sub-codes
Approach to supervision	Interpersonal skills (SP 1-4) Specific strategies (SP1-4)
Function of supervision	Developing practice (SP2), validating (SP2) reassuring (SP3), challenging (SP4)
Application of specific supervision models	Hawkins and Shoheit – Seven eyed process model (SP2)
Regulating affect	Being drawn in (SP1, SP2, SP3)
Building clinical skills	Endings (SP1, SP2, SP3) Change appraisal (SP1, SP2)

### 3.2.3 Coding – Axial coding

Axial coding followed the same process as described above in section 3.1.3. Descriptive categories from focused coding were reviewed and refined following numerous discussions with the thesis supervisors into three categories, with six sub-categories. The categories derived from axial coding are illustrated in table 7 below.

Table 7. Categories arising out of axial coding

Categories	Sub-categories
Readiness to practice	-
Facilitate increase in self-awareness	Internal regulation (SP1, SP3, SP4) Develop professional identity (SP2) Develop clinical skills (SP1-4)
Use of supervision models	TP2/SP2 - Seven eyed process model TP4/SP4 - Attachment/systemic SP1-4 - Integrative

### 3.2.4 Memo writing

The memo for the second theme and sub-themes can be found below in box two.

**Box Two – Memo on ‘Developmental context: drivers behind supervisor perspective: 24/03/2017**

It was clear that supervisors were influenced by certain factors in their approach to supervision. What struck me was that there was a strong similarity between the supervisors – All were focused on the need to provide appropriate guidance, support, & opportunities to ensure the trainee was prepared for qualified life. This was especially relevant given that the trainees were on their last clinical placement and approximately one month away from being qualified. For some this was provided through modelling, self-disclosure, shared exploration/experience in a spirit of collaboration. This distinct driver neatly linked to a requirement to facilitate development through increasing trainees’ personal awareness; specifically to provide the opportunities for learning, developing a professional identity, & emotional regulation; so that the trainee was better prepared for being qualified. There seemed to be a focus on supporting the trainee to develop the ‘internal supervisor’.

Interestingly only one supervisor referred to the direct application of a specific supervision model (i.e. seven eyed process model; Hawkins and Shohet). The main focus of this supervision was very much process driven. This subsequently led to a high level of reflection, perspective taking, and exploring alternative viewpoints. The other supervisors referred to being more integrative in their application of specific supervision models. For example, one supervisor referred to the use of a CBT model of supervision, but then referred later to an attachment based approach to help keep the trainee feeling safe and secure. Other supervisors referred to specific functions of supervision – restorative, informative. Implicit in the supervisor’s approach was to use techniques and strategies previously employed as a way of addressing the requirements of supervision. There was an absence of supervisors saying “*I said that there because I’ve used it to good effect in the past*”. Once again we all bring our own ‘stuff’ to interactions with others and supervisors are no exception. It makes intuitive sense therefore to label theme two as ‘Developmental context: drivers behind supervisor perspective’, with sub-themes of (1) ‘prepare trainee for independent practice’ and ‘increase trainee insight’.

The categories derived from axial coding were further refined following discussions in thesis supervision to form the theme and sub-themes. The following is a description of the content of the categories which developed from the coding process. Each category is illustrated with quotes from the transcripts to provide evidence of credibility and reliability.

The supervisors' approach was influenced by the driving forces behind it. One supervisor commented on the various functions of supervision whilst providing a space for the trainee to consider alternative explanations and direction

*"At beginning of placement, I might have chipped in a bit more; and kind of said, been a bit more, a little bit more directive may be, knowing that he doesn't really know the service structure, and how we might do things in this service. But because he's got an understanding of that, it's only a couple of times that I need to kind of, 'oh, that's interesting, and actually maybe we should do it that way' but most, hopefully it will come across, most of the time it's him having that space"* (SP2 190-199)

Another supervisor referred to the complex processes within supervision

*"It is not about avoidance or collusion and that, that's the art, isn't it? That's a constant challenge as a supervisor"* (SP4 1181-1183)

*"It's not about they think I'm a jolly nice person. It's not about that. It's something much more subtle than that um, it's about feeling, and it's about safeness, isn't it?"* (SP4 1197-1206)

One supervisor referred to their own affect and how this can impact on supervision

*"I'm not as helpful as I could be cause I'm totally self-conscious about not going completely, ranting, whinge about it. 'Oh God, it's awful. I've done it for five years. You're just a trainee!' you know you don't want to do that"* (SP3 735-739)

and then refers to personal use of strategies to raise their self-awareness.

*"I think it's useful to think about what is in my head as I'm listening to stuff, and being more clear about why I'm asking questions".* (SP3 1002-1003).

### **3.2.5.1 'prepare trainee for independent practice'**

Getting the trainee prepared and ready for post-training qualification was seen as an essential pre-requisite for the supervisors. One supervisor was aware of this and named the dilemma succinctly

*"Some of that can be a little anxiety-fuelled as well, you know coming up to being qualified you think, do I actually know my stuff. Do I know this?" (SP4 1266-1268)*

One supervisor was keen to develop the trainees' clinical decision making skills.

*"...and help her to have the skills to be able to do that herself might be more helpful cause when she qualifies that's what she's gonna need to do therapy with someone in an impossible condition, you need to be able to step back from, I want to do therapy. I want to help.' And actually go, conditions are not right at the moment and not feel bad about it" (SP3 854-879)*

### **3.2.5.2 'increase trainee insight'**

A way of supporting the trainee to be prepared for qualified life is through focusing on developing the trainees' self-awareness and insight. One supervisor referred to developing affect regulation as an element of personal development

*"and allowing him to sort of feel that powerlessness because I think that's really about tolerate how comfortable that feels" (SP2 897-908)*

For supervisors they were trying to encourage the trainees to be 'good enough' as clinicians, given scarce resources and time constraints

*"...so I guess the reason I asked that question is thinking about a good enough job; sometimes you need a very complex formulation to um, support an intervention, and it's key to get that right... what we could deliver independently that might help; or what would be good enough; what does [trainee] have time for?" (SP3191-200)*

In terms of professional development, one supervisor encouraged the trainee to develop their own sense of professional identity

*“I very much said to the trainee right at the beginning, this is your year to decide who you are, you know you’ve had all of this training what kind of psychologist are you gonna be?” (SP2 1473-1477)*

Developing the trainees’ reflective clinical skills was seen by supervisors as an integral part of raising self-awareness

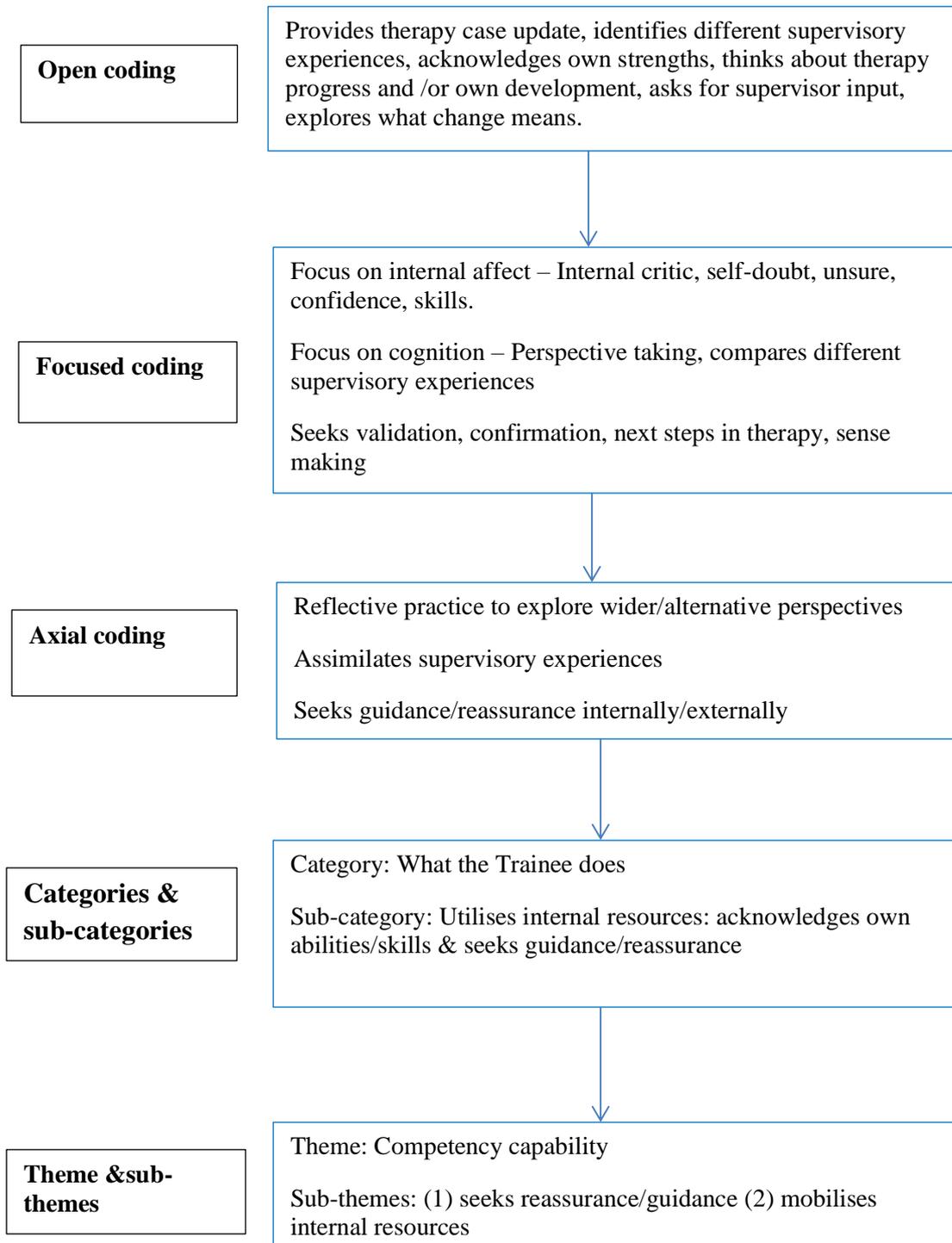
*“This is good where [therapist] in the session showing me how she’s thought through these things. Why am I thinking about this? Is it for me or is it for her?” (SP1 604-606)*

*“You know when to push, when not to push, and how to be, you know is realising it’s been kind of skilful “(SP1 627-629)*

The third theme relating to ‘Competency capability’ will now be explored.

### 3.3 Theme three: ‘Competency capability’ with sub-themes of ‘seeks reassurance and/or guidance’ and ‘mobilises internal resources’

The third theme and its associated stages of coding are illustrated by the following diagram:



### 3.3.1 Coding – Open coding

The researcher followed the same process of open coding as in section 3.1.1. All trainees started supervision with a therapy case update following previous supervisions. In addition to this there was some other purpose to the case update

*“It’s a very useful point for which to check-in on where I’m at and what I’m doing” (TP2 23-24)*

*“...so I think there I was trying to explain where I was up to with the work and what my thinking was” (TP3 17-22)*

There was a clear recall of previous supervisory experiences for some trainees

*“What’s really interesting is, in that, what I just said there, that is two of my supervisors what they’ve said to me in the past” (TP1 211-213)*

Acknowledging their own skill set and capabilities was a dominant feature for one trainee

*“...then hang on a second, what’s going on? Oh no, I can do it. It’ll be fine like, yeah!” (TP1 1243-1244)*

For some of the trainees, exploration about progress in therapy was important and what that meant for both the client and themselves

*“He strives for perfection and I think in my reflections on the review session I had with him, I was thinking about whether he really had being doing well or whether he was trying to present a kind of a perfect um, version of how life is.” (TP1 25-30)*

### 3.3.2 Coding - Focused coding

Focused coding followed the same process as in section 3.1.2. This in-depth analysis initially yielded three codes: Focus on internal affect, focus on cognition, seeks validation and eight sub-codes: Internal critic, self-doubt, confidence, perspective taking, compares different supervisory experiences, confirmation, next steps in therapy, sense making. The codes and sub-codes are illustrated below in table eight below.

Table 8. Codes and sub-codes arising from focused coding

Codes	Sub-codes
Focus on internal affect	Internal critic (TP1, TP2, TP3, TP4) Self-doubt (TP1, TP2, TP3) Confidence (TP1, TP2, TP4, TP5)
Focus on cognition	Perspective taking (TP1-TP5) Compares supervisory experiences (TP1, TP2, TP3, TP4)
Seeks validation	Confirmation (TP3) Next steps in therapy (TP1-TP4) Sense making (TP1, TP3)

### 3.3.3 Coding - Axial coding

Axial coding followed the same process as described above in section 3.1.3. Descriptive categories from focused coding were reviewed and refined into three categories, with five sub-categories. The categories derived from axial coding are illustrated in table nine below.

Table 9. Categories derived from axial coding

Categories	Sub-categories
Reflective practice	Explore wider perspective (TP1, TP2, TP3, TP4)
Assimilates supervisory experiences	Explore alternative perspective (TP1, TP2, TP3)
Seeks guidance/reassurance	Previous supervisors (TP1, TP2, TP4, TP5) Externally (TP1 – TP5) Internally (TP1, TP2, TP4, TP5)

### 3.3.4 Memo writing

The memo for the third theme and sub-themes can be found below in box three.

### **Box three – memo on ‘Competency capability: 06/04/17**

All trainees provided a case update. To some this was an opportunity to ‘sync’ with their supervisors to acquire greater attunement with each other. To others it was a chance to show their thinking/working out. To others it was a strategy to implicitly ask for guidance (i.e. next steps in therapy)/reassurance (i.e. that their clinical decision making was the right one). When this goal was not explicitly named, the trainee’s ‘hoped’ their supervisor would pick up on their nonverbal communications. When watching the supervision, it was not obvious from their body language that this is what they were trying to do. Interestingly, two of the supervisors picked up on what the trainee was trying to communicate: The first had earlier explicitly referenced the use of ‘the seven eyed process model’ of supervision; the second was working within an attachment based structure of supervision (i.e. SP4) and showed repeatedly her ability to access the trainee’s un-conscious thought processes via his nonverbal communications. SP1 on one occasion had picked up on ‘something’, could not name it but explored it anyway.

Trainees sought reassurance externally from their supervisors. When this was not given they provided reassurance to themselves by drawing on their internal resources. There appeared a constant process of trainees drawing on and utilising, mobilising even, their internal resources: problem solving, reflective ability to consider different/wider perspective, monitoring their internal affect (i.e. sitting with un-certainty/discomfort, ‘not knowing’ seemed ok for the trainees), acknowledging their confidence, self-doubt, & internal critic. There was interplay between the current supervisory experience and that of previous supervisors. It was clear that trainees were assimilating their supervisory experiences (past and present) helping them to make sense of the issues being discussed. One trainee even spoke about what she might have done if she had been the supervisor. The link here with the development of insight and being good enough is clear.

It appears then that (1) seeks reassurance/guidance & (2) mobilises internal resources were markers/entry points for the process of supervisory enactments. The entry points were not linear, but inter-changeable and circular. Trainees might start with a case update but then would alternate between providing further updates, seek reassurance/guidance & draw on their internal resources.

### **3.3.5 The findings – ‘Competency capability with sub-themes of ‘seeks reassurance/guidance’ & ‘mobilises internal resources’**

The categories derived from axial coding were further refined following discussions in thesis supervision to form the theme of ‘Competency capability’ with sub-themes of ‘seeks reassurance/guidance’ and ‘mobilises internal resources’. The following is a description of the theme and sub-themes which developed from the coding process.

The trainees engaged in reassurance and/or guidance seeking behaviours ahead of supervisory enactments. For example, they sought guidance as to the next steps in the therapy case, and/or reassurance that their clinical decision was the right one. This was not

always explicitly referred to by the trainees, but rather inferred from their actions. One trainee hoped that their supervisor would pick up on their feeling of confusion

*“I think maybe I eased myself into it by telling a bit of a story of what he’d said. So I’d kinda given a hint” (TP1 200-202)*

*“I think it’s interesting that she didn’t pick up on it” (TP1 275)*

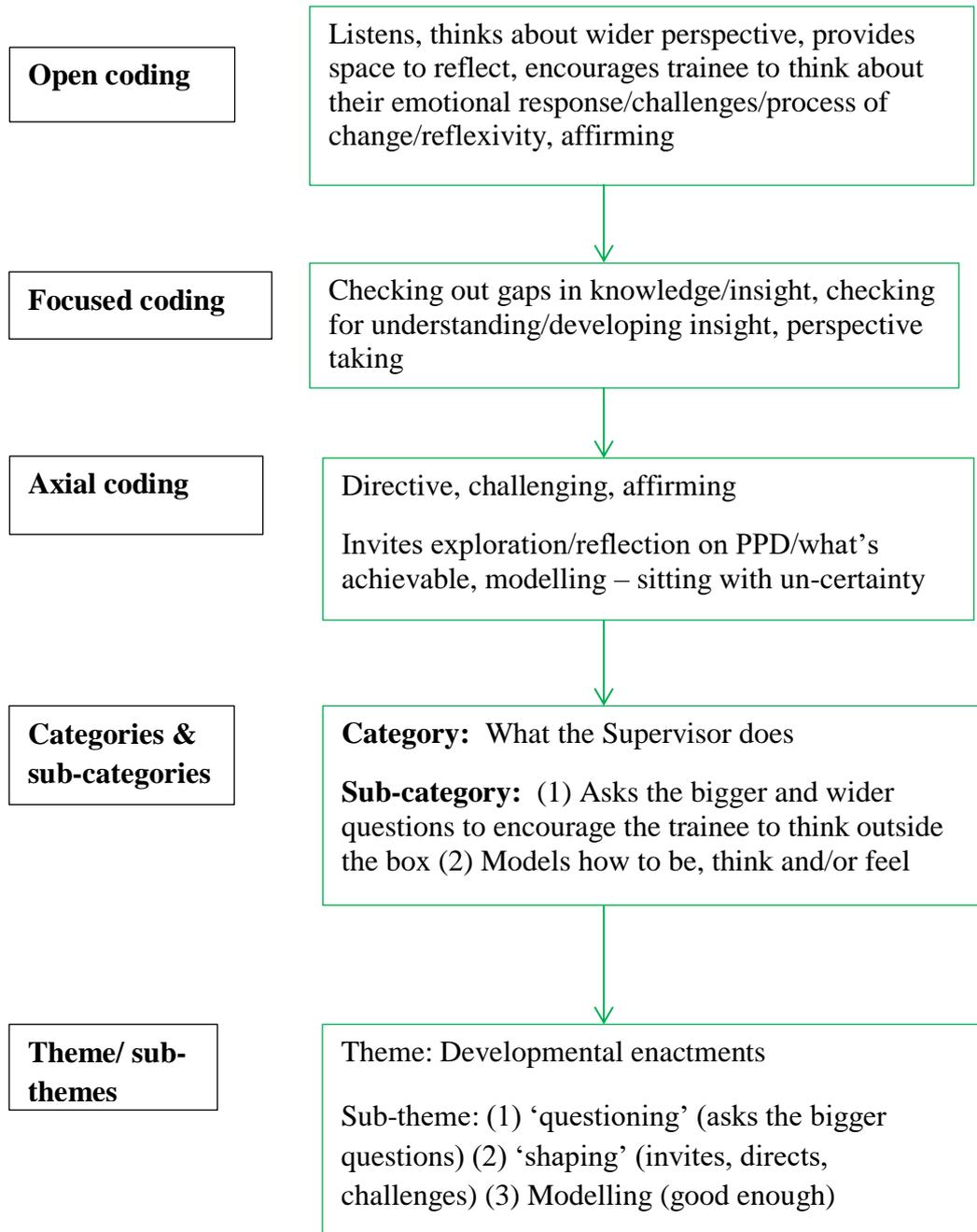
Trainees were able to locate their reassurance and/or guidance seeking behaviours internally, by reflecting on their growing confidence and competence. This provided internal reassurance when initially; none was forthcoming from their supervisors.

*“So it was kind of a way of me reflecting on my own development. So it was a nice confidence boost” (TP4 437-438)*

The fourth theme relating to ‘Supervisor approach’ will now be explored.

### 3.4 Theme four: ‘Developmental enactments’ with sub-themes of ‘questioning’ (asks the bigger questions), ‘shaping’ (invites, directs, challenges) & ‘modelling’ (sitting with uncertainty)

The fourth theme and its associated stages of coding are illustrated by the following diagram:



### **3.4.1 Coding – open coding**

The researcher followed the same process of coding as described in section 3.1.1.

Supervisors placed great emphasis on listening to the trainee when they provide a clinical update, in order to then explore a deeper level of meaning and insight

*“What I’m listening for is what they want as to why they’re giving it to me. So I guess there’s a bit of . . . clarifying.” (SP3 4-9)*

*“I’m questioning her in kind of trying to dig down a bit more into it and kind of: what’s the change and so she’s then having to work to reflect herself on it” (SP1 14-17)*

Some supervisors thought it was part of their role to raise the trainee’s insight into environmental factors such as the service structure and dynamics

*“I suppose that’s where I would see the role of the supervisor as someone who perhaps knows the service a bit more” (SP2 321-323)*

There was a sense of enabling the trainee to think about what change means both to them and the client

*“So there I was trying to get her to think, ‘what does it mean to you this, this change?’” (SP1 22-23)*

### **3.4.2 Coding – Focused coding**

Focused coding followed the same process as in section 3.1.2. This in-depth analysis initially yielded two codes and seven sub-categories. The codes and sub-codes are illustrated in table ten below.

Table 10. Codes and sub-codes arising from focused coding

Codes	Sub-codes
Checking out	Gaps in knowledge (SP1-SP4) Sense making (SP1, SP2, SP4) Insight (SP1, SP2, SP3)
Provides reflective space	To explore (SP1-SP4) To clarify (SP1 – SP4) Affirming (SP1, SP2, SP4)
Perspective taking	Alternative/wider perspective (SP1-SP4)

### 3.4.3 Coding – Axial coding

Axial coding followed the same process as described above in section 3.1.3. Axial coding involved the examination of the codes generated for each interview to identify what the supervisor does. Descriptive categories from focused coding were reviewed and refined to form three categories, with eight sub-categories. The categories derived from axial coding are illustrated in table 11 below.

Table 11. Categories arising out of Axial coding

Categories	Sub-categories
Questioning	Wider systemic influences (TP1-TP4) Alternative perspectives (TP1-TP4)
Shaping	Exploration (SP1-SP4) Reflective practice (SP1 – SP4) Affirming (SP1, SP2, SP4) Directive (SP2, SP4) Challenging (SP1-SP4)
Modelling	How to be/think and feel, sitting with uncertainty (SP1 – SP4)

### 3.4.4 Memo writing

Throughout the research process, a diary was kept which included memos, to note reactions, thoughts and to document the analysis. The memo for the fourth theme and sub-themes can be found below in box four.

#### **Box 4. Memo on ‘Developmental enactments’: 12/04/17**

There were numerous strategies employed by supervisors that were clearly linked to the previously identified drivers behind supervisor perspective: prepare trainee for independent practice and increase trainee insight.

Supervisors listened then clarified, refocused, challenged, widened perspective, encouraged reflective practice/explore a wider perspective. Such strategies were aimed at enabling sense making on the trainee’s part. Part of the process involved re-directing/re-focusing the trainee to shift their perspective away from themselves to focus more on the client’s processes.

There were times when supervisors were not always transparent in their thinking, reasoning, and direction provided. This was illustrated by times when the supervisor gave the impression of not listening or even dismissing the trainee’s thought processes and/or actions (e.g. SP1). I think these were occasions when discussions were focused around clinical governance (i.e. what the trainee did in therapy – use of mindfulness (TP1).

I think that the process of being directive, challenging, encourage reflective practice & perspective taking could be placed within the category of ‘asks the bigger questions’ because the trainee was encouraged to think more widely/outside the box and beyond what they were already aware of. This enabled the trainee to reach a particular, often different, conclusion, and explore a different perspective.

There was a real sense of the supervisor modelling certain thought processes:(e.g. what can we do in the time we have left? Considering the systemic influence of the service & is more therapy always a good thing? – SP1) and when this happened, the supervisor was affirming of the trainee’s experience (e.g. difficulty in CAT maps – SP1, identifying who the client is (e.g. the young person, family, system & the difficulties in navigating a way through this process – SP4). Above all else, supervisors were able to model sitting with un-certainty/discomfort (e.g. it’s ok not to have all the answers –SP2) Therefore, ‘modelling’ (sitting with uncertainty) is a reasonable label for this sub-theme. Arguably, supervisors’ enactments were about developing the trainee.

### **3.4.5 The findings: ‘Developmental enactments’ with sub-themes of ‘questioning’ (asks the bigger questions), ‘shaping’ (invites, directs, challenges) & ‘modelling’ (sitting with uncertainty)**

The categories derived from axial coding were further refined following discussions in research supervision to form the theme of ‘Developmental enactments’ with its associated

sub-themes. The following is a description of the theme and sub-themes developed from the coding process.

#### **3.4.5.1 Sub-theme of ‘questioning’ (asks the bigger questions)**

One supervisor encouraged the trainee to consider what change means for both the trainee and the client

*“...so there I was trying to get her to think, ‘what, you know what does it mean to you this, this change?’” (SP1 22-23)*

This process of asking the bigger questions involves the supervisor thinking and working hard to enable sense making for the trainee

*“I suppose what I’m listening for is what the problem is here, what she’s looking for out of it. There’s lots of different models that I need to sort of bring in and I think what might fit with what she’s bringing” (SP3 19-27)*

#### **3.4.5.2 Sub-theme of ‘shaping’ (invites, directs, challenges)**

Part of this process involved asking direct and challenging questions and attempting to encourage the trainee to think on a deeper more analytical level

*“I’m thinking I’m not letting [trainee] get away with a lot. He’s working his socks off in there, and I’m doing a lot of, ‘okay, bearing in mind this, what do you make of that?’” (SP4 521-526)*

and that part of this process involves recognising the trainee’s emotional response to the work

*“I’m talking to him a lot about his emotional state and sort of . . . affective temperature. I’m talking about his thoughts” (SP4 438-439)*

One supervisor identifies a central feature to shaping

*“I’m not contributing that much. I don’t feel as if I need to at that point because [trainee’s] doing this thinking. But he’s actually kind of thinking through his process of what’s going on for that client um, and I suppose that’s what I would see as part of the aim of supervision is you don’t always have to be kind of doing something as a supervisor” (SP2 160-168)*

### **3.4.5.3 Sub-theme of ‘modelling’ (sitting with uncertainty)**

For some supervisors, modelling is a specific strategy to enable greater trainee insight and use of specific models

*“I brought him back to model and now he’s agenda setting and not going into content” (SP4 127-128)*

Through modelling one supervisor encourages the trainee to think more broadly about the progress made by the client

*“I think it’s kind of recognising that this was a really challenging case for her um, where she did struggle with him for quite a while. I think I wanted her to acknowledge that it’s kind of through her having to, to struggle through really and see the wood for the trees, and actually there’s been some realistic resolution...” (SP1 50-56)*

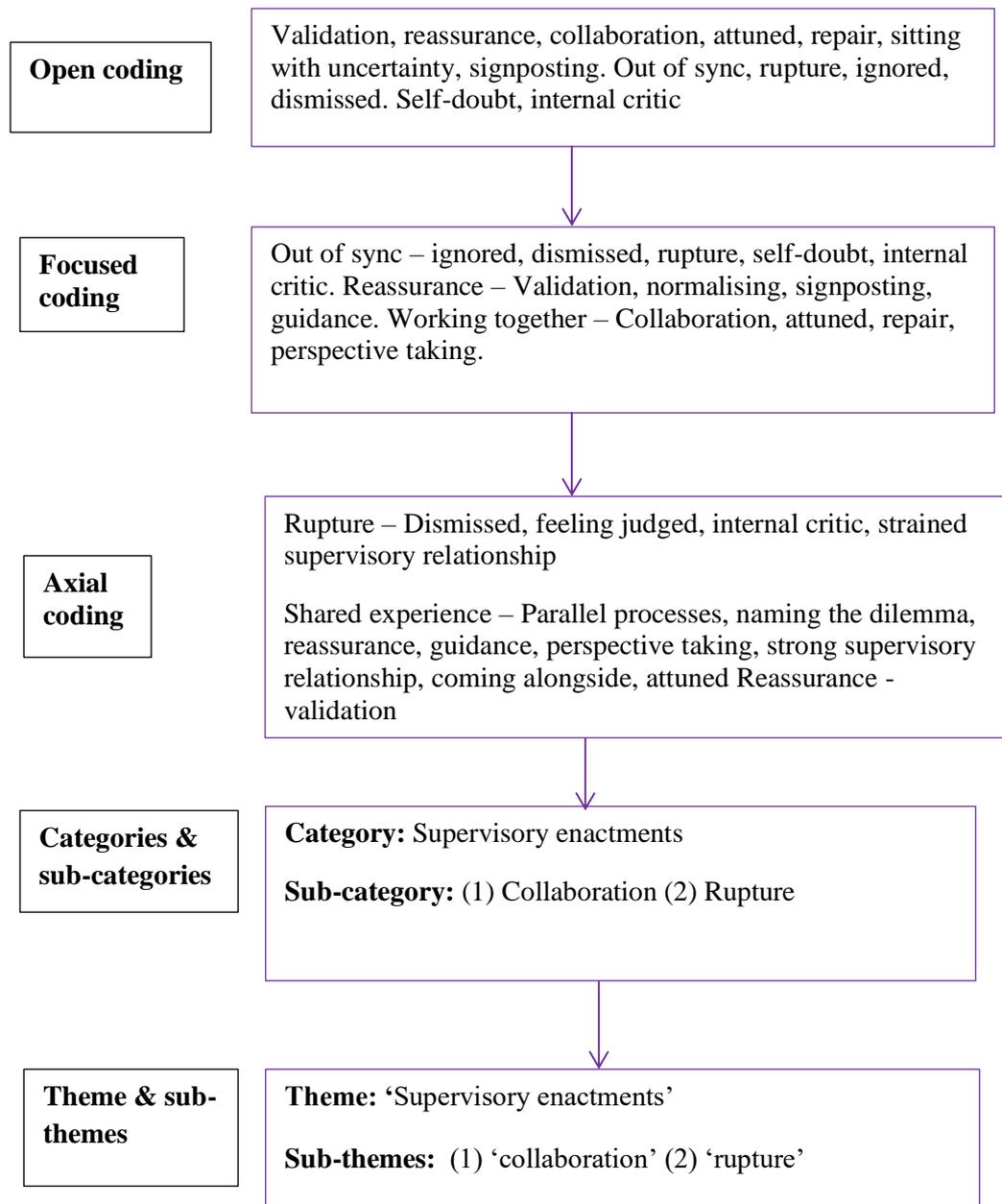
and to sit with un-certainty and discomfort, by saying that both supervisors and trainees struggle with similar issues

*“What I’m intending is for her not to feel kind of supervisors are up there and her to kind of recognise the kind of fallibility and struggle with things; and that I’m the same, you know. So my struggles aren’t about me being a trainee. This is something that will go on afterwards” (SP1 991-995)*

The fifth theme relating to ‘Supervisory enactments’ will now be explored.

### 3.5 Theme five: ‘Supervisory enactments’, with sub-themes of ‘collaboration’ and ‘rupture’

The fifth theme and its associated stages of coding are illustrated by the following diagram:



#### 3.5.1 Coding – Open coding

The researcher followed the same process of coding as described in section 3.1.1.

A number of supervisory interactions were of a collaborative nature

*“We start problem solving together how we’re going to manage that” (TP1 1220-1221)*

*“It’s interesting as [supervisor] points out, and neither of us had picked up on what we were doing” (TP1 1237-1241)*

A key moment was identified by the trainee and supervisor

*“...when we notice how we’re both trying to make this a perfect map. We’ll both laugh and that’s like quite a nice um, shared experience” (TP1 1335-1337)*

The supervisor response indicates the potential benefits and the provision of a safe place to share dilemmas.

*“....that kind of hopefully kind of sense of relief: it’s all right to come and kind of share the difficulty of it” (SP1 1007-1008)*

This in turn fosters a spirit of openness to share dilemmas in supervision

*“So I feel able to be completely honest. I feel able to say to her um, I find endings really hard and this is what I am thinking but this is why I’m thinking it. And so I am revealing part of me. But, because I feel comfortable and that, that I know that, yeah, she’s not going to judge me; she’s not gonna um, she’ll help me make sense of it; rather than there being, yeah, anything negative from it” (TP1 751-757)*

Being attuned is perceived as central to being in the moment. This fosters flexibility and an ability to repair when synchronicity is not quite so present

*“We’d made sure we were attuned. We maybe sometimes mal-attuned but we repair a lot, and I think we both look quite plugged in and freed-up actually” (SP4 1103-1108)*

When a sense of attunement and/or collaboration is not present trainees experienced a range of negative emotions. The key moment arises out of this conflict within the supervisory relationship

*“So I think I felt a bit dismissed maybe in what I’d thought of” (TP1 412-413)*

*“I can accept the answers to the question without needing to be guided through the workings out; and / or initially that made me feel like she thought I didn’t know what I was doing because she was telling me the details of stuff” (TP5 372-382)*

Despite a ruptured relationship at times, one trainee identified how such a rupture can be repaired. The repair of the rupture constituted a key moment for this trainee, because it

enabled the trainee to contain their emotional response to both the supervisor and the clinical work, to work towards resolution of the issue.

*“She-we kind of came together, psychologists kind of like this is what we do” (TP5 176-177)*

*“I think my affect would be a reduction in anxiety perhaps or . . . or a sinking in to kind of returning to kind of a comfortable level” (TP5 239-245)*

### 3.5.2 Coding – Focused coding

Focused coding followed the same process as in section 3.1.2. This in-depth analysis initially yielded three codes: out of sync, re-assurance, and working together, and ten sub-codes. The codes and sub-codes are illustrated in table twelve below.

Table 12. Theme five. Codes and sub-codes arising from focused coding

Codes	Sub-codes
Out of sync	Ignored/dismissed/rushed (TP1, TP3) Annoyed (TP5) Self-doubt/internal critic (TP1, TP2, TP3)
Reassurance	Validation (TP1-TP5) Normalising (TP1, TP2, TP3, TP4) Signposting/guidance (TP1-TP5)
Working together	Collaboration (TP1/SP1 – TP5/SP5) Attuned (TP2/SP2, TP4/SP4) Repair (TP1/SP1, TP4/SP4, TP5/SP5) Perspective taking (TP1/SP1 – TP4/SP4)

### 3.5.3 Coding – Axial coding

Axial coding followed the same process as described above in section 3.1.3. Descriptive categories from focused coding were reviewed and refined to form three categories, with five sub-categories. This was to identify higher order analytical categories. The categories derived from axial coding are illustrated in table thirteen below.

Table 13. Theme five. Categories and sub-categories arising out of axial coding

Categories	Sub-categories
Rupture	Dismissed (TP1, TP5) Negative internal dialogue (TP1 –TP3)
Shared experience	Parallel processes (TP1/SP1 – TP4/SP4) Naming the dilemma (TP1/SP1 – TP5)
Reassurance	Validation (TP1/SP1 – TP5)

### 3.5.4 Memo writing

The memo for the fifth theme and sub-themes can be found below in box five.

### **Box 5. Memo on ‘Supervisory enactments’: 17/04/17**

Numerous enactments and interactions occurred within the supervisory process. On the one hand those trainees that had positive interactions with their supervisor in the form of shared experience(s) described their interactions as collaborative, ‘coming alongside’ each other, and attuned. This led them to feeling validated and reassured. This in turn increased their confidence (as an indicator of their internal affect). A consequence of this shared/collaborative approach was for dyads to identify and name parallel processes between supervision and therapy. This led to further consolidation of their supervisory relationship.

Interactions which resulted in reassurance were powerful and had an enduring effect on the trainee, who was able to assimilate past/current supervisory experiences, thereby strengthening their internal resources.

Alternatively, TP5 showed the greatest negative case sample and the supervisory relationship was ruptured (at times) tense, and difficult. TP5 felt annoyed with his supervisor, but as a result of this then relied on his internal resources to reassure and validate himself. This new positioning was validated when the supervisor collaboratively engaged with him and provided him with support in the form of agreement of his clinical decision making. Within this though there was still a negative feeling (e.g. he called the supervisor’s response ‘praise with a sting’).

Other relationships experienced transient moments of negativity and/or tension. Due to the quality of the supervisory relationships, however, such tensions were easily and quickly repaired. The dyads then resumed their collaborative approach to problem solving and working through the dilemmas.

The label of ‘supervisory enactments’ adequately captures the aforementioned theme. The sub-theme of ‘collaboration’ reflects the impact of such experiences on the trainee, in terms of their affect and the reassurance/guidance they were seeking at the start of the process. Such experiences had an empowering/enabling effect on the trainee. The other sub-theme of ‘rupture’ reflects the negatively perceived interactions/enactments some trainees experienced during supervision. Interestingly, despite such experiences, each trainee was able to draw on their internal resources to reassure themselves. Resolution and clarity over the next steps to take in therapy was then forthcoming with apparent ease.

### **3.5.5 The findings**

The categories derived from axial coding were further refined following discussions in thesis supervision to form the theme of ‘Supervisory enactments’ and sub-themes of ‘collaboration’ and ‘rupture’.

The following is a description of the theme and sub-themes which developed from the coding process.

### 3.5.5.1 *Sub-theme of ‘collaboration’*

Having a CAT map drawn for one trainee is an enabling experience that constitutes a key moment because it brings clarity

*“...this is when I think [supervisor] obviously picks up on the fact it hasn’t made sense, fully, and then draws it for me . . . which was really helpful” (TP1 1137-1139)*

and for another trainee, whose supervisor responds by asking a direct question, helps to empower them to make sense of their confusion

*“I was certainly aware of feeling like muddled about it” (TP3 63-64)*

Due to their strong supervisory relationship, being challenged is not perceived in a negative light as personal criticism

*“This is kind-the bit of supervision I like where I get challenged a little bit to say, okay, cause [supervisor] will always say the: this is what’s good and this is what could be better” (TP4 166-169)*

This interaction with their supervisor helps the trainee to develop their critical thinking and clinical skills, when he is asked to engage in role play

*“...so I kind of summarise something what parents and she were saying and . . . so this point it’s kind of: how else could you have done that? Like show me” (TP4 186-187)*

### 3.5.5.2 *Sub-theme of ‘rupture’*

One trainee expressed a sense of mis-attunement in the supervisory relationship

*“I think it’s interesting that she didn’t pick up on it” (TP1 275)*

And then goes on to highlight how their approach might have been different to the supervisor’s

*“If that had been me I might have said, I notice you’re quite um, you’re thinking about something. I wonder what that is.” (TP1 279-281)*

The trainee then expresses a sense of confusion in their internal dialogue

*“I don’t know if that’s what I needed, or whether it was okay that, that um, yeah, that I didn’t, I don’t know, I don’t know whether I did need it or not” (TP1 282-285)*

But then focuses on their internal resources to try and resolve the mis-attunement

*“Or whether that was okay to just have that reflection in my head” (TP1 285-286)*

The same trainee later occupies a different position to their supervisor

*“I disagreed with what she thought” (TP1 332-333)*

and then experiences more intense affect when a rupture occurs within the supervisory relationship

*“So I think I felt a bit dismissed maybe in what I’d thought of” (TP1 412-413)*

The trainee felt un-heard and their response was to justify their clinical decision in an attempt to seek validation from the supervisor

*“I’m trying to explain what I was doing, to feel heard” (TP1 415-416)*

*“I need to feel kind of justified what I, what I’d, I did use some sort of word about not feeling validated” (TP1 469-469)*

The rupture is repaired when both trainee and supervisor engage in reflective practice to draw out parallel processes between therapy and supervision, thereby moving back into a more attuned state

*“I start thinking about our therapy sessions going round and round. Yeah. And I think that’s, I started thinking, hang on, yeah, he is just going round and round, but we are in therapy” (TP1 496-499)*

*“I think it was helpful for [supervisor] to point out that how he goes round and round in his kind of thinking, but how that then just manifests itself in our therapy sessions” (TP1 513-516)*

Another trainee initiates a sequence of supervisory enactments by feeling confused and has a clear aim of seeking guidance from supervision to make sense of their thought processes.

*“My intention was to set out to see if we could um, you know be less see if I could be less jumbled and . . . think through what is the best way of understanding; see if [supervisor] could help me; is, is there any way that fits better” (TP3 110-121)*

The supervisor's response in not providing the guidance is incongruent with the trainee's aims and results in a transient moment of mis-attunement.

*"I wasn't directly asking for that I suppose" (TP3 205)*

*"I think I probably wanted a bit more time just to talk it . . ." (TP3 266-267)*

This moment results in the trainee feeling judged followed by self-doubt, self-criticism, and concerned with appearing competent

*"I guess possibly feeling slightly criticised in a way like just worrying a little bit like have I just gone off on a tangent and not been clear enough about what I should be doing or if, yeah, am I doing the right thing, I suppose" (TP3 210-221)*

*"I guess a slightly self-critical viewpoint sometimes I think I should be able to sort of, I should have sorted, done the sorting before I then brought it to supervision" (TP3 294-297)*

and experiences an elevation in anxiety. Similarly to TP1, this trainee feels the need to justify their actions when in this elevated emotional state.

*"I think I'm just trying to justify there what, you know what, kind of saying, have got, have got a plan!" (TP3 231-235)*

The trainee draws on internal resources to re-position their viewpoint and therefore regards the supervisor's input as being ultimately helpful

*"I could see the point of wanting to be quite task focused because that's what the works about, isn't it?" (TP3 325-326)*

Another trainee describes praise from his supervisor as

*"...praise with a sting in its tail" (TP5 847-848)*

and that

*"I don't feel like she gives positive feedback and I feel that she's quite critical. So I ask for a bit more. And then this is what happens is, I'll get some but it's very kind of conditional and kind of like, 'You're good but . . . you're not that good.'" (TP5 854 – 858)*

The following trainee expresses a desire to learn and develop, is clear about how the supervisor should be, but sees the supervisor's interpersonal style as contentious

*“...the thing is I want to learn and become better ...so, I do not want her to massage my ego and I do not want [supervisor] to protect me; but I do sometimes think [supervisor’s] delivery’s a bit like [indicates by sounds] kind of impacts on you” (TP5 978-989)*

This was a key moment for the trainee that prompts reliance on internal resources to remain client centred, so as not to get distracted by the difficulties within the supervisory relationship

*“...and so I take it out of the room basically; I take the emotions out of supervision because it’s not about the client. It’s about our relationship” (TP5 970-972).*

Despite this however, the trainee is able to extract learning and greater insight from his interaction with his supervisor and refers to the structure of the supervisory relationship; maintaining his trust in the process

*“I feel like me and [supervisor] have gone round a bit of a corner now and we’re having a bit more of that open and honest thing” (TP5 274-276)*

*“....but what I would say I do trust . . . that the the four walls of supervision are kind of closed and yeah, I think her professional integrity is really high” (TP5 347-356)*

The trainee identified a desire for independent practice, whilst requiring some external guidance from the supervisor

*“I was quite happy to do the work myself and to do the thinking myself. But I wanted a bit of guidance” (TP5 789-790)*

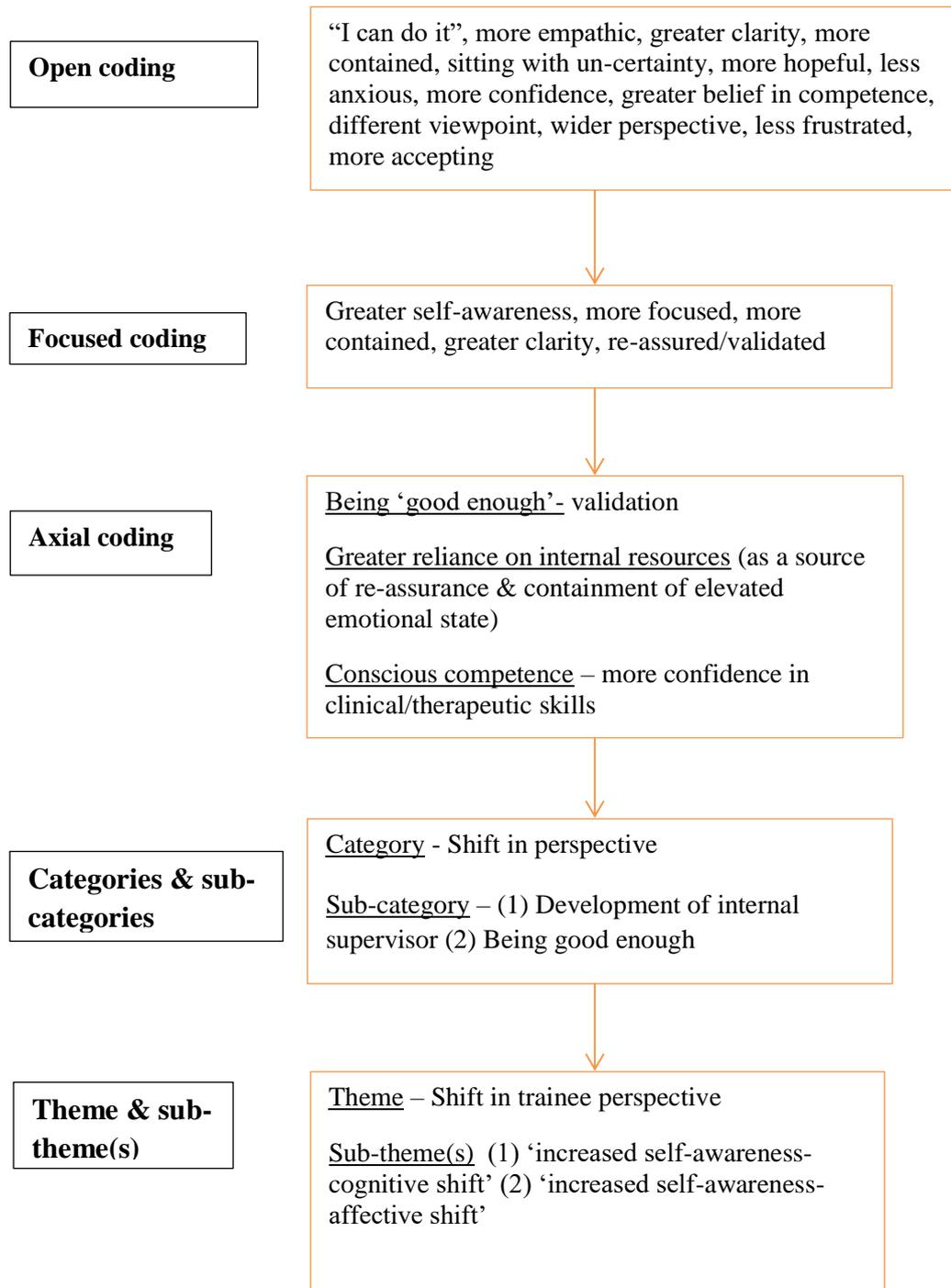
Despite their difficult relationship the trainee is still able to infer value and utility from their interactions

*“I think what she said is useful just as a nugget” (TP5 1302).*

The final theme of ‘Shifts in perspective’ will now be explored.

### 3.6 Theme six: ‘Shift in perspective’, with sub-themes of ‘increased self-awareness: cognitive shift’ and ‘increased self-awareness: affective shift’

The sixth theme and its associated stages of coding are illustrated by the following diagram:



### 3.6.1 Coding – Open coding

The researcher followed the same process of coding as described in section 3.1.1.

One trainee moved from self-doubt to a greater awareness in her abilities and skills to manage her case load whilst her supervisor was on leave,

*“...cause I’ve been like panicking about how, how I’m going to do it on my own kind of thing? We both got caught in that” (TP1 1241-1244)*

The same trainee moved from feeling frustrated at the lack of progress in therapy to being more empathic and realistic in their expectations. The central features of this shift lay in their ability to consider a wider perspective, and not to take ownership of systemic influences and events out of their control,

*“I think I still feel frustrated but less personally responsible. I guess it helps you to be a bit more empathetic.. But it, it is about the wider picture and the wider system of what, what is happening in his life. And actually how, yeah, maybe remember how meaningful it is for him that his identity he has at the moment. And why he might not want to let go of that”. (TP1 665-675)*

Another trainee shifted from initially feeling hopeless and helpless to feeling hopeful concerning his client’s future. The shift was brought about because his supervisor noticed that he sighed when talking about the client and invited him to explore his emotional response. In turn, they were able to reflect and identify certain parallel processes between the trainee and the client. The trainee was then more able to identify with the client and adopt a different perspective about the nature of the client’s problems,

*“I think with this person I do . . . feel quite hopeless and I’ve taken a little bit of a helpless position sometimes. Um, and I noticed that I sighed as I kind of spoke about it. And it’s good that that was picked up on by my supervisor” (TP2 462-466)*

*“So I kind of went from some of that feeling helpless, to think actually there are things that I think that I can do differently. And I think the comments that [supervisor], that my supervisor made about kind of bringing me in line with the service user quite useful, in terms of thinking about how our experiences are mirroring each other” (TP2 516-524)*

One trainee moved from feeling confused to gaining clarity concerning their understanding of the client. This clarity enabled the trainee to feel more emotionally contained,

*“It just felt like there were so many different narratives that were being drawn on to do with what the problem was” (TP3 83-85)*

*“So I guess I’m at that point . . . reigning myself in a bit and going, well I’ve got, cause I know I’d loads of ideas of what could help with this person . . . um, going, well what actually, what actually could I fit in this time and I think that’s probably quite helpful rather than going off on so many tangents . . .” (TP3 620-628)*

One trainee shifted from feeling anxious about his competence and skills to being more aware of how he has integrated the CBT model in his clinical work. This was enabled through direct feedback from his supervisor which provided him with reassurance,

*“...so at the time I was having like these thoughts of ‘oh, I’m not doing it. I’m not very good at this.’ Or, ‘I don’t know what I’m doing,’ and actually for her to kind of reframe that in a way of, ‘Well you must know because you’ve done it,’ And she was later saying to me that you don’t actively in a session think I’m going to go with this theory or this model and I’ll do it in this way. It’s just, it’s a gradual thing that builds up and then you apply that knowledge in the room, which actually completely flipped me from thinking I’m not very good at this at all,’ into thinking, ‘oh maybe, I am actually quite good,’ and, I’m good enough to a point that I don’t have to rely on all of that” (TP4 409-419)*

### **3.6.2 Coding – focused coding**

Focused coding followed the same process as in section 3.1.2. This in-depth analysis initially yielded two codes and eight sub-codes. The codes and sub-codes are illustrated in table fourteen below.

Table 14. Theme six. Codes and sub-codes arising from focused coding

Codes	Sub-codes
More self-awareness	More contained (TP1-TP4) More confident (TP1, TP4) Less anxious (TP1-TP4)
Greater clarity	Direction for next steps (TP1-TP4) Unconscious into conscious (TP1 -TP4) More focused (TP1 – TP4) Greater awareness of clinical skills (TP1, TP4) Confirmation and recognition (TP5)

### 3.6.3 Coding - Axial coding

Axial coding followed the same process as described above in section 3.1.3. Descriptive categories from focused coding were reviewed and refined to form three categories and three sub-categories. The categories derived from axial coding are illustrated in table fifteen below.

Table 15. Theme six. Categories and sub-categories arising out of axial coding

Codes	Sub-codes
Being good enough	Validation/Clarity over next steps derived from reflective practice & guidance (TP1-TP5)
Greater reliance on internal resources	Reassurance through containment of elevated emotional state (TP1-TP4)
Conscious competence	More confidence in clinical/therapeutic skills (TP1 –TP5)

### 3.6.4 Memo writing

The memo for the sixth theme and sub-themes can be found below in box six.

#### **Box 6. Memo on ‘Shift in trainee perspective’ – 21/04/2017**

I was mindful of the first and second themes when reflecting on how shifts in perspective came about. The sub-themes of ‘being good enough’, ‘elevated emotional state, ‘prepare trainee for independent practice’ & ‘increase trainee insight’ are central to the processes within supervision, as they were influential in how both trainee and supervisor approached supervision.

In providing a clinical update, trainees sought either/or reassurance/guidance and throughout the entire process they were drawing on, adapting, and developing their internal resources (i.e. ability to sit with discomfort, uncertainty, confidence in their own competence, insight into what ‘good enough’ means & raising awareness about their bias, prejudice, power relations, & cultural influences). This in-turn led to the development of their skills in perspective taking, being with the client, identifying parallel processes, negotiating endings, evaluating realistic progress. Through supervisory enactments of validation, re-assurance provided, sign posting next steps, collaboration (e.g. shared problem solving, reflective practice), being attuned, and sitting with ‘not knowing’, modelling, & challenging a shift in perspective was brought about. The higher analytical categories of development of being good enough, greater reliance on internal resources, and conscious competence these shifts because they encompass both the personal and professional parts of PPD.

Through raising awareness & recognising their confidence and competence, being able to perspective take, the provision of a ZPD (e.g. challenge, socratic dialogues), and modelling the ability to see the wider picture, this enabled the trainees to sit back and formulate, & therefore move towards resolution/validation and clarity of their issue. For example, generate a plan for the next steps in therapy which in itself was emotionally containing for the trainee.

When there was a spirit of collaboration – shared experience, joint problem solving, and reflective practice the speed at which a shift in perspective occurred was much quicker and led to fewer exchanges in supervisory enactments. This was nurtured by supervisors identifying that many of the issues and dilemmas faced during training continue to be experienced in post-qualified life. This was compared with the more ruptured relationship which led to approximately eleven exchanges, before the supervisor was able to come alongside the trainee, provide some reassurance, offer a ‘nugget’ of information which the trainee found useful, thereby enabling him to shift his perspective somewhat. Recognition of knowledge already there proved to be the source of this trainee’s shift. I think this was less of a shift compared with TP1 (e.g. “I can do this”) say whose position seemed to shift more almost towards transformational thinking. Nevertheless even with the more ruptured supervisory relationship a shift still occurred.

I think that a shift in perspective was brought about through the development of the trainee’s insight and recognition of being good enough – both served to reduce the trainee’s elevated emotional state and help them to develop insight into what ‘good enough’ means to them. The ‘shift in perspective’ was either cognitively or affective based, but the two are not mutually exclusive.

### 3.6.5 The findings

The codes derived from axial coding were refined following discussions in thesis supervision to form the category of ‘Shift in perspective’ and sub-categories of ‘development of internal supervisor’ and ‘being good enough’. Further reflection, exploration of the data, and subsequent discussions in thesis supervision yielded the theme of ‘Shift in trainee perspective’ and sub-themes of ‘increased self-awareness: cognitive shift’ and ‘increased self-awareness: affective shift’. Justification for labelling the theme in this way is provided in box six above.

To provide further evidence to support the process leading to a shift in perspective, as illustrated in the above process model, specific examples taken from three trainees will now be presented. The researcher chose TP1 (from frustration to empathic) as it typically illustrates the process dyads followed when they experienced a generally strong supervisory relationship based on collaboration. TP5 (from annoyed to contained) is included because it provides a contrast in the form of a more ruptured supervisory relationship. It nevertheless follows a similar process, albeit longer, leading to a shift in perspective. The researcher chose TP2/SP2 as the supervisor had earlier identified the use of the seven eyed process model in their supervision. A comparison between the EBPM and existing supervision models will be provided in the discussion section below.

#### 3.6.5.1 TP1 – *From frustration to empathic*

The following plots the process TP1 followed that brought about a shift in perspective in their affective state, from feeling frustrated to feeling more empathic towards the client.

The ‘*Anxiety context: drivers behind trainee perspective*’ was evident early in the process in that the trainee experienced an elevated emotional state (i.e. frustration with the client)

*“I feel frustrated with this client because I can see the change that he wants to make and believe he can; but he’s very stuck and I think . . . yeah, I think I feel quite frustrated with him” (TP1 593-596)*

and explored the idea of being ‘good enough’ (i.e. expectations for therapy).

*“I do think there is something about . . . me struggling to accept what change in therapy’s like; and wanting it, so there’s a parallel process between him and me as we both want it to be like an amazing outcome.” (TP1 584-593)*

*“..it’s easy to fall into the trap of: I should be fixing this person and it’s my responsibility” (TP1 633-635)*

The trainees’ elevated emotional state and exploration of being ‘good enough’ occurred simultaneously in **‘Competency capability’** when providing a clinical update. The following statement reflects the supervisors’ perspective that the trainee is seeking re-assurance

*“I don’t know whether she was feeling kind of then she was having to, rather than just kind of produce something about what, how things are going well” (SP1 11-14)*

The **‘Developmental context: drivers behind the supervisor perspective’**; namely ‘prepare trainee for independent practice’ and ‘increase trainee insight’ were reflected in the **‘Developmental enactments’**. The supervisor asks the bigger questions by inviting the trainee to reflect on the wider picture

*“I’m trying to get [therapist] to reflect on, you know is this, you know what, she’s kind of telling me about the, kind of changes, but thinking what do these changes mean” (SP1 3-5)*

and by challenging the trainee to reflect on how the therapy experience had impacted on their internal resources

*“I was kind of wanting to see with [therapist] about she’d kind of produced with him, you know how she’d managed to make some sense of how she’d managed to do that and owned it and kind of to, I suppose, consolidate in herself, in her capacity to work well with him” (SP1 66-75)*

From the trainees’ perspective being invited and reminded to reflect on the wider system around the client is helpful

*“I remember at the time thinking um, that was helpful to think about the kind of wider system of what, what is happening in his life; because um, and how re-enforcing that is for him to stay in his current position” (TP1 627-631)*

*“I think even though we, me and [supervisor] have had those conversations before, I think it is helpful just to be reminded of that” (TP1 631-633)*

In the **‘Developmental enactments’** the supervisor prompts the trainee to draw on their internal resources (i.e. ‘competency capability’) to make sense of being good enough

(*'Anxiety context: drivers behind trainee perspective'*), thereby facilitating an increase in the trainees' insight (*'Developmental context: drivers behind supervisor perspective'*).

The *'Supervisory enactments'* are grounded in a spirit of collaboration and are demonstrated by perspective taking, validation, sitting with un-certainty, and re-assurance.

*"It was helpful to think about what else was in his life other than me kind of just sitting in a therapy room" (TPI 652-654)*

*"I was thinking to myself that it's okay if this is as far as we get because actually he's, what has changed is his understanding; and that that is a step in the right direction um, even if we don't get any further" (TPI 647-652)*

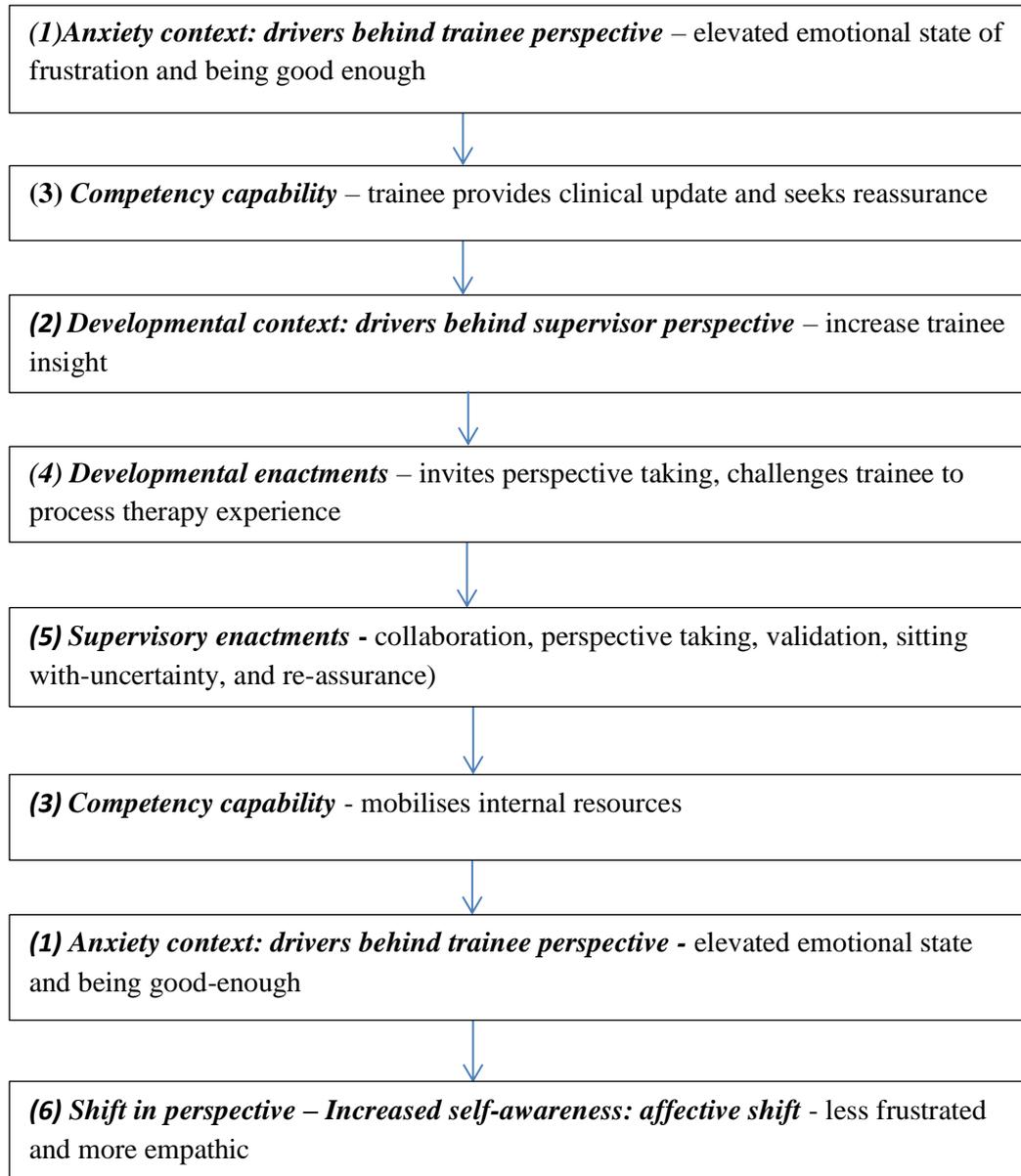
The *'Shift in perspective'* was two-fold and emerged from the *'Supervisory enactments'* (i.e. perspective taking, validation, re-assurance, and sitting with un-certainty). Firstly, the trainee experienced increased self-awareness (affective shift) because their elevated emotional state was reduced through being able to sit with un-certainty and thereby become less frustrated and more empathic

*"I still feel frustrated but less personally responsible. So um, it's possibly um . . . less . . . yeah, like less personally frustrating kind of I can still see what would be helpful, but I guess it helps you to be a bit more empathetic" (TPI 665-675)*

The most important mechanism for this shift was being invited and reminded to perspective take to consider the bigger questions

*"I lose that and I forget that when I'm in the session with him. And I get frustrated with him. So it's helpful to just kind of be grounded again and reminded of that again. Cause, yeah, it does help you to then be more empathetic" (TPI 686-690)*

The following sequences track the trainee process as described above to illustrate how a shift in perspective occurred (the reader is referred to the numbered phases in the EBPM illustrated in figure 2 above):



### 3.6.5.2 TP5 – *From feeling annoyed to greater clarity and feeling contained*

The following plots the process TP5 followed that brought about a shift in perspective from feeling angry to being more emotionally contained.

The ‘*Anxiety context: drivers behind the trainee perspective*’ were evident early in the process in that the trainee experienced an elevated emotional state (i.e. anger directed at the supervisor)

“*When supervisor said that though, I just wanted to go, ‘You xxxxx because she’s like there’s some lovely phrases so how many have you robbed then?!’(TP5 838-843)*

The trainee's elevated emotional state was triggered by **'Developmental enactments'** (e.g. *challenges the trainee*) and a rupture in the relationship ensued

*"I think what she was trying to come up with, 'Did you plagiarise this?' (TP5 874)*

In **'Competency capability'** the trainee draws on their internal resources to contain their emotional response

*"she'll say something and inside I get a reaction but outwardly I try to contain it all" (TP5 888-890)*

and in the ensuing **'Supervisory enactments'** experiences self-doubt and internal criticism

*"I connect a lot in our discussions with the fact that I think I'm xxxx and she will bring that out in me. So when she's like saying that 'Oh, well thanks!' 'Did you steal it?' Straightaway I'm like, 'Oh god!' (TP5 900-903)*

This self-doubt and self-criticism then manifests itself in the **'Anxiety context: drivers behind trainee perspective'** where the trainee experiences doubt about being 'good-enough' ahead of being qualified

*"I'm about to qualify and she thinks what I'm doing is okay.' And then for her to be like, 'Did you steal it?' was a bit of a, 'It was okay but I presume that it wasn't actually your own stuff" (TP5 907-912)*

A rupture occurs within the supervisory relationship and in **'Competency capability'** the trainee subsequently draws on their internal resources again to contain their emotional response to the enactment

*"I've learnt over the years to keep my professional outside and my instant personal way of referring to things inside; cause I would never be like that. It sounds a bit like I – I can't contain my emotions but that reaction, that instinct, 'Oh god!' I'm able to contain quite easily" (SP5 923-935)*

In this particular sequence the trainee then refers to being good-enough and their desire for learning and development (i.e. **'Anxiety context: drivers behind trainee perspective'**).

*"The thing is I want to learn and become better so I do not want her to massage my ego and I do not want [supervisor] to protect me; but I do sometimes think her delivery's a bit like [indicates by sounds] kind of impacts on you" (TP5 978-989)*

In the **'Supervisory enactments'** that follow, the supervisory relationship is out of sync

*“so that is an example of [supervisor] telling me how to do something which I already know how to do” (SP5 1011-1012)*

The trainee then experiences self-doubt

*“I dunno it’s something to do with the fact that I’m a third-year, I’m about to qualify. She’s used to having first-years. So I always think to myself, ‘xxxx does she like, am I no further on than I was two years ago?’ (TP5 1046-1049)*

The trainee’s self-doubt triggered concerns about being good enough (*i.e.* **‘Anxiety context: drivers behind trainee perspective’**)

*“It would’ve been useful for me in terms of knowing that she knows I know, like in terms of proving myself. I think that the assessment component means that in two weeks’ time she passes or fails me on this placement, she still has the potential to feedback to my supervisor my tutor how good I am. In a couple of years I might want a job in CAHMS and she might be on the interview panel” (TP5 1077 – 1092)*

*“Cause I don’t just want to be competent. I want to be good at this” (TP5 1164-1165)*

And fear of being judged negatively by the supervisor elevates their emotional state

*“Like what is that about her kind of need for her to know; I think it’s a desperate need for [supervisor] to think I’m competent” TP5 1159-1160)*

The **‘Supervisory enactments’** continue to be out of sync and therefore influence the trainee to draw from and rely on their internal resources

*“I know what I want to be my solution. I know what I’m going to suggest. I’ve got an idea about how I want to do this and I think I’m trying to get to it before [supervisor] can get to it first” (TP5 1193-1205)*

There then follows a change of direction in the **‘Supervisory enactments’** that are based on collaboration

*“I have a real concern that I write too long reports. And so anything that she says that will help me to be succinct, I tend to write down and think that might be a quick way . . . of doing that” (TP5 1307-1309)*

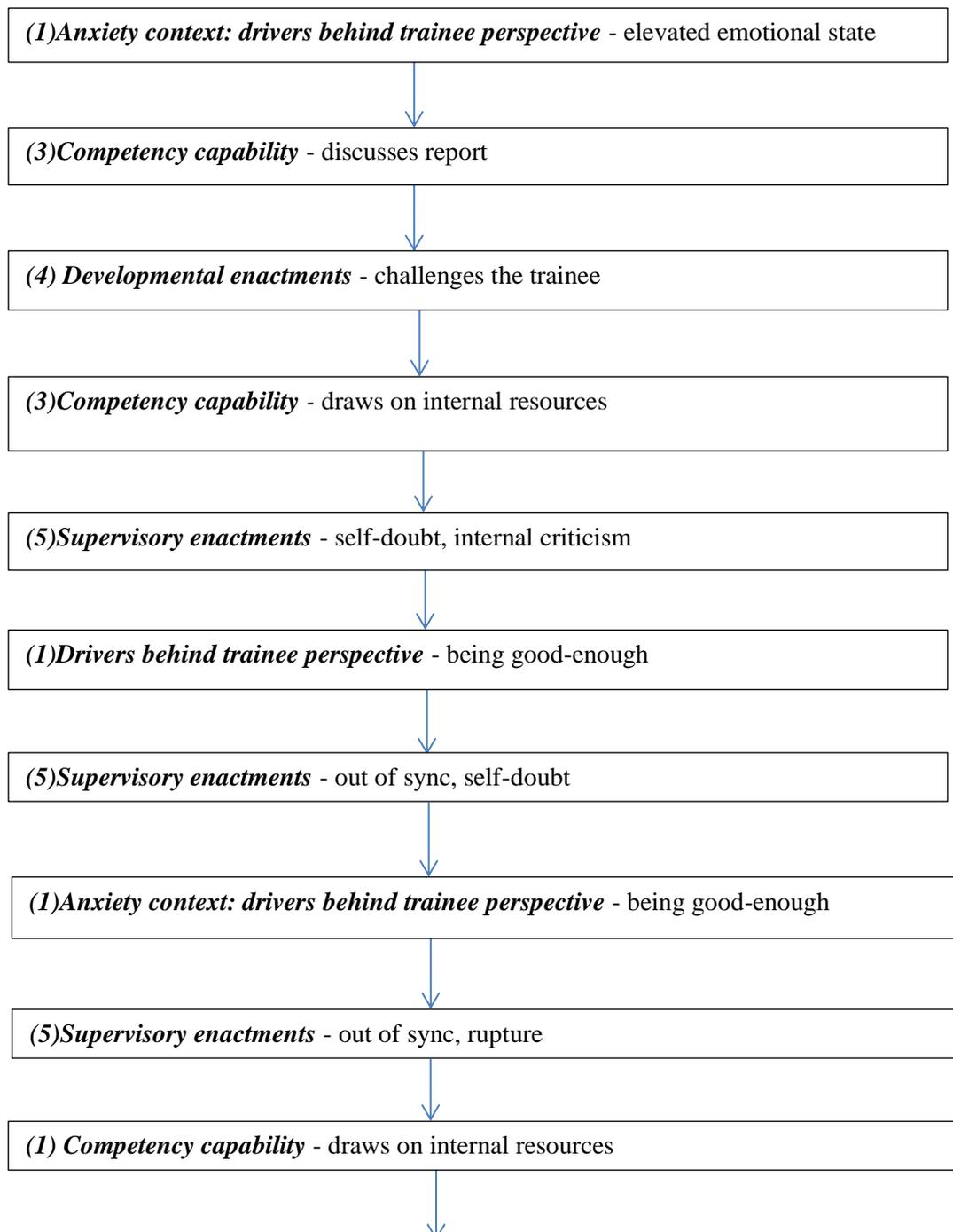
The trainee experiences a **Shift in perspective** in terms of **‘Increased self-awareness: cognitive shift’**, by perceiving some utility in the supervisor’s contribution and by making connections between concepts that were not entirely out of their un-conscious. This had a

containing effect on the trainee enabling them to shift their attention from being angry at the supervisor to focusing on their own learning and development

*“I think what she said is useful just as a nugget” (TP5 1302)*

*“It isn’t a novel reflection. It’s just a reflection I’ve not put a and b together yet” (TP5 1368)*

The following sequences track the trainee process as described above to illustrate how a shift in perspective occurred):



(5) *Supervisory enactments* - collaboration, sign-posting, re-assurance



(6) *Shift in perspective: Increased self-awareness – cognitive shift*: greater clarity and contained

### 3.6.5.3 TP2 – From feeling powerless and stuck to feeling empowered

The following plots the process TP2 followed that brought about a shift in perspective from feeling powerless and stuck to feeling empowered.

The '*Anxiety context: drivers behind trainee perspective*' in terms of elevated emotional state (e.g. feeling powerless and stuck in relation to his client work) were present when the trainee introduced the client for discussion.

*"I kind of started to say I'm really struggling to work with this person. It's really, really hard." (TP2 737-739)*

*"I'm just like I'm just stuck and I don't really know what to do" (TP2 801-802)*

Rather than offer support to verbally reassure the trainee, the supervisor said and did nothing, despite a desire to do so.

*"I didn't jump in cause I think sometimes, as supervisor, you want to, you want to validate the trainee and you want them to feel good about themselves! And confident" (TP2 845-857)*

This passage illustrates the '*Developmental context: drivers behind the supervisor perspective*' (e.g. increase trainee insight) in that the supervisor is motivated to provide the space for the trainee to reflect

*"And she left that gap. I think that was really important in terms of to allow me to expand and kind of explore that a little bit for myself" (TP2 739- 743)*

The supervisor's rationale for remaining initially silent is illustrated by the following passage

*“I kind of stayed with it. And I don’t know whether that’s because I could see that [trainee] that the trainee was, was doing that thinking. He was reflecting, ‘Oh . . . actually it does make me powerless,’ but I can see that he was still thinking about it. So actually saying something at that point might have disrupted that thinking” (SP2 866-873)*

**‘Supervisory enactments’** (e.g. *collaboration*) occurred simultaneously and were manifested in perspective taking

*“....there’s just something that he said where he’d widened it cause we’d been talking about his relationship with the client how it made him feel and then he moved out, didn’t he? He extended it to systems and services which, it changed and moved away from that relationship into kind of thinking about the wider context” (SP2 916-929)*

Whilst perspective taking the trainee relied on their internal resources (i.e. **‘Competency capability’**) to build greater tolerance for sitting with un-certainty

*“So something was happening there for him to be able to then take that step back and look outside of his relationship. I’m not sure what was going on but whether it was his thinking that took him from, yes, I’ve no doubt this is what he’s feeling all the time and then stepping away” (SP2 930-938)*

In **‘Developmental enactments’** the supervisor invites the trainee to explore and reflect further. This is accepted by the trainee. The collaborative **‘Supervisory enactments’** soon follow (e.g. perspective taking, sitting with un-certainty)

*“But she said she was kind of inviting me to think about that and to explore” (TP2 812-814)*

*“I wonder whether that’s because of the system, so whether that’s an indication of how the trainee thinks about things and is able to do that: stepping in and stepping out of the relationship” (SP2 938-949)*

The **‘Supervisory enactments’** are validating for the trainee and they emerge from a collaborative and attuned supervisory relationship.

*“yeah, I think it’s validating um, and it kind of made me think like that we were aligned, and thinking from the same position, and kind of join in a way of thinking about a person. So kind of stand alongside each other looking forward and thinking, what, what, what can we do? So it really facilitated a sense of collaboration, rather than feeling like I had to do something different or, which is really valuable” (TP2 840-849)*

The supervisor in **‘Developmental enactments’** asks the bigger questions to facilitate further insight through reflective practice and perspective taking.

*“There was something really useful in what my supervisor said then about um, understanding what we ask people to do and how big an ask that is. And it’s not, there is no right way so it was useful to think about that. And actually what I’d expected from this person” (TP2 879-893)*

The supervisor also models perspective taking and cultural awareness and the trainee then internalises the supervisors’ approach to increase their insight.

*“I think one of the things that my supervisor’s really good at is she’s really culturally aware and that’s really helpful. And something that I have to pay more attention to, I think, in order to fully understand someone’s experience, or to start to kind of gain a sense of that, or what might get in the way” (TP2 987-996)*

The trainee commented on the supervisors’ invitation to perspective take and identified a shift in perspective through the **‘Supervisory enactments’** of collaboration,

*“And, yeah, there is some unsticking. And I guess that’s where the key things of supervision: sometimes it’s about you come in in a fixed position, and it’s that kind of jiggling you about a bit and giving you freedom to move choices and was able to identify specifically how he had been able to do this” (TP2 967-970)*

and identified how they had been able to move out of and away from his initial perspective of feeling powerless and stuck

*“So I felt like I was, one of the things in family therapy that I really like is that you reposition yourself deliberately to take a difference stance. And I think that’s what I did” (TP2 903-906)*

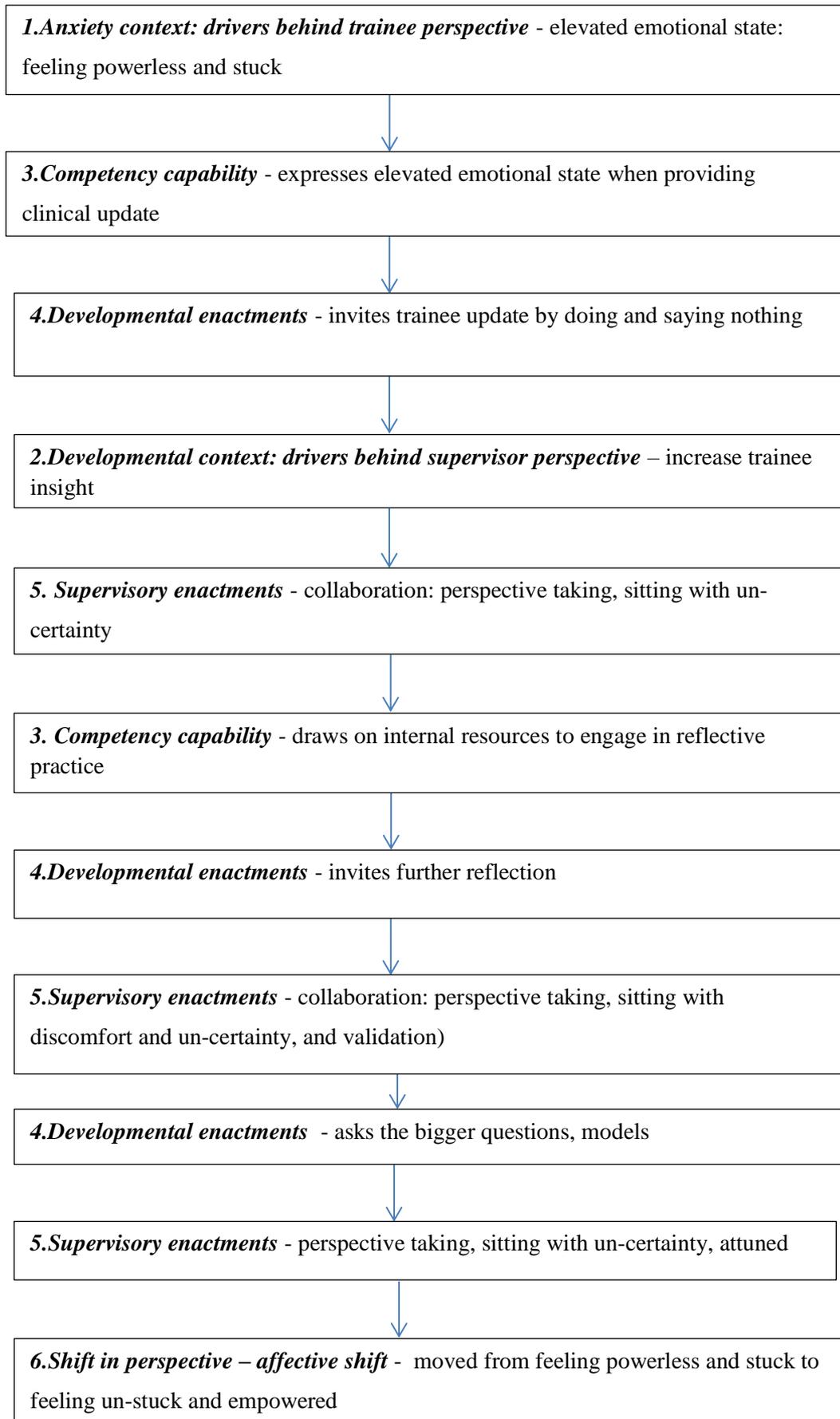
The supervisor comments on the trainees’ ability to reposition his perspective

*“That’s a reflection of how he thinks; you know that he is able to do that backwards and forwards, and that extension and, you know quite elastic way of thinking about that relationship; and then thinking about what service, how services contribute to that; thinking about himself and that” (SP2 1024-1032)*

For the trainee the **‘Supervisory enactments’** are a validating experience and serve to facilitate his increased self-awareness. The trainee experienced an affective shift to feel empowered in his clinical work with the client.

*“That was really good to hear. That was kind of a validate: you’ve given her a voice. You’ve given her a space. So, if nothing else, you’ve done okay. And I think that was, yeah, that was really good to hear. Yeah” (TP2 1030-1033)*

The following sequences track the trainee process as described above to illustrate how a shift in perspective:



### **3.7 Summary of results**

In all instances, there was a shift in trainee perspective. The results show the trainees moving through the process model with varying frequency of interaction with their supervisor. TP1 shifted perspective with fewer interactions. This was largely to do with there being a more collaborative supervisory relationship. TP5 engaged in more interactions and placed greater reliance on his internal resources in order to feel more contained by the end of the process. This shift was brought about because of a more ruptured supervisory relationship. TP2/SP2 moved quickly into supervisory enactments; enabled by attunement in the supervisory relationship.

An evaluation of the results in the context of the above process model, and in its utility in the light of existing process models of supervision will be provided in the next chapter. Strengths, limitations of this study and the implications for future research will also be evaluated.

## **4 Discussion**

### **4.1 Overview**

In this section, the original aims of the study will be re-visited and the main findings summarised. Methodological issues will be considered, and the results of this study will be discussed in relation to the current literature on supervision models. Theoretical, research and implications for the provision of supervision for trainees will then be explored, and the conclusions of the study will then be summarised.

### **4.2 Aims of the study**

This study examined the key moments in supervision for the trainee (from both the trainee and supervisor perspective) and how such key moments lead to a shift in the trainee's perspective. This study sought to identify the processes in supervision that the trainee and supervisor experience through the use of IPR, in order to acquire more accurate, near to the event and therefore less affected by other factors of time, interpretation and re-processing.

### **4.3 Summary of the findings**

Five trainees and four supervisors were interviewed in an IPR format about key moments in a recorded supervision session, which led to a shift in perspective on the part of the trainee. These interviews were analysed using GT. Six themes emerged from the analysis regarding the process of how key moments lead to a shift in perspective. These were as follows:-

#### **4.3.1 Anxiety context: drivers behind trainee perspective**

'Being good enough': Trainees were near the end of their placement and training. They questioned whether they were good enough. Some were experiencing self-doubt over their readiness for independent practice, and some wondered whether they had done a good enough job in supporting the client through therapy.

'Elevated emotional state': All trainees came to supervision in varying degrees and intensity of emotional arousal. Some were anxious and sought re-assurance and containment, some were confused and sought guidance, and one was annoyed.

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#### **4.3.2 Developmental context: drivers behind supervisor perspective**

'Prepare training for independent practice': All four supervisors came to supervision with the aim of supporting the trainee in their quest of being ready for qualified life.

'Increase trainee insight': Supervisors were motivated to raise trainees' personal awareness and develop their ability to contain their emotional response (e.g. sit with un-certainty). Supervisors sought to develop trainees' clinical skills (e.g., the ability to hold alternative perspectives).

#### **4.3.3 Competency capability**

'Seeks reassurance/guidance': In providing clinical updates, trainees sought reassurance and/or guidance from their supervisor. This was because they were feeling unsure, confused and/or experienced self-doubt.

'Mobilises internal resources':

Trainees mobilised their internal resources to give themselves reassurance, raise awareness of their 'conscious competence'. This was achieved through reflection and by assimilating their supervisory experiences.

#### **4.3.4 Developmental enactments**

'Questioning' (asks the bigger questions): Supervisors asked the bigger questions to trainees, by inviting further reflection and to consider alternative perspectives.

'Shaping' (invites, directs, challenges): Supervisors challenged trainees to critically evaluate their own thinking and sometimes clinical decision making, and they directed trainees when there was confusion (e.g. by drawing a C.A.T map).

'Modelling' (sitting with un-certainty): Supervisors modelled sitting with uncertainty, not knowing all the answers, perspective taking, drawing attention to parallel processes, and to the limits and potential negative consequences of therapy.

#### **4.3.5 Supervisory enactments**

'Collaboration': Several key moments in supervision occurred when trainees and supervisors worked together to generate a shared understanding. Validation and reassurance was then forthcoming. Being attuned was a feature of this enactment as was the ability to sit with uncertainty. This enhanced the process by which parallel processes and perspective taking occurred.

'Rupture': Key moments of rupture occurred when trainees felt ignored, dismissed and/or unimportant. This was reflected in the nature of the supervisory relationship, which was experienced by being 'out of sync'. For one dyad, at least from the trainee's perspective, the supervisory enactments were challenging, and sitting with uncertainty was the norm, rather than the exception. This also prompted the trainee to utilise internal resources to provide reassurance.

#### **4.3.6 Shift in perspective**

'Increased self-awareness – Cognitive shift': Some trainees developed new insight, came to different conclusions, had greater clarity and understanding. For others it was about recognising their competence and development.

'Increased self-awareness – Affective shift': Some trainees became more self-aware, were more confident in their clinical skills, more empathic, less anxious, less frustrated and more contained. This resulted in a reduction of their elevated emotional state. Trainees' concerns over being good enough in terms of clinical skills, effectiveness and readiness for qualified life, were reconciled and resolved. Recognition of their skills, whether that was adherence to a specific therapeutic model, or managing without the supervisor, or even finding hope in clinical work, was key to the shift in perspective that took place.

## 4.4 Methodological considerations

### 4.4.1 The sample

Five trainees, out of the eligible sixteen on the Leeds DClin Psych training course, participated in this study, along with their respective supervisors. Unfortunately one of trainees' supervisors could not be interviewed. The supervisors were chosen because they supervised the trainee participants.

The issue of transferability of findings is an important consideration in qualitative research (Charmaz, 2008). This study sought to identify the processes that occur which lead to a shift in perspective in the trainee. The outcome of the credibility checks suggests that the EBPM is a useful tool that supervisory dyads and trainers could use.

This study engaged in an abbreviated form of grounded theory, in that it was not possible to return to participants to clarify questions and explore emerging concepts. The researcher could only apply the emerging theory with subsequent data sets and/or return to original data sets to test out the theory. Nevertheless, theoretical sampling was engaged in throughout the research process, by constantly revisiting the data and modifying the theory development with each cycle. Through this approach the researcher was able to learn more about how the process of a shift in perspective takes place, develops and changes. This was achieved by exploring the statements, events and/or cases which illuminated the categories.

Inherent in constructing grounded theory is the search for negative cases (Charmaz, 2008). This study revealed an example of one such negative case, given the challenging and at times ruptured relationship TP5 had with their supervisor. Close scrutiny and exploration of their data set revealed a significantly higher number of supervisory enactments and greater reliance on the trainees' internal resources, leading to an increased ability to sit with uncertainty. This in turn led to a shift in perspective. Other trainees experienced temporary friction and/or tensions in their supervisory relationships but these were quickly repaired because of the strength and quality of their relationships.

Saturation of theoretical categories is another important feature of GT approaches (Charmaz, 2008). This is a challenging concept. Through constant re-visiting and comparison of the data sets, it was established that no new theoretical categories emerged.

In summary, these findings suggest that supervisory enactments based on collaboration and/or rupture lead to a shift in perspective. Participants attended to their own processes to raise personal awareness and insight through reflective practice. The findings confirm that

the quality and nature of such shifts is heavily influenced by the quality and nature of the supervisory relationship. The attuned response to the trainees' emotional and learning needs is a feature of the often unelaborated term 'supervisory relationship'. A unique feature of the findings is that it reveals the context and impact of evaluation and the stage of training on the processes leading to a shift in perspective.

#### 4.4.2 Design

A qualitative design, accessing participants' experiences at the time of supervision through the use of IPR and using Grounded Theory analysis, was chosen for this study. A qualitative approach was most appropriate given the aim of exploring both supervisor and trainee experiences (including their meaning/sense making) and perceptions as to how key moments in supervision lead to a shift in perspective on the part of the trainee. The semi-structured interviews yielded a vast quantity of qualitative data. However, it is possible that some of the questions asked by the researcher were leading. For example with TP1 the researcher asked:

*“ . . . so looking back now would you, is there a sense of frustration with what you were feeling at the time? (TP1 602-603)*

The motivation for any leading questions could have been due to the researcher's own position as a trainee on the same DClin Psych training course; being heavily invested not only in this study but also in the process of learning and PPD derived and/or initiated by supervisory processes. This could mean that the data collected were unduly influenced by the researchers' assumptions about how key moments in supervision lead to a shift in perspective, which were based on his own experiences of supervision.

The trainees' response to the above question was rich in detail and highlighted anxiety about being evaluated and/or judged negatively by their supervisor. More importantly the trainee was able to access their experience at the time of supervision; which is consistent with the aim of IPR.

*“yeah, I can remember thinking um . . . should I say that he feels like we um, are no better than monkeys. I, cause I remember thinking it, I wonder if [supervisor] thinks that I've gone off on a tangent in therapy” (TP1 130-133)*

It is likely that the researchers' questions were generally balanced, neutral and therefore not leading. Rather, such questions enabled reflection on participants' experiences, thereby generating the data that captured the processes of learning and development in supervision.

Given that this study has used GT from a constructionist perspective and therefore interpretive in its very nature (Charmaz, 2008), the researcher was mindful throughout the process of his own reflexivity and strongly acknowledged that he was an active agent in, as opposed to a passive recipient of, the interpretation of the data and subsequent development of a theory to explore the processes leading to a shift in perspective. Keeping a research diary and discussing results of the analysis with research supervisors, colleagues, and participants helped to locate the influence of these assumptions. This enabled the researcher to consider other possible interpretations of the data and to keep the participants' individual experiences and meaning making in mind throughout.

Finally, both supervisor and trainee perspectives were gathered in this study. Much of the current literature explores phenomenon from either the supervisor or the supervisee's perspective, but less so both. The researcher decided that obtaining both would generate a more rounded and informed picture of the processes in supervision that lead to a shift in perspective and generating a process model that both supervisor and trainee can access has utility and application for both.

#### **4.4.3 Strengths**

A strength of this study is the reduced reliance on retrospective recall. If an alternative method had been used, such as retrospective recall in semi-structured interviews, then despite recalling their experiences of supervision, participants would have been taken further away from actual events. This could have led to a distorted recollection and ultimately a less analytical analysis. This study therefore used IPR as the method of data collection. This brought participants as close to the event of supervision as possible, by conducting the research interview as soon after the recorded supervision session to access the participant's moment-by-moment reflections and experiences.

Recruitment was not problematic. Participants were willing to explore and reflect on their experience of supervision in the recording; something that could be an exposing experience. Indeed, some supervisors who initially expressed an interest to participate declined to do so for precisely this reason.

A GT approach enabled a clear focus on processes that lead to a shift in perspective, and as such there are implications for training, which will be explored in section 4.6.3.

Throughout data collection and analysis, the researcher revisited the transcripts to ensure that the emerging categories captured the essence of participants' learning experiences of the processes that led to a shift in perspective. To ensure quality standards (Elliot et al, 1999; Tracy, 2010; and Roller and Lavrakas, 2015) the analysis was discussed repeatedly with the research supervisors, who provided valuable insight and guided the researcher to refine the developing categories, grounded in examples, of the data. This helped support the researcher to attain a higher analytical level of analysis and to ensure a coherent representation and interpretation of the data. The reader is referred to section 2.7.5 for a more detailed breakdown of the quality standards that were followed in the analysis of the data.

#### **4.4.4 Limitations**

This study used an abbreviated form of GT. Justification for the use of an abbreviated version is centred on logistics. The pressures and demands placed on the services that were recruited were such that available resources (i.e. further meetings with participants) were severely limited. This meant that theoretical sampling was limited. Nevertheless, the researcher, through a process of constant comparison, was able to apply and test subsequent data sets against the developing theory, as illustrated by the process model (fig 2).

Reflexivity could have been strengthened by using bracketing interviews. Bracketing is a method used to mitigate the researcher's potential pre-conceptions related to the topic (Gearing, 2004). This approach, in addition to the research diaries and the researcher's use of mindfulness when reflecting on his experiences at each stage, could have added further rigour to the research process.

One of the recordings was deleted by the service before the supervisor could be interviewed. This was particularly significant because the trainee experienced the supervisory relationship as fractured, conflicting, and ruptured for a large part of the supervision. At other points, the trainee perceived the supervisor as repairing and supportive. This unfortunate event possibly deprived the study of a vital source of rich data. It could have been provided a unique insight into a supervisors' perception of what was undoubtedly a challenging relationship, full of rich dynamic interactions. Would the supervisor have identified similar key moments of both rupture and repair and how the process of their

interactions leading to a shift in perspective on the part of the trainee unfolded? For the trainee concerned, the recorded supervision session was more about reliance on internal resources, being able to sit with discomfort and un-certainty, thereby being more emotionally contained. The drivers of elevated emotional state and being good-enough were very salient for this trainee and it was the journey through the process of rupture that enabled raised awareness of internal resources which ultimately became the source of re-assurance.

The research interviews took place between Aug-Sept 2016 at a time when trainee participants were nearing the end of not only their elective final year placement, but also the end of training (end of Sept 2016). It is suggested by the literature that trainees at the end of training require different things from supervision than those in the first year of training (Stoltenberg, McNeill, and Delworth, 1998; Beinar, 2012; Fleming and Steen, 2012). On reflection an opportunity to gather data from the experiences of trainees at different stages of training may well have been missed. However, this could be a direction of future research – does the stage of training make a difference in the key moments identified and how do such key moments lead to a shift in perspective on the part of the trainee? Nevertheless this study has raised awareness and insight into the processes within supervision that lead to a shift in perspective.

## **4.5 Interpretation of results within context of current literature on supervision models**

An evaluation of the EBPM in the context of the existing literature, the seven eyed process model (Hawkins and Shohet, 2006) and the critical events based process model (Ladany et al, 2005) will now be presented. It will show how the EBPM complements and develops current thinking within the supervision literature, and will make a claim for the potential utility of the EBPM in the context of supervisor training.

### **4.5.1 Existing literature**

According to Mezirow (2000) the process of meaning making is central to the learning process. This process is illustrated by the trainees in the current study. For example, TP2 is experiencing a difficult issue in therapy and they subsequently feel confused. An

exploration of their feelings revealed a sense of hopelessness about the clients' prospects of recovery. A critical assessment of their beliefs and assumptions through sharing and reflecting their thoughts, and being re-orientated by the supervisor to the aims and goals of therapy, opened the window to consider an alternative perspective. Recognition of shared experience(s) was achieved by collaborative reflection in supervision. Cumulatively, these phases of meaning making resulted in planning a course of action in therapy, and ultimately a shift in perspective.

There are a number of differences that distinguish the EBPM from Kolbs' Experiential learning cycle. The trainees do not move fluently and neatly from stage to stage as Kolbs' cycle might suggest. Initially, all trainees initially provide a clinical update (akin to concrete experience). What they and their supervisors then do and the enactments that follow are somewhat different in the current findings to the process within Kolbs' cycle. In Kolbs' cycle trainees would alternate between their formation of abstract concepts and generalisations, observations and reflections through their concrete experiences. In the EBPM, trainees move between drawing on their internal resources and the supervisory enactments in a fluid and flexible way.

Learning is consolidated by open dialogue and exploration of the trainees' internal representations (i.e. thoughts about the specific tasks) and resources (i.e. an increased ability to sit with discomfort and/or un-certainty) within not only the supervisory relationship and enactments, but also by the supervisor asking the bigger questions, in order to develop the trainees' personal awareness. This highlights the overarching feature of the EBPM in that the supervisor and trainees' drivers, their actions, and the enactments between them result in a shift in perspective, a process that is not entirely congruent with Kolbs' model.

What then makes a strong supervisory relationship? In his model of the supervisory working alliance, Bordin (1983) argued that such quality is embedded within a collaborative approach to supervision. Bordin's model lacks the attention to process, but at least goes some way to focusing attention on the likely mechanisms that can enable a shift in perspective and therefore learning. This raises the interesting question: what gets in the way of clearer thinking, the ability to perspective take, and reflect?

All trainees in the current study expressed an elevated emotional state (i.e. TP1 feels anxious, TP2 feels stuck and hopeless, TP3 is feeling jumbled, TP4 is unsure about competence, and TP5 is annoyed). An additional layer of anxiety and stress is the evaluative component in supervision in the context of a placement and anxiety about being judged

negatively. This affective state influenced what the trainee then sought from supervision and depending on what was provided through the enactments that occurred, determined the degree of shift in their affective state.

The transactional model of stress (Lazarus, 2006; Lazarus and Folkman, 1986) offers a useful framework to understand the strategies, responses, and resources that individuals use to reduce perceived stressors. The model posits that a stress response is the result of an imbalance between higher perceived demands/threats and lower perceived ability to cope. Low levels of coping resources have been linked to negative psychological outcomes such as stress (Matheny, Roque-Tovar, and Curlette, 2008) and anxiety (McCarthy, Foulandi, Juncker, and Matheny, 2006). Gnilka, Chang, and Dew (2012) argued for the need to support supervisees in managing stressful responses in their lives and to promote the growth and accumulation of coping resources. The drivers behind the supervisor perspective in the current study reflect this. The supervisors encouraged and supported the trainees to develop their internal resources (e.g. to tolerate un-certainty, to sit with discomfort) and were instrumental in preparing the trainee for qualified life.

In their study Gnilka et al (2012) explored how stress and coping resources influence the supervisory working alliance. The participants in the study (N=232) were supervisees enrolled on a counselling programme. They completed an on-line supervisory working alliance inventory and the coping resources inventory for stress (Curlette and Matheny, 2010). The study found that supervisee coping resources: situational control, emotional control, and making plans were all significantly positively correlated with the working alliance. Gnilka et al (2012) suggested that supervisees who demonstrated high levels of emotional control and mental tension control may have been better able to exhibit more empathetic, warm, and supportive responses. Interestingly, Gnilka et al (2012) argued for supervisors to be proactive in increasing supervisees' sense of control of their supervision experience. They stated that this could be accomplished by providing feedback, reassurance, and re-assessing goals in supervision. The link with the trainees in the current study is clear. Trainee ability to sit with un-certainty and tolerate ambiguity was accomplished through enactments based on collaboration; involving reassurance, validation, and perspective taking. TP1, who experienced frustration with the client, was able to shift to feeling more empathic, because of the support their supervisor provided. This support enabled the trainee to think about the broader context and see the issue from the clients' perspective, thereby utilising their internal resources and coping strategies. In short it felt safe to explore a different perspective despite feeling frustrated.

According to Pakenham and Stafford-Brown (2012) dealing with ambiguity is a source of anxiety for clinical psychology trainees, and they experience high levels of evaluation

stress. It is established in the literature that professional self-doubt has been established as a significant stressor for qualified and trainee psychologists alike (Packenham and Stafford-Brown, 2012). The current study provides support for Packenham and Stafford-Brown, in that the trainees expressed anxiety about being evaluated and self-doubt in terms of 'being good enough' and being ready for qualified life. The extent to which they felt comfortable enough to share their dilemmas, to admit to feeling anxious and/or stressed was determined by the efforts made by their supervisors to come alongside them and share their perspective, but at the same time to offer different perspectives and ways of understanding themselves, the work and their clients.

The current study adds value to the literature because it points to a solution and a coping strategy for trainees who are feeling anxious and/or stressed. Processes of collaboration through the enactments that occur enable the trainee to re-appraise their affective state through perspective taking and reflection. This perspective taking enables them to step out of their affective state which initially narrows their strategies for resolution and coping, to sit better with un-certainty. This enables them to shift perspective and appraise the situation and their own affective state more clearly; thereby developing their internal resources.

What then creates a barrier to clearer thinking? Carroll (2014) referred to 'survival modes' when supervisees are feeling threatened and/or unsafe

*'Threat, danger and fear make learning virtually impossible' (p.67)*

and that supervisees bring strong emotions to supervision: anxiety, fear of failure, and worries about being good enough. The findings in the current study support this view, in that the 'Anxiety context: drivers behind supervisee perspective'; namely elevated emotional state (e.g. anxiety) and 'being good enough' are present when the trainee enters the supervision. The trainees in this study are pre-occupied with being evaluated and are fearful of being judged negatively by their supervisor. This is reflected in their reticence, at times, to disclose their difficulties in therapy.

From Carrolls' point of view the supervisor needs to provide a safe base so that the supervisee feels comfortable and safe to be able to share such emotions and work through them in supervision. The findings in this study provide clear evidence for this view. Despite feeling anxious, worried about being judged negatively and 'being good enough', most trainees felt safe and comfortable to be able to work through their strong affect. When our brain identifies that we are in danger, it moves us quickly into survival mode in the form of fight, flight, or freeze, to protect us from that danger (Carroll, 2014). When the brain activates the survival mode as a way of coping, it limits our access to the frontal cortex from

which our reflective, creative, long term planning and introspective abilities. Our focus is then much more narrow and focused on the affect we experience (Carroll, 2014). For TP5, the provision of a safe base was absent and for some time, they were focused on their feelings of annoyance, frustration, and of feeling un-important. It was only when they mobilised their internal resources (i.e. recognition of their competence, reflective and perspective taking skills) coupled with the inconsistent provision of a safe base by the supervisor (i.e. signalled by coming alongside the trainee and agreeing with them), that this focus on internal affect began to shift.

Carroll (2014) argued that supervisors can unwittingly create a space that is threatening. The way feedback is given, how challenges are delivered, and the use of self-disclosure of supervisors can all contribute to such a threatening environment. In this study TP5 expresses their strong negative emotion when feedback is given.

Carroll (2014) posits that supervisors should be aware of key moments in supervision and be able to maximise the learning potential for the supervisee. The current study moves this point to the next logical step and suggests that awareness of key moments is the responsibility of both trainee and supervisor alike.

The following is an evaluation of the goodness of fit between the EBPM and the seven eyed process model and critical events based models of supervision.

#### **4.5.2 Critical events based process model (Ladany et al, 2005)**

An evaluation of the EBPM when compared with the critical events based process model raises a number of interesting issues. In terms of the latter the first event (the marker) is established when the trainee provides a clinical update. According to Ladany et al (2005) this should trigger the need for supervisor intervention. Indeed, for SP1, SP3, and SP4 this input consisted of providing re-assurance, guidance, challenge and/or direction. This was not entirely the case for SP2, who did not intervene directly. Instead they provided the space for the trainee to think and reflect; thereby raising self-awareness and insight. The task environment which can be equated to the supervisory enactments in the EBPM, involves the interactions – exploration, clarification, and working through events. In the EBPM such interactions involve an often collaborative exploration and reflection to consider alternative and/or wider perspectives. This includes identifying parallel processes and exploration of counter-transference.

Where the EBPM differs from the critical events based model is that the EBPM attaches a great deal of contextual importance to the supervisory relationship as a route through the enactments process. This paves the way towards a shift in perspective. The stronger the supervisory relationship the stronger the resulting shift. The relationship based on collaboration is illustrated by validation; re-assurance and affirming the trainees' often elevated emotional experience. The relationship based on rupture presents a more challenging dynamic; involves a greater use of the trainees' internal resources to gain re-assurance, but also celebrates events of conciliation and collaboration. Nevertheless the shift occurring in this relationship is less intense and profound than when collaboration is the mainstay.

There are differences between the EBPM and Ladany et al's (2005) model. The latter is drawn from only the supervisors' perspective, whereas the EBPM integrates both supervisor and supervisee perspective; thereby offering a much wider scope to illuminate the supervisory enactments and experiences. The evidence for the critical events based model is drawn from years of experience as a supervisor, whereas the evidence to support the EBPM is rooted firmly in the participants' experiences in an actual recorded supervision session; thereby capturing the rich complexity and dynamics of their interactions. The critical events based process model does not identify which interactional sequences in the task environment are most characteristic of a successful resolution. The EBPM achieves this objective. Enactments based on collaboration result in the bigger shift through shared experience, joint problem solving, and in one dyad, working as colleagues on an equal footing. The current study used IPR as the method of data collection. This brings the participants as near to actual events within supervision as possible, and so minimises the possibility of contamination of recall. As such the EBPM offers a more reliable evidence base for the processes occurring within supervision.

#### **4.5.3 The seven eyed process model (Hawkins and Shohet)**

Hawkins and Shohet postulate that the hierarchy in their process model does not imply that the supervisor is superior to the trainee and the client. It is difficult to resolve this issue of hierarchy when the various modes direct only the supervisor's actions and the model is focused disproportionately on what the supervisor needs to do to bring about development in the supervisee.

In the EBPM, the supervisor and supervisee are placed alongside each other, yet the hierarchical state exists because of the overtly evaluative nature of the relationship. The

supervisor will decide if the trainee passes or fails the placement, but this is done in a collaborative way within supervisory enactments and in the context of the supervisory relationship in the EBPM. The EBPM also illustrates how the trainee is able to share their dilemmas, work through their affective state, and place their trust in the supervisory process, despite knowing that they are being evaluated. This process is enabled because both supervisees and supervisors are influenced by their respective drivers which are aligned and compatible. The trainees in the current study have become habituated to the constant process of evaluation since the beginning of training, so they are able to hold the knowledge of being evaluated and ultimately contain the anxiety that this provokes.

Another difference between the seven eyed process model and the EBPM is that in the EBPM attention to wider systemic issues is placed directly within supervisory enactments and is therefore within the model and not situated outside it. This situates such issues directly within the processes of supervision.

In linking their model to a developmental perspective, Hawkins and Shohet argue that as supervisees develop their ability to attend to what is happening, rather than prematurely theorising and being overly concerned with their performance; the supervisees could utilise a more efficient use of their time by devoting it to intervention. They posit that a supervisees' anxiety prompts them to theorise prematurely. This is not borne out within the EBPM. Trainees, despite their advanced stage of training, experienced anxiety performance yet are still able to contain their uncertainty and/or anxiety to formulate (or what Hawkins and Shohet refer to as theorising), perspective take and consider alternative explanations about a number of different issues. Formulation is at the heart of what clinical psychologists do and is the engine room of their practice that brings focus to understanding the clients' difficulties and direction for the intervention. Formulation is an essential skill trainees develop and improve on throughout training and are encouraged to formulate at the very start of training.

A tension within the seven eyed process model is highlighted by the EBPM. Trainees exhibit an elevated emotional state, are concerned with being good enough, seek re-assurance and/or guidance, draw on their internal resources following self-doubt, perceived criticism and from feeling dismissed often in the same temporal sequence. In other words, the boundaries between the modes of the seven eyed process model with these trainees are blurred and not easily separated. What factors directly influence which mode the supervisor addresses first? Hawkins and Shohet attempt to address the issue. They argue that good supervision must involve all seven eyes although not necessarily on every occasion. In reality and certainly for the participants in this study, the supervisor may be required to use all seven processes in one supervision session. The Hawkins and Shohet model does not

explicitly describe how supervisors make that decision. The EBPM has supervisory enactments at its centre and offers an explanation from both supervisor and trainee as to how such processes occur. Whereas the seven eyed process model positions the supervisor in the driving seat to bring about change, TP5 initiates and achieves a change in perspective through reflection and by drawing on their internal resources, whilst feeling criticised by the supervisor.

A concern with being good-enough is present in these trainees nearing the end of their training. Being good-enough is integral to the development of the internal supervisor and this driver features throughout the processes in the EBPM. According to the seven eyed process model, however, such supervisees at a more advanced stage of training should be directed by the supervisor to later modes (i.e. 3, 4, 5, and 6) in the model. In the EBPM, trainees would enter and exit the Hawkins and Shohet modes quickly and at various points within the same supervisory enactment. The following statement, from SP2, who uses the seven eyed process model in supervision, offers a critique of the model. It refers to the cyclical flow of supervisory processes with trainees and highlights the need to flexibly respond to whatever arises in supervision. The process needs to be fluid and not limited to addressing one mode or the other within the seven eyed process model:

*“I suppose for me it’s the flexibility it’s about being able to hop around and to be able to support a trainee to do that. So they’re actually they’re a bit more elastic. So for the trainee to be able to do that, that’s moving round the different seven points but obviously not in a theoretical, perfect way” (SP2 1638-1661)*

Despite differences there are number of parallel processes between the seven eyed process model and the EBPM. For example in mode three of the Hawkins and Shohet model (i.e. exploration of the relationship between client and supervisee), the supervisor pays particular attention to what is happening consciously and un-consciously in the therapeutic relationship. In the EBPM, supervisors attended to the trainees’ non-verbal communications (e.g. SP2 reference to the trainee mirroring the clients’ posture, SP1 reference to identifying parallel processes in supervision and therapy).

In mode four of the Hawkins and Shohet model (i.e. focus on the supervisee), the supervisor concentrates on how the supervisee is consciously and un-consciously affected by the therapeutic work; with a specific focus on supervisee development and how they resource themselves. In the EBPM, supervisors encouraged the trainees’ insight and self-awareness by directing them to their internal resources: ability to sit with un-certainty.

An observation of the seven eyed process model is that dyads may ignore ruptures within the supervisory relationship (i.e. mode five) as it could be too challenging and exposing for them to address it. This is confirmed by TP5 in this study as they receive feedback from the supervisor. The trainee chooses not to address the rupture in the relationship and cites being close to the end of the placement and the power imbalance in the supervisory relationship (i.e. being evaluated).

In mode five of the Hawkins and Shohet model importance is placed on exploring how the supervisory relationship might be un-consciously playing out or paralleling the hidden dynamics of the therapeutic relationship. A clear example of this within the EBPM was experienced by a number of the dyads (e.g. TP1/SP1 reference to noticing parallel process of trying to get the CAT map perfect, which reflected the client's perfectionist streak, TP3/SP3 reference to the trainee feeling jumbled akin to the multiple narratives within the system around the client).

In mode seven of the Hawkins and Shohet model (i.e. focus on the wider contexts in which the work happens), there is clear reference to the wider context and its impact on supervision. In the EBPM there are a number of references to similar processes (e.g. SP3 reference to limited time constraints and team dynamics within the client's system, TP5 reference to bias and prejudice within other professionals' clinical judgements on an autism diagnosis).

## **4.6 Implications for theory, research and training**

### **4.6.1 Implications for theory**

Ladany et al (2004) suggests that there is a need to understand how supervisors can add value and therefore enhance the supervisory relationship, and how to repair potential and actual ruptures within it. Clohessy (2008) argued for a greater understanding of the supervisory relationship. This is a reasonable point to make particularly when combining the perspectives of supervisor and supervisee. A number of studies have offered a valuable insight into such perspectives (Kraus and Allen, 1988; Beinart, 2002; Nye, 2002) but offer less of an understanding of the processes through which learning and development take place when both perspectives are considered.

For clinical psychology trainees who are feeling anxious and are being evaluated, there is a gap in the literature to explain how key moments in supervision lead to a shift in their perspective. The EBPM developed in the current study contributes to the literature by providing a layered analytical analysis and theory as to how such key moments in supervision lead to a shift in a trainees' perspective.

#### **4.6.2 Implications for future research**

The current study has utility in that it explores the perspectives of both supervisors and clinical psychology trainees. It provides a holistic insight into their respective motivations that drive their subsequent actions in supervision, the supervisory enactments that occur, and to some extent their supervisory relationship when it is collaborative and/or more fractious and even ruptured. Such processes lead to a shift in perspective on the trainees' part.

Also the current study uses IPR as a method of data collection. This brings the participants' accounts of their experiences much closer to the actual event than say other qualitative methods (e.g. retrospective recall). It uses GT as a dynamic analytical tool to develop a theory as to how such processes in supervision lead to a shift in perspective. Using this method has generated rich vivid detail in the participants' responses and supported them to bring more of the experience into their awareness. This study has potential to add to the literature by providing an example of how the processes within supervision, with an overtly evaluative component to the relationship, can be researched.

Understanding such processes and how they occur is an important area for future research. Future research in this area could employ a full version of GT rather than the abbreviated version used in the current study. This could provide an additional layer of insight and clarity into participants' perspectives. By going back to actual participants to clarify and test out the developing theory as to how key moments lead to a shift in perspective, rather than testing the developing theory against subsequent data sets, a rich and unique insight could be acquired.

The current study engaged trainee clinical psychologists nearing the end of training and on their final clinical placement. Future research could focus on trainees across the three years of training to explore any similarities and/or differences in the processes that lead to a shift in perspective. This could address the issue of learning needs across training (Stoltenberg et al, 1998; Beinart, 2002; and Fleming and Steen, 2012).

The current study focused on what and how key moments in supervision for the trainee (from both the trainee and supervisor) lead to a shift in perspective. Given the overtly evaluative nature of the supervisory relationship, the trainees' anxiety and reassurance/guidance seeking, future research could explore the extent to which the evaluative component and anxiety features in the trainees' thinking and approach and how much of it gets in the way of their learning and development opportunities within supervision.

#### **4.6.3 Implications for training**

Clinical psychology training courses are required to provide training for supervisors (BPS, 2007b). With initiatives such as IAPT (BPS, 2007a) there is an increasing demand for good quality and effective supervision. The findings of this study could be used to inform supervisor training in the following ways:-

- The importance of attending to process within supervision.
- The importance of shared responsibility of maintaining openness to learning and development throughout the supervisory process.
- The importance of being aware of drivers that motivate both trainees (i.e. being good-enough, elevated emotional state) and supervisors (i.e. prepare the trainee for independent practice and increase insight).
- The importance of making the effort to establish and maintain a strong supervisory relationship based on collaboration and shared reflective practice. This will take into account the powerful evaluative aspect and power differential of that relationship. By attending to and exploring the impact of the evaluative nature, enacted in a collaborative way, this could ensure transparency and willingness to address potentially difficult issues in supervision.
- The importance of supervisors raising their awareness and ability to attend to the trainee's non-verbal communications, to focus as much on what is not said as well as on what is.
- The importance of recognising that trainees do internalise and assimilate their supervisory experiences as a way of learning and developing their insight and clinical skills; and how best to facilitate this.
- The importance of trainees paying attention to their internal processes as they approach and engage in supervision and reflect on how such processes can impact on what enactments then take place.
- The importance of trainees' responsibility to seek the space in which to engage in reflective practice to consider the wider perspective.

- The importance of trainees developing their internal supervisor, recognising their competency and achievements; particularly when faced with difficult challenges. This includes having a continued openness to learning and development, even when feeling ignored and/or dismissed.
- The importance of the supervisor and trainee jointly making the effort to attend to friction, tension and/or rupture within the supervisory relationship, as a way of furthering the acquisition of learning and/or development.

## 4.7 Conclusions

This study explored key moments in supervision for the trainee (from both the trainee and supervisor perspective) and how such key moments lead to a shift in the trainee's perspective. It aimed to develop our understanding as to how trainees can acquire new insight, raise personal awareness, develop their clinical skills and build on their PPD; all with a view to providing good enough care and support to their clients.

A qualitative methodology enabled a higher order layered analysis of the processes within supervision and six themes were developed from the categories identified. The findings suggest the following processes that lead to a shift in trainee perspective: 'Anxiety context: drivers behind trainee perspective' and 'Developmental context: drivers behind supervisor perspective' directly influence the 'Supervisory enactments' that occur. Supervisory enactments based on collaboration, with validation, re-assurance, attunement, attending to parallel processes, perspective taking and sitting with un-certainty lead to the more profound shift in perspective. Supervisory enactments based on rupture when dyads are out of sync, feelings of being dismissed and/or ignored, self-doubt and internal criticism influence the trainee to rely on their existing internal resources to self-soothe and reassure still lead to a shift in perspective, but it takes longer to get there.

The current findings have support from the wider literature and successfully draw together salient features of various supervision models; particularly the processes that occur within supervision. There are implications for theory, research and the future training of supervisors.

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## **6 List of Abbreviations**

GT	Grounded Theory
HCPC	Health and Care Professions Council
IPA	Interpretative Phenomenological Analysis
IPR	Interpersonal Process Recall
PPD	Personal and Professional Development
ZPD	Zone of Proximal Development
IAPT	Improving Access to Psychological Therapies
SAS	Systems Approach to Supervision
IDM	Integrated Developmental Model
BPS	British Psychological Society
IPA	Interpretative Phenomenological Analysis
ACT	Acceptance and Commitment Therapy
PID	Participant Information Document
TP	Trainee Participant
SP	Supervisor Participant
SoMREC	School of Medicine Research Committee
EBPM	Enactments Based Process Model

## 7 Appendix A

### 7.1 Expression of interest email

#### Appendix B

Dear Trainees

You are invited to participate in the following DClin thesis by Mark Norburn:

***A Window into Supervision: Perspectives from supervisors and their trainees.***

This research aims to address the following question:

What are the key moments in supervision that supervisors and their trainees identify and how do such moments lead to transformed thinking on the part of the trainee?

If you take part you will need to recruit your placement supervisor. Together you will be asked to record a supervision session, and then meet with Mark individually to watch the session and discuss key moments you consider central in the development of your thinking about the issue(s) being explored. This meeting with Mark should take approximately 1.5hrs of your time.

This study has the potential for adding value to your supervision experience; thereby providing opportunities for personal and professional development. It also has the potential for adding value to existing research on the supervisory process. If we know *how* key moments lead to transformed thinking then we can potentially improve the overall supervisory experience.

At this stage Mark is asking for expression of interest only so please contact him over the next few days to express your interest in taking part in this research at [umman@leeds.ac.uk](mailto:umman@leeds.ac.uk) to ask him any questions you may have. After this point Mark will send you the participant information document and you will then need to have a discussion with your placement supervisor.

Many thanks

Course admin team

## 8 Appendix B

### 8.1 Participant information document



#### **A Window into Supervision: Perspectives from Supervisors and their Trainees.**

##### **Participant Information Sheet**

You are being invited to participate in a Doctorate in Clinical Psychology thesis project which will explore key moments in clinical supervision; in order to identify the processes by which the learning of trainee clinical psychologists is facilitated.

Please read this information carefully so that you understand what is involved and can then decide whether you wish to volunteer to take part.

##### **Background**

Provision of clinical supervision provides the main framework for personal and professional development where new clinical skills are learnt and is an integral and compulsory part of training in clinical psychology programmes. The majority of existing research has focused largely on the content of supervision, the quality of the supervisory relationship, and on trainee perceptions of supervision. However, it is less clear as to how supervision helps transform trainee's thinking about difficult issues they may bring to supervision. Examples of such issues involve trainee concerns about supervision or their supervisor, a challenging clinical situation, or concerns relating to self (Ladany, 2005).

##### **What are the aims of the study?**

This research aims to explore such processes within supervision provided to trainee clinical psychologists in NHS settings, by asking the question: What are the key moments in supervision that supervisors and their trainees identify and how do such moments lead to a change in the trainee's perspective?

This study has the potential for adding value to your supervision experience and for providing opportunities for personal and professional development.

It is suggested that after your participation in the research interview, you then arrange an ad hoc supervision session to review and reflect on your experiences of participating in the study.

## **Procedure**

You will be invited to record a supervision session which involves exploration and discussion of an issue raised either by the trainee or supervisor participant. In this recorded supervision you are asked not to refer to any service user's name, the trust/service or discuss material that is potentially identifiable.

You will then meet individually with the researcher on one occasion to watch the recorded session. We will aim to have this interview within seven days of the supervision session or at least before your next scheduled supervision.

When the recorded supervision session is being watched, you will be invited to pause the recording when you feel a key moment in supervision has been experienced on the trainee participant's part. Here, you will have the opportunity to discuss and reflect on what you think was occurring at the time and how you feel this may result in transformed thinking.

This meeting with the researcher will be recorded in audio format only and then transcribed for analysis purposes. It is anticipated that this meeting will last approximately 1.5 hours based on a 1hour supervision session.

## **Confidentiality**

For data protection purposes the recorded supervision session will be stored securely in a locked cabinet until such time as it is watched by the participant and researcher. When this session has been watched it can be deleted at the discretion of both supervisor and trainee.

The audio recordings of the research meeting between participant and researcher will be password protected and saved on an encrypted storage device. All audio recordings will then be transferred onto the researcher's 'M' drive system at the university within 24hours and then deleted from the recording device.

As a participant your identity will be kept from the course team (i.e. supervisors). Each participant's confidentiality and/or anonymity will be protected by a unique reference code for transcription purposes. For example in the first research interview, the trainee participant will be labelled 'TP1' and the supervisor participant will be 'SP1'. During subsequent discussions between the researcher and project supervisors, participants will be identified by their unique reference code as highlighted above.

The researcher may need to breach confidentiality if a participant discloses any criminal activity, malpractice and/or safeguarding issues. The researcher, wherever possible, will seek to talk to you first before any action is taken, but will also discuss the issue with the thesis supervisors.

Participant's informed consent will be sought immediately prior to the recorded research interview, thereby providing opportunity to ask questions and discuss their participation in the research.

### **Right to Withdraw**

You have the right to withdraw from participating in this study up to one week after the recorded supervision session. Once transcripts have been completed and analysis begins, your responses will be included in the final thesis.

As you will appreciate this study will require more of your time than merely completing a questionnaire, so it is important to consider any possible implications for the service you are working in. It is important that your time investment in this research does not threaten ethical practice in putting service users first. This research has the potential to maximise learning from the supervision provided on placement and has the potential to add value to existing research by identifying processes through which transformed thinking takes place.

### **Contact**

If any issues arise as a result of this research, you are encouraged to address these in supervision. As a trainee you can also approach your clinical tutor at university, as well as your 'mentor' psychologist. Placement supervisors should address any issues within their support network at their place of work. If any such issue remain un-resolved you are then encouraged to consult with the thesis supervisors (details given below) or placement tutors on the course.

This project is supervised by Dr Ciara Masterson and Dr Tomas Isherwood both of the University of Leeds DCLin Psychology Course team. My name is Mark Norburn and I can be contacted by e-mail at the University of Leeds on [umman@leeds.ac.uk](mailto:umman@leeds.ac.uk). If you have any questions or queries regarding this study then in the first instance please contact myself.

### **Ethical approval**

Ethical approval of this project has been sought from the School of Medicine Research Ethics Committee (SoMREC) – Project number: MREC 15 – 069.

## 9 Appendix C

### 9.1 Recruitment protocol

(1) The course administration team will e-mail all 16 third year trainee psychologists asking for expression of interest to participate in the research. This e-mail will enclose a summary of the research, its aims, and what participation involves. Potential participants will respond directly to the researcher's e-mail address.

(2) If required a reminder email from the course admin team will be sent after 3 weeks. If no response after a further 3 weeks then a final reminder email will be sent.

(3) Trainees who respond expressing their interest will be emailed by the researcher. This email will include (A) participant information document (PID) (B) an offer to phone or meet with them if they would like to discuss and/or ask questions about the research process.

This e-mail from the researcher will ask the trainee to reply (via e-mail) with their continued expression of interest.

(4) If the trainees do not reply then a reminder email from the researcher will be sent after one week.

(5) If the trainees reply and state their continued expression of interest then the researcher will e-mail them with the following requests (1) discuss the research project with their placement supervisor (2) respond with their supervisor's verbal expression of interest and if so (4) permission from their supervisor for the researcher to contact them.

(6) If the trainees do not respond/reply then the same follow-up process will take place as in (4) above.

(7) If the trainee responds to confirm their supervisor's expression of interest then the researcher will e-mail the supervisor to (1) confirm this is the case (2) ask for e-mail confirmation that this is the case (3) provide them with a copy of the PID (4) provide telephone contact details as with the trainee, thereby providing an opportunity to discuss and/or ask questions about the research process.

(8) If the supervisor replies and confirms their expression of interest then the researcher will contact the supervisor and trainee and identify the following:

- Ascertain their continued expression of interest.

- Ascertain if the trust site has appropriate recording equipment (i.e. audio and visual) that can be used for the purposes of this research. If so, how readily available this is, and what data protection procedures are in place for the storage of recorded material. If no such equipment is in place then the researcher is to organise with the course admin department for the loan of an I-pad which can be used for recording purposes. This will then be loaned to the participant dyad until such time as they have recorded their supervision session(s) and it has been viewed in the research interview.

(9) If there is suitable recording equipment available then the dyad are instructed to record 1-2 supervision sessions in the near future, then to decide which recording will be used for research purposes.

(10) Once this has been done the participant dyad are then to contact the researcher with a date to conduct the research interviews; ideally before the next scheduled supervision session. This should minimise the opportunities for the dyads to discuss the content of the recorded supervision session. Informed consent is to be gained immediately prior to the research interview and collected when the research interviews take place.

**Application for NHS Trust R&D approval** – An application for individual trust R&D will be made when both supervisor and trainee have given their verbal consent to participate in this research.

## **10 Appendix D**

### **10.1 Pilot study**

The pilot study

#### **Recruitment**

The researcher e-mailed all fifteen of his second year peers on the Leeds DClIn Psych course, and asked for expressions of interest to participate in the pilot study. A total of 7 responded to the initial e-mail providing their expression of interest. They were then e-mailed the participant information document (PID) (Appendix C) and a meeting with them was subsequently arranged.

When the meeting took place, the responders were given the opportunity to ask any questions about their participation and were then provided with a copy of the consent form (Appendix E). Four of the responders offered to participate and after a brief discussion with all those interested, two were selected on the basis that they were the first to respond to the initial e-mail in addition to their availability. The two other responders were thanked for their interest in the pilot study.

#### **Procedure**

The two participants were asked to engage in peer supervision regarding an issue one of them was currently experiencing in either their clinical placement or in their PPD. They then conducted a brief supervision (i.e. 15 minutes) where the relevant issue was discussed. This session was recorded using an iPad. The researcher interviewed the supervisee first as per the thesis protocol.

The issue discussed related to difficulties the participant experienced with a specific client on placement. The supervisee was using Acceptance and Commitment Therapy (ACT) (Hayes, Stosahl, and Wilson, 1999) with the client.

Each participant met the researcher separately within 48 hours of the recorded supervision session, to watch the recording. The researcher then briefed each participant on the data collection method (i.e. IPR) and we agreed that either could pause the recording when we thought there had been an important event. Questions were then asked, as described above. For example "Why have you stopped at this point?", "What were you thinking/feeling at this point?" and "What did you notice at that point?" and a brief discussion ensued regarding possible process material in the supervision session. At the end of each separate meeting the participants shared their views about their experiences regarding the peer supervision, the IPR method of data collection, any learning they took from the experience, and how they thought the data collection could be improved.

#### **Reflexivity**

The two participants were peers on the Leeds course and fairly well known to the researcher. There was a strong effort made to maintain professional boundaries within the procedural context of the pilot study, but a level of familiarity was inevitably going to impact on the interactions. This may have affected the experience gained from the conducting the pilot study itself. Nevertheless, there is learning here in being mindful and attentive to the impact a researcher has on the research process.

### **The supervisee interview**

The researcher conducted the pilot as if it was the main thesis itself; the focus being the participant's shift in perspective. A number of questions were asked, such as *"What were you thinking and/or feeling at this point of the session? What led up to that event? What effect can you see this experience having on you?"* Such questions felt natural and organic, but at times repetitive.

As a result of this experience, an expanded repertoire of questions was generated to be used in the main research. Nevertheless the questions used appeared to access the participant's thinking at the time of the supervision. This resulted in some discussion, although brief on occasions, about the process occurring. The supervisee identified the following from the supervision: felt contained to describe and explore his thoughts and feelings about the issue being discussed in supervision. A clear agenda was important in the supervision session. The supervisee said that they felt emotionally contained, validated, supported by the supervisor, free to share their views without fear of being reprimanded for saying something wrong. The supervisee commented that they were aware of the evaluative nature of clinical supervision, but this soon dissipated when discussing the issue. The participant reflected that they had not been aware of this level of thinking prior to the pilot study.

### **The supervisor interview**

A number of considerations arose from conducting this interview. The supervisor reflected that there was a certain level of inference making as to what the supervisee might have been thinking at the time of supervision. For example was the supervisee too fixed and rigid in making sense of the issue from a specific therapeutic perspective (i.e. ACT) used in the client work, and that looking at the issue from a different theoretical perspective might have helped to gain clarity on the issues addressed. Secondly, there were occasions when the researcher refocused the supervisor to think about shifts in perspective on the supervisee's part.

# 11 Appendix E

## 11.1 Consent form



### A Window into Supervision: Perspectives from Supervisors and their Trainees.

#### Participant Information Sheet

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It is suggested that after your participation in the research interview, you then arrange an ad hoc supervision session to review and reflect on your experiences of participating in the study.



## **Procedure**

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When the recorded supervision session is being watched, you will be invited to pause the recording when you feel a key moment in supervision has been experienced on the trainee participant's part. Here, you will have the opportunity to discuss and reflect on what you think was occurring at the time and how you feel this may result in transformed thinking.

This meeting with the researcher will be recorded in audio format only and then transcribed for analysis purposes. It is anticipated that this meeting will last approximately 1.5 hours based on a 1hour supervision session.

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The audio recordings of the research meeting between participant and researcher will be password protected and saved on an encrypted storage device. All audio recordings will then be transferred onto the researcher's 'M' drive system at the university within 24hours and then deleted from the recording device.

As a participant your identity will be kept from the course team (i.e. supervisors). Each participant's confidentiality and/or anonymity will be protected by a unique reference code for transcription purposes. For example in the first research interview, the trainee participant will be labelled 'TP1' and the supervisor participant will be 'SP1'. During subsequent discussions between the researcher and project supervisors, participants will be identified by their unique reference code as highlighted above.

The researcher may need to breach confidentiality if a participant discloses any criminal activity, malpractice and/or safeguarding issues. The researcher, wherever possible, will seek to talk to you first before any action is taken, but will also discuss the issue with the thesis supervisors.

Participant's informed consent will be sought immediately prior to the recorded research interview, thereby providing opportunity to ask questions and discuss their participation in the research.



### **Right to Withdraw**

You have the right to withdraw from participating in this study up to one week after the recorded supervision session. Once transcripts have been completed and analysis begins, your responses will be included in the final thesis.

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This project is supervised by Dr Ciara Masterson and Dr Tomas Isherwood both of the University of Leeds DClIn Psychology Course team. My name is Mark Norburn and I can be contacted by e-mail at the University of Leeds on [umman@leeds.ac.uk](mailto:umman@leeds.ac.uk). If you have any questions or queries regarding this study then in the first instance please contact myself.

### **Ethical approval**

Ethical approval of this project has been sought from the School of Medicine Research Ethics Committee (SoMREC) – Project number: MREC 15 – 069.

## 12 Appendix F

### 12.1 Ethical approval



UNIVERSITY OF LEEDS

Faculty of Medicine and Health Research Office  
School of Medicine Research Ethics Committee (SoMREC)

Room 10.111b, level 10  
Worsley Building  
Clarendon Way  
Leeds, LS2 9NL  
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18 April 2016

Mark Norburn  
Doctorate in Clinical Psychology  
Leeds Institute of Health Sciences,  
The University of Leeds  
Charles Thackrah Building,  
101 Clarendon Road  
LEEDS LS2 9LJ

Dear Mark

Ref no: **MREC15-069**

Title: **A window into Supervision: Perspectives from Supervisors and their Trainees**

Your research application has been reviewed by the School of Medicine Ethics Committee (SoMREC) and we can confirm that ethics approval is granted based on the following documentation received from you and subject to the following conditions being fulfilled *prior to the research commencing*:

- Evidence of R&D opinion must be submitted
- Evidence of organisational managerial permission must be submitted

Document	Version	Date Submitted
Ethics application_response V2 21 03 16	2.0	21/03/2016
Appendix one Recruitment process and interview protocol V2	2.0	21/03/2016
Appendix two Participant information document V2	2.0	21/03/2016
Appendix three Consent form V2	2.0	21/03./2016
Appendix four Admin team email V1	1.0	21/03/2016
Appendix five Risk assessment form V2	2.0	21/03/2016

Please notify the committee if you intend to make any amendments to the original research ethics application or documentation. All changes must receive ethics approval prior to implementation. Please contact the Faculty Research Ethics Administrator for further information ([fmhuniethics@leeds.ac.uk](mailto:fmhuniethics@leeds.ac.uk))

Ethics approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The committee takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

*Please note:* You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, and other documents relating to the study. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

## 13 Appendix G

### 13.1 Extract from research diary

SP1/TP1 – 18<sup>th</sup> August 2016

I was feeling anxious and nervous before both interviews wondering if I was going to ask the right questions to elicit as good a response as possible so we could start to access some of the conscious yet unspoken thoughts/feelings and sensations from each participant.

It was easier to ask questions and generate discussion with TP1 because it was about their experience/thoughts/feelings directly and not someone else's – why else might this be the case?

- (1) How did I differ between my interactions of TP1 and SP1? Issues of power, gender, experience, setting,
- (2) TP1 is a peer albeit in a different year group. This makes us a relatively homogenous group. How did this impact on how I interacted with her compared with her supervisor ( who was someone vastly experienced and already qualified : someone who I aspire to be like?).

I remember feeling a little in awe of SP1 especially when she was focusing her attention on her responses/presentation rather than that of the trainee's. A little nervous to re-direct her attention back to what might have been going on for the trainee. SP1's responses became more reflective as the interview went on. She stopped the recording at various points – (1) To express what she was intending to do/generate the TP's wider perspective, becoming the internal supervisor, more aware of parallel processes.

It was clear that the quality of the supervisory relationship will influence how open the TP is to saying "I don't know what I'm doing here", and the provision of a safe base was central to her being open and engaging with different perspectives that ultimately helped to contribute to new thinking.

I repeated/summarised a lot of what both Ps were saying – this was more to do with not knowing what to ask or say at specific points. This leads me to consider whether I was doing the research to or with both participants. My mind was focused sharply on the exploration of process(es) and I tried to adopt a person centred approach – regular summaries and repeating back in an effort to influence the participants to reflect on their experiences. It is difficult to say whether I was entirely objective with this goal, as process(es) are after all the focus of the research. Did I adopt an expert role? My perception of the trainee was that we were equals. However, this was not the case in my relationship with the supervisor, I felt very much that she was superior; almost supervisor and I wanted to cause a good impression with her. This echoes my position as a trainee, constantly being evaluated and assessed. I think a likely impact of this was to ask fewer questions – less direct and exploratory; thereby taking us further away from as an accurate representation of the processes that lead to a shift in thinking by the trainee; at least from a supervisor's perspective.

# 14 Appendix H

## 14.1 Extract from open coding

TP4 - example of open coding

Appendix H - Theme One

30  
 31 **P:** at this point, I think I was more concerned. It dawned on me in  
 32 supervision that I'd kind of gone off on my own tangent! beginnings of self-doubt  
 33 Not aware of this clinical decision: prior to supervision  
 34 **I:** okay! UN-certain  
 35 Some confusion?  
 36 **P:** and just come up with my own intervention, gone and  
 37 delivered it and hadn't ran any of this past [supervisor] at all - not: checked for validation  
 38 UN-certain UN-clear  
 39 **I:** okay out of the blue  
 40 self-doubt (thoughts @ time of supervision) self-doubt - being judged.  
 41 **P:** so then it suddenly occurred to me, 'oh God, what if she says  
 42 to me that wasn't the right thing to do.' Or ... Reverts Affective state anxiety  
 43 anxiety about being wrong, judged negatively by supervisor  
 44 **I:** right self-doubt  
 45 not 100% sure \* anxiety self-doubt fluid process state self-doubt UN-sure  
 46 **P:** .. so I think I was a bit anxious at this point cause um, with  
 47 this particular client, I'd just gone ahead and like organised family  
 48 sessions, which was the right thing to do but ... there's a point  
 49 later where we reflect on like my stage of training and how my  
 50 confidence in my own competence is clearly ... gone up cause I  
 51 would never have done that in first year growing confidence Still gone ahead and designed into  
 52 awareness of development recognition but unsure about it  
 53 **I:** okay. Yeah element of self-doubt  
 54 **P:** um - TP4: considering, reflecting, - thinking - internal supervisor and unsure  
 55  
 56  
 57 **I:** yeah  
 58

Researcher Reflexivity - minimal contribution - (narrative flow of TP4's Account)

\* Concerned with what Supervisor might say  
 \*\* Feeling anxious: being judged being wrong not thinking clinical decision through.