

THE UNIVERSITY OF HULL

**Supervisors' perspectives on their supervisory relationships:
a qualitative analysis**

being a Thesis submitted for the Degree of Doctor of Psychology

in the University of Hull

by

Sue Clohessy, BSc (Hons), MSc

May 2008

ABSTRACT

Aims: This study aims to explore supervisors' perspectives of their supervisory relationships (SRs) with trainee clinical psychologists, particularly the ways in which they enhance these relationships, and identify and resolve problems.

Design: A retrospective qualitative design was used, and clinical psychologists with experience of a range of SRs with trainees participated in the study.

Method: Twelve supervisors completed a semi-structured interview about their effective and ineffective SRs with trainees. The data was analysed using Grounded Theory.

Results: Three core categories were highlighted regarding the quality of the SR – contextual influences, the flow of supervision and core relational factors. Contextual influences, which influenced the development of the SR included the team or service context, the training course and individual factors the supervisor and trainee contribute to the relationship. The flow of supervision incorporated the supervisor's investment in the SR and the trainee's openness to learning. The core relational factors of the SR incorporated interpersonal connection, emotional tone and the degree of openness, honesty, safety and trust. The findings suggested a reciprocal relationship between the core relational factors, the supervisor's investment in the SR, and the trainee's openness to learning. Strains in the SR can occur in any of the three categories, and the findings suggest that the supervisor's investment in the SR and the trainee's openness to learning improve the chances of problems being resolved. A resolution cycle was highlighted which incorporated noticing the problem, gathering information, formulating and intervening.

Discussion: The findings are discussed in relation to relevant theory and research. The implications for future research, theory and training are highlighted.

CONTENTS

ABSTRACT	2
CONTENTS	4
ACKNOWLEDGEMENTS	7
1.0 Introduction	8
1.1 Overview	8
1.2 What is supervision?	8
1.2.1 Definition of supervision	8
1.2.2 Definitions of the supervisory relationship	9
1.2.3 Tasks and functions of supervision	9
1.2.3.1 Functions of supervision	10
1.2.3.2 Tasks of supervision	10
1.3 Professional context	11
1.4 Psychological theories relevant to supervision	13
1.4.1 Adult learning	13
1.4.2 Development of professional competence	17
1.4.2.1 The role of supervision in professional competence	19
1.4.3 Social influence theory	19
1.5 Models of supervision	21
1.5.1 Developmental models of supervision	22
1.5.2 Social role models	23
1.5.3 Systems Approach to Supervision (SAS).	24
1.6 The supervisory relationship (SR)	26
1.6.1 Attachment Theory	26
1.6.1.2 Attachment processes in the supervisory relationship	27
1.6.2 The therapeutic relationship	30
1.6.2.1 Definitions	30
1.6.2.2 The therapeutic relationship and treatment outcome.	30
1.6.2.3 Similarities and differences with the SR	32
1.7 Models of the SR	33
1.8 Outcomes of supervision	35
1.8.1 Client change	35
1.8.2 Developing competence and skill	37
1.8.3 Therapist self-efficacy	37
1.8.4 Methodological problems in the supervision literature	38
1.9 What supervisees value in supervision	39
1.10 Research into the SR	41
1.10.1 Supervisees' perspectives	41
1.10.2 Supervisors' perspectives	43
1.10.3 Difficulties in the SR	44
1.10.4 Role difficulties in the SR	47
1.10.5 Negative events in supervision	47
1.11 Summary and rationale.	51
1.12 Aims of the current study	53
1.13 Research Questions	53
2.0 METHOD	54

2.1 Overview	54
2.2 Design	54
2.3 Rationale for methodology	54
2.4 Position of researcher	55
2.5 Participants	56
2.5.1 Inclusion criteria	56
2.5.2 Exclusion criteria	56
2.6 Ethical considerations	56
2.6.1 Dual relationships	57
2.6.2 Informed Consent	57
2.6.3 Confidentiality	58
2.7 Procedure	58
2.7.1 Recruitment	58
2.7.2 Semi-structured interview	59
2.8 Data Analysis	60
2.8.1 Coding	61
2.8.1.1 Open coding	61
2.8.1.2 Axial coding	61
2.8.2 Theoretical sampling	62
2.8.3 Theoretical saturation	62
2.8.4 Memos	63
2.9 Quality standards	63
2.9.1 Owning one's own perspective	63
2.9.2 Situating the sample	64
2.9.3 Grounding in examples	64
2.9.4 Credibility checks	64
2.9.5 Coherence	65
2.9.6 Accomplishing general vs specific tasks	66
2.9.7 Resonating with readers	66
3.0 Results	67
3.1 Overview	67
3.2 Situating the sample	68
3.3 Coding	69
3.3.1 Open coding	69
3.3.2 Focused coding	70
3.3.3 Axial coding	71
3.3.4 Memo-writing	74
3.4 The findings	74
3.4.1 Contextual influences on the SR	74
3.4.1.1 Integrating with the team/service	74
3.4.1.2 Presence of the Course	77
3.4.1.3 What the supervisor and trainee bring	78
3.4.2 The flow of supervision	84
3.4.2.1 Supervisor's investment in the SR	85
3.4.3 Core relational factors	95
3.4.3.1 Interpersonal connection & emotional tone	95
3.4.3.2 Creating and maintaining safety and trust	98

3.4.3.3 Being open and honest	98
3.4.4 Problems and resolutions in the SR	100
3.4.4.1 Problems in the SR	100
Table 4 Problems in the SR	122
3.4.4.2 Attempts at resolving problems in the SR	123
Table 5 Attempts at resolving difficulties in the SR	123
3.4.5 Emergent theory on the supervisory relationship	131
3.4.5.1 The quality of the SR	131
3.4.5.2 Attempting to resolve difficulties in the SR	134
3.5 Credibility checks	137
3.5.1 Participant check	137
3.5.2 Professionals check	139
3.6 Personal reflections	140
4.0 DISCUSSION	143
4.1 Overview	143
4.2 Aims of the study	143
4.3 Summary of the findings	143
4.4 Methodological considerations	145
4.4.1 Sample	145
4.4.2 Design	149
4.4.3 Data analysis	151
4.4.4 Strengths	152
4.5 Interpretation of results	152
4.5.1 Findings in relation to literature on supervision and the SR	153
4.5.1.1 Contextual influences on supervision and the SR	153
4.5.1.2 The flow of supervision: investing in the SR and being open to learning	157
4.5.1.3 Core relational factors	162
4.5.1.4 Problems in the SR	170
4.6 Implications for theory, research and training	174
4.6.1 Implications for theory	174
4.6.2 Implications for future research	175
4.6.3 Implications for training	177
4.7 Conclusions	179
5.0 REFERENCES	181
APPENDICES	191
Appendix 1	192
Appendices 2-5 scrutinized by examiners and removed for reasons of confidentiality	193
Appendix 6	194
Appendix 7	198
Appendix 8	199
Appendix 9	202
Appendix 10	205
Appendix 11	212

ACKNOWLEDGEMENTS

My thanks to the participants who generously gave me their time and shared their experiences.

Thanks to Kerry Smith for helpful advice on the project and for commenting on drafts, to Ben Coren and Marianne Peedell for careful transcription of the data, and to my course team, and in particular Sue Llewellyn, for supporting this project.

My gratitude to Khadj Rouf, for helping me find my way through the analysis, and for being my companion on this journey.

And to Helen Beinart, who supervised this project, encouraged and inspired me, and taught me what being in a good supervisory relationship is all about.

And finally, thanks to Ian, Niamh and Aibhlinn for their support and patience.

This thesis is dedicated to my father, Robert Clohessy.

1.0 Introduction

1.1 Overview

This study explores supervisors' perspectives of their supervisory relationships (SRs) with trainee clinical psychologists, specifically how they enhance these relationships, and identify and resolve any difficulties. Key terms will be defined, and the tasks, functions and importance of supervision in the professional context of British clinical psychology will be described. Theoretical models which have been influential in conceptualising supervision and the SR will be presented, and the outcome literature on supervision will be discussed critically. The importance of the SR as an essential component to effective supervision will be emphasised, the research on what constitutes an effective SR, and the impact of problems in the relationship will then be discussed. It will be argued that there is a need to develop our understanding of the SR, particularly from the perspective of supervisors and that contributing to the small, but emerging literature on supervision in British clinical psychology is important, particularly in the current NHS context in which the supervisory role for clinical psychologists is likely to increase (British Psychological Society, BPS, 2007a). Finally, the aims and research questions of this study will be presented.

1.2 What is supervision?

1.2.1 Definition of supervision

Supervision is seen as a vital part of the training and practice of clinical psychology. Milne recently reviewed definitions of supervision and operationally defined it as "the formal provision by a senior/qualified health practitioner of an intensive relationship-based education and training, that is case focused, and

which supports, directs and guides the work of colleagues. The functions of supervision include quality control, maintaining and facilitating the supervisees' competence and capability and helping supervisees to work effectively" (Milne, 2007, p.440). Milne emphasises that supervision is relationship-based; definitions of the supervisory relationship follow.

1.2.2 Definitions of the supervisory relationship

Definitions of the SR vary. Holloway (1997) highlights that the SR is a formal, hierarchical relationship in which power and involvement are important elements. She suggests that the SR has a developing, mature and terminating phase. In the developing phase there is an emphasis on the clarification of roles and responsibilities; the mature phase is characterised by an increasing social bond between supervisor and supervisee, the relationship becomes less role-bound, and there is an increase in the supervisee's self-confidence and self-efficacy; the terminating phase is characterised by increased independence, and evaluation of the supervisee. Bordin (1983) adapts his definition of the therapeutic relationship and describes the SR as a working alliance – a collaboration for change that involves mutual agreement and understanding between supervisor and supervisee about the goals and tasks of supervision, and the development of an emotional bond between them.

1.2.3 Tasks and functions of supervision

Numerous functions and tasks of supervision have been identified in the literature, and vary according to a number of factors, including professional role, level of experience of the supervisee, and the theoretical model used in supervision. For example, supervising a trainee will differ from supervising a

qualified professional, as issues of clinical responsibility, evaluation and gate-keeping will be particularly pertinent.

1.2.3.1 Functions of supervision

Supervision serves a number of purposes. Inskipp and Proctor (1993) suggest that supervision has important formative (focusing on the learning needs of the supervisee), normative (the ethical responsibility the supervisor has towards client welfare), and restorative functions (focusing on the emotional consequences of the clinical work for the supervisee).

Holloway's Systems Approach to Supervision (SAS) model (Holloway, 1995) describes five functions of supervision:-

- Monitoring/ evaluation: making judgements about a supervisee's performance and competence, which may involve formal procedures.
- Instructing/advising: providing information to the supervisee through suggestions and advice.
- Modelling professional behaviour and good practice to the supervisee
- Consulting: exploring the opinions of the supervisee.
- Supporting and constructively confronting the supervisee about important issues.

1.2.3.2 Tasks of supervision

Numerous tasks of supervision have been identified. Carroll (1996) suggests that as supervision is relationship-based, establishing and maintaining the relationship is an important task. Developing a clear supervisory contract may help with this (Lawton, 2000). This can be defined as an agreement between the supervisor and supervisee about "the requirements of their agency contexts,

timing and frequency of contacts with each other, supervisory role-relationships and the purpose and process of supervision” (Scaife, 2001, p.52). Holloway (1995) highlights five tasks in supervision: counselling skills (including establishment of therapeutic relationships), case conceptualisation (linking theory with practice), professional role (including the ability to work ethically, develop appropriate professional relationships, and participate in the SR), emotional awareness (particularly of the emotional impact of the clinical work, and reactions to supervision), and finally, self evaluation (recognising one’s own limitations and ongoing learning needs). Holloway suggests that the tasks and functions of supervision are inter-related. The interaction of deciding what to teach (task) and how to teach it (function) is described by Holloway (1995) as the process of supervision.

1.3 Professional context

Supervision is viewed as making an important contribution to the development of therapeutic competence and professional identity in the training of mental health professionals (Watkins, 1997), and is a vital pre-requisite for psychotherapeutic practice (Roth & Fonagy, 1996). As has been previously highlighted, supervision has an important quality control function for health and social care professionals (Department of Health, 2001), and forms an important part of the professional practice guidelines of the Division of Clinical Psychology (DCP) (BPS, 1995). The DCP regard supervision as a “core clinical activity to ensure the delivery of effective and high quality services” (BPS, 2003, p.2). As well as receiving supervision, the DCP states that providing supervision should be seen as a core component of a clinical psychologist’s role. Clinical supervision is also of critical

importance to trainee clinical psychologists and is rated by them as a major source of stress, but also an important source of support (Cushway, 1992). The BPS provides guidance on all areas of continuing professional development (CPD), including supervision (BPS, 2002), and recently produced a policy document on supervision for qualified clinical psychologists (Green & Youngson, 2005). This policy recommended that all psychologists should have regular supervision (at least monthly) regardless of their stage of career, that all aspects of their work should be open to supervision, and those providing supervision should have adequate training and preparation for this role. Detailed supervision contracts should be negotiated and reviewed by supervisors and supervisees, and the outcomes of supervision should be evaluated regularly. Green and Youngson also outline the importance of the development of a beneficial supervisory relationship.

The recognition of the importance of supervision within the BPS has been reflected in the work of the Development and Recognition of Supervisory Skills (DROSS) a group of trainers and clinical psychologists committed to developing high quality supervisor training in the U.K. The DROSS group has developed a set of learning outcomes for introductory supervisor training (DROSS, 2005), and has been working with the BPS towards establishing supervisor accreditation. This work has expanded to incorporate other applied psychologists, and the working group is now known as Supervisor Training and Recognition (STAR). . Clinical supervision therefore is an important professional activity, both during and after training, and particularly so in the current NHS climate when clinical psychologists are likely to take on more supervision

responsibilities of other professionals, with the advent of Improving Access to Psychological Therapies (IAPT) (BPS, 2007a).

In summary, clinical supervision is a relationship-based, educative process and is important in the training and continuing professional development of clinical psychologists and other mental health professionals. There are numerous tasks and functions of supervision and these vary according to factors such as the professional role, experience and theoretical model of the supervisor and supervisee. Psychological theories which can help us to understand this important activity will be considered next.

1.4 Psychological theories relevant to supervision

There are a number of psychological theories which have influenced our understanding of supervision, and it is beyond the scope of this thesis to provide a comprehensive account of them all. However, some general theories and their relevance to supervision will be discussed, including adult learning, models of professional competence, and social influence theory, followed by theoretical models of supervision and the SR.

1.4.1 Adult learning

The supervisee's learning is central to supervision, hence theories of adult learning are of relevance. These theories acknowledge the individual as an active participant with the capacity to critically reflect on learning (Scaife, 2001). Adult learners bring with them experience, values, expectations and established styles of learning, as well as other demands on their time and resources (Scaife 2001). Mezirow (1985, cited in Scaife, 2001) describes three ways of acquiring knowledge. Instrumental learning, (involving predictions about relationships,

cause and effect, and factual information), dialogic learning (involving learning about moral issues and values for which there are no right or wrong answers), and self-reflective learning (learning constructed by the self in which new insights are developed, and the importance of the learner's culture and values is acknowledged). Scaife (2001) suggests that supervisors can promote these ways of acquiring knowledge in their supervisees through, for example modelling and encouraging observation (to promote instrumental learning); adopting an enquiring approach and acknowledging different perspectives (to promote dialogic and self-reflective learning). These latter ways of acquiring knowledge require a safe supervisory relationship because they involve open and honest discussion about values and ideals.

Binder and Strupp (1997) suggest that the concept of procedural knowledge (the application of theory and therapeutic principles to practice) is useful in considering the type of knowledge necessary for effective psychotherapeutic practice. Schon (1986) refers to this as 'knowledge-in-action', the skilful, spontaneous performance which is difficult to describe verbally to another. According to Binder and Strupp (1997), supervision is an important venue for bridging the gap between declarative (knowledge of the theories and principles important in psychotherapy) and procedural knowledge (these theories and principles in action). Schon (1986) also describes a particular sort of procedural knowledge, 'reflection-in-action', which incorporates on the spot appraisals, as well as strategies to guide action within a problem situation. Binder and Strupp (1997) suggest that 'reflection-in-action' is particularly important in

psychotherapeutic practice because it forms the basis of the ability to improvise in therapeutic situations in which standard principles don't apply.

Bennett-Levy (2006), also highlights the importance of reflection, and views it as an ongoing process important for therapist skill development. He describes a cognitive model of therapist skill development, the declarative-procedural system, in which there is a reflective information processing system, in addition to declarative and procedural knowledge systems. This is a short-term knowledge system which responds to issues which require either self reflection (on our internal world) or general reflection (e.g. on the effectiveness of particular therapeutic techniques). Supervision provides an opportunity for the reflective system to operate. According to Bennett-Levy, the therapist focuses attention on a problem, develops a mental representation of it, and a set of cognitive operations to resolve the issue. The "solution" is then returned to the declarative and/or procedural systems. He suggests that self-reflection (i.e. the ability to reflect on one's internal world) is particularly important in the development of the sophisticated interpersonal skills needed for establishing and maintaining therapeutic relationships. The provision of a safe SR is important in facilitating self-reflection, and without this, development of therapeutic interpersonal skills can be compromised by feelings of embarrassment and shame (Bennett-Levy, 2006).

Experiential learning theory has been influential in understanding the processes involved in adult learning, and in becoming a professional helper (Scaife, 2001). Scaife suggests that the key features of experiential learning are that learners are involved in examining and reflecting on their experience, and need to have

some independence from their teacher (particularly as the teacher cannot experience or reflect on the situation for the learner). The teacher (or supervisor in this context) can structure situations to provide learning opportunities for the learner to reflect on (Scaife, 2001). Again, the importance of a safe and supportive context is emphasised.

Kolb's (1984) experiential learning cycle has been influential in the literature on adult learning. Four stages are identified in the learning cycle, and the examples given below relate to a trainee clinical psychologist learning about CBT:-

- (1) concrete experience (e.g. trainee tries to design a behavioural experiment with their client and finds it difficult to engage the client in this process).
- (2) reflective observation (e.g. the supervisor invites the trainee to reflect on the difficulties of this experience in supervision).
- (3) abstract conceptualisation (e.g. a new understanding of the trainee's experience is reached – the client's fears about the consequences of the behavioural experiment were not fully explored).
- (4) testing implications of conceptualisation (e.g. the trainee explores the client's fears about the behavioural experiment in the next session)

Kolb suggests that the learner can repeatedly enter this cycle at any point, that the stages follow in sequence, and that some learners have preferred styles with consequent implications for supervision. Kolb's learning cycle provides a useful guide for the teacher or supervisor, and has been developed by Milne and James (2002) to reflect the complexity of supervision.

The literature on adult learning is of clear relevance to supervision and construes the learner as an active participant, and highlights the conditions which facilitate learning.

The broader literature on the development of professional competence will now be considered.

1.4.2 Development of professional competence

Clinical psychology training has changed in recent years from an experience based training (i.e. providing experience in a number of speciality areas) to one which focuses on the development of core competencies in a number of areas (BPS, 2007b & 2002). The core competencies identified by the BPS (2007b) are psychological assessment, formulation, intervention, evaluation and research, personal/professional skills and values, communication/ teaching and service delivery. In addition to these specific competencies, professional competence in clinical psychology involves an integration of knowledge with professional practice, and meta-knowledge, an ability to know what knowledge one has and what knowledge is still to be attained, and is ongoing throughout a psychologist's career (Beinart, in preparation).

There are numerous definitions of professional competence. Rodolfa, Bent, Eisman, Nelson, Rehm and Ritchie (2005, p. 348) define a competent professional as "qualified, capable, and able to understand and do certain things in an appropriate and effective manner" within accepted professional and ethical guidelines.

Skovholt and Ronnestad (1992) proposed a stage based model in the development of competence in therapists. The first stage involves intuitive

knowledge and skills the individual holds before training. Next is the transition and progression through training, involving the imitation of experts and increasing autonomy. Finally, there are stages of exploration, integration and individuation as the individual progresses from being newly qualified to a mature professional. Rodolfa *et al's.*, (2005) cube model of competency development identifies foundation competency (the knowledge, skills and values needed to function effectively) and functional competency (the building blocks of what psychologists do). This model is developmental and suggests that competencies are influenced by a variety of factors such as clinical population, service context and theoretical models used. The authors describe foundation competency as comprising of a number of different domains such as reflective practice, ethical standards and cultural diversity. These foundation competency domains are mostly taught in doctoral education programmes and set the scene for the acquisition of functional competency. The authors describe the domains of functional competency as, for example, assessment, formulation, intervention, consultation, research, supervision and management. They suggest that there are different stages of professional competence (doctoral training, internship, post-doctoral supervision and continuing competency). Although the cube model is comprehensive in its attempt to describe different aspects of competence, it is based on professional psychology in the U.S, which may limit its applicability to clinical psychology in the U.K, given the differences in training and service contexts. A further criticism of the models described is that the competencies are not fully specified in a way which enables the development of reliable and valid methods of assessment (e.g. Lichtenberg, Portnoy, Bebeau, Leigh, Nelson,

Rubin, Smith & Kaslow, 2007). The assessment of professional competency remains a challenge, given that we are better able to assess knowledge and to a lesser extent, skills, but our ability to assess critical professional attitudes is less advanced, and we do not have reliable methods to assess the integration of the knowledge, skills and attitudes which reflect competence (Lichtenberg *et al.*, 2007).

1.4.2.1 The role of supervision in professional competence

Supervision arguably has an important role to play in the development of professional competence (e.g. Watkins, 1997). It provides one of the contexts by which supervisees reflect on practice and learn, consider ethical dilemmas and the emotional impact of their work, as well as alternative perspectives on the clinical work they are involved in. It is intrinsic to our professional practice guidelines and the accreditation criteria for doctoral training courses and as such is seen as important in ensuring the development of competence during training and in continuing professional development, post-qualification. It is also important in career development as the professional progresses to becoming a supervisor themselves in addition to being a supervisee. It is hard to imagine the development and enhancement of professional competence without it.

1.4.3 Social influence theory

A number of theorists have adapted the concept of social influence to supervision. Strong (1968) initially looked at research on opinion change and cognitive dissonance theory and its applicability to change processes in counselling. He proposed a two stage interpersonal influence process; in the first stage counsellors establish themselves as credible (trustworthy and expert)

and attractive (so that the client likes the therapist, sees him/herself as similar to and compatible with the therapist), to enhance their ability to positively influence the client to implement changes in their lives (stage two). In the literature on the therapeutic relationship, perceived expertness of the therapist has been found to be particularly important. These factors have also been investigated in the supervision literature. For example, Heppner and Handley (1981) looked at supervisors' expertness, attractiveness and trustworthiness and their relationship to characteristics of supervision and outcome. They found that supervisor attractiveness and trustworthiness were positively related to trainee satisfaction with supervision. Carey, Williams and Wells (1988) looked at trainee counsellors perceptions of their supervisors' expertness, attractiveness and trustworthiness, and their supervisors' ratings of trainee performance. They found that trustworthiness was the most salient credibility factor in this study, and was significantly associated with trainee performance. The authors suggest that trustworthiness is important in the SR, particularly for those at the beginning of their training (as were the participants in this study), and it may be that other credibility factors (such as expertness and attractiveness) could be important for supervisees at different stages of their training. There are limitations of this study particularly in relation to generalisability (a small sample of masters degree level counsellors at the beginning of their training), the correlational design, and the lack of independent ratings of trainee performance. Ellis and Ladany (1997) have criticised the studies on social influence theory in supervision, particularly as social influence is a counselling construct and

supervision is inherently different from counselling because of its evaluative and often involuntary nature.

So far, a number of general psychological theories and their relevance to supervision and the SR have been considered. In summary, the literature on adult learning, the development of professional competence and social influence helps us to conceptualise the supervisee as an active participant in supervision, able to critically reflect on learning. The supervisor's role is to establish him/herself as a potential influence on the supervisee, and to provide learning opportunities in order to develop competence. A safe relationship provides an important context for this, and there is some provisional evidence that trustworthiness may also be an important factor. Models specific to supervision and the SR will be reviewed next.

1.5 Models of supervision

The earliest models of supervision were extensions of psychotherapy models (such as psychodynamic e.g. Eckstein & Wallerstein, 1972). However, as supervision is different from therapy, it has been argued that these models did not adequately reflect the complexity of supervision, and offered limited scope for further research (Bernard & Goodyear, 1998). A number of models were developed specifically for supervision, including developmental models (e.g. Stoltenberg, McNeill & Delworth 1998), social role models (e.g. Bernard, 1997) and the Systems Approach to Supervision (SAS) (Holloway, 1995), and these will be reviewed next.

1.5.1 Developmental models of supervision

These models are based on the premise that supervisees develop into competent practitioners through experience, and as such these models have substantial face validity (Scaife, 2001). The early developmental models were stage based, but were criticised because of a lack of attention to individual differences and the role of prior experience (Beinart, 2004). However, Stoltenberg *et al.*'s (1998) Integrated Developmental Model (IDM) acknowledges these individual differences. This model describes four stages of supervisee development, within three over-riding structures (self and other awareness, motivation and autonomy) across specific domains of professional practice (e.g. assessment, professional ethics). These four stages of development are dependence (level 1 supervisees are motivated, but anxious and dependent on their supervisors. Their focus is predominantly on the self and the acquisition of clinical skills); dependency-autonomy conflicts (level 2 supervisees are able to focus on the client, but levels of motivation and autonomy may vary; the supervisee may alternate between feeling overwhelmed and over-confident); conditional dependency (level 3 supervisees are able to focus on process issues, and have greater self confidence and consistency in their motivation and clinical work); and master professional (the final stage characterised by autonomy, good insight and an ability to confront personal and professional issues). The IDM acknowledges that the developmental level of the supervisee will vary across domains of professional practice, for example, a supervisee may operate at level 1 in one domain but level 2 on another. Correspondingly, the

supervisors' tasks will vary depending on the developmental level of the supervisee in a particular area.

Despite their face validity, criticisms of the developmental models include a lack of detail as to how supervisees' progress from one level to another (Frost, 2004) and there is not as yet a convincing evidence base for them. There are numerous methodological problems with much of the research on the developmental models (including a lack of longitudinal designs) which makes drawing firm conclusions problematic (Ellis & Ladany, 1997). There is some evidence however, that supervisees' may increase in autonomy with experience, and that beginning supervisees may need more structure in supervision (Ellis & Ladany, 1997), although some researchers have found that structured supervision may be required by supervisees' experiencing a clinical crisis, irrespective of level of experience (Tracey, Ellikson & Sherry 1989).

1.5.2 Social role models

Social role models are based on the assumption that supervisors take on a number of roles in supervision to promote supervisee learning. These roles establish beliefs, expectations and attitudes about the functions of supervision. There are a number of social role models, but the most comprehensive is Bernard's (1997) Discrimination Model of supervision. This model is called the discrimination model to reflect the supervisor's need to respond to the individual training needs of the supervisee. There are three foci of supervision: process (important therapy skills such as engaging clients), conceptualisation (linking theory and practice) and personalisation (e.g. containing emotional reactions to therapy). The model suggests that there are also three roles the supervisor may

take: teacher, therapist and consultant, so within any supervision session there are nine choices for supervisory intervention.

One of the strengths of the discrimination model is that it can be used to inform supervision, regardless of the theoretical orientation of the supervisor and supervisee. However, there is little research to date to support the model, although there is some evidence that these roles occur and are recognisable to both supervisees and supervisors (e.g. Ellis, Dell & Good, 1988). The model has also been criticised because it potentially over-simplifies a complex activity and does not account for how these roles form, or for the impact of the supervisory relationship on them (Beinart, 2004).

1.5.3 Systems Approach to Supervision (SAS).

The SAS model (Holloway, 1995) places developmental and social role factors within the context of a supervisory relationship, which is influenced by a wide range of contextual factors. The SR is at the centre of the model, and will be discussed in more detail later (see section 1.7). According to Holloway, all elements of the model influence each other in a dynamic process. The tasks and functions of supervision within the model have already been described (see section 1.2.3). Contextual factors influence the SR; those relevant to the supervisor include their prior professional experience, theoretical orientation, cultural factors and their expectations regarding the roles of the supervisee and supervisor. Supervisee contextual factors include previous experience of supervision, theoretical orientation, cultural factors, learning needs and preferences. Client contextual factors include diagnosis and the therapeutic

relationship. Contextual factors of the institution include professional context (ethics and standards), the organisational structure and political climate.

Advantages of the SAS model include its applicability in analysing and understanding a particular episode of supervision, and its comprehensive account of the multiple influences on this activity. Holloway developed the model on the basis of existing evidence, including research on social influence theory described earlier, but there is no research as yet which evaluates the whole model (Beinart, 2004). The role of the SR as described by the SAS will be discussed later.

In summary, none of the models of supervision described has been supported by a strong evidence base (Ellis & Ladany, 1997, Beinart, 2004). Some authors suggest that regardless of the model of supervision used, the SR is of paramount importance in the change process in supervision (Ladany, Ellis & Friedlander, 1999). The research literature in this area (which will be reviewed later), highlights the SR as a key factor in determining the quality of supervision (Worthen & McNeill, 1996). Most of the models of supervision reviewed (with the exception of the SAS model) presume a good SR without explicitly describing what this consists of. Ellis and Ladany (1997) suggest that developing our understanding of the unique characteristics of the SR is key to developing our understanding of the supervisory relationship. There are a number of existing theories which have been used in conceptualising the SR. Attachment theory will be discussed, followed by a summary of the literature on the therapeutic relationship, and finally, specific models of the SR will be described.

1.6 The supervisory relationship (SR)

1.6.1 Attachment Theory

A small body of literature (e.g. Watkins, 1995, Pistole & Watkins, 1995) has used attachment theory to understand processes in supervision, and in particular, the supervisory relationship. The basis of attachment theory (Bowlby, 1979) is that a child will form attachments with care-givers early in life, and there is a normative tendency for proximity in these relationships because they provide protection and security, and a safe base from which to explore the world. The child experiences distress when proximity to the caregiver is compromised, and will engage in attachment behaviour to maintain proximity. Bowlby suggested that as a result of the child's attachment experiences s/he will develop internal working models about themselves (for example, as loveable and worthy of care) and others (as trustworthy and reliable), which will influence how they perceive and experience future relationships. In this way, attachment influences an individual's relationships throughout their life span (Bowlby, 1979). Ainsworth, Blehar, Waters and Wall(1978 cited in White & Queener, 2003) developed attachment theory to describe different attachment styles, based on experiences in childhood. If these early relationships are poor, and characterised by rejection or over-involvement, then pathological attachment behaviour patterns develop, namely, compulsive self-reliance, compulsive care-giving, and compulsive care-seeking. Compulsive self-reliance is characterised by excessive avoidance and distancing, being self reliant and fearful of others. This pattern of attachment behaviour has been identified in some of the supervision literature (e.g. Watkins, 1995), and will be discussed later.

Compulsive care-giving is characterised by an unwillingness to receive care and occupying a care giving role. Finally, compulsive care-seeking is characterised by an excessive reliance on attachment figures, and angry withdrawal if the attachment figure is not available.

1.6.1.2 Attachment processes in the supervisory relationship

According to some authors (e.g. Pistole and Watkins, 1995) the supervisory relationship can incorporate elements of other important relationships, and therefore can elicit attachment responses. Supervisors can function as a secure, safe base in the supervisory relationship from which supervisees can explore and develop their skills and professional identity. According to Pistole and Watkins (1995) an attachment bond can sometimes form between supervisor and supervisee, or elements of attachment relationships (such as safety and security) can be reflected within the SR. Consistency and dependability are important aspects of the safe supervisory base. Attachment initially involves close monitoring and involvement by the supervisor in the SR, particularly at the beginning of the relationship. As the supervisee develops in skills and confidence, Pistole and Watkins (1995) suggest that they need less involvement and monitoring. They suggest that supervisors can establish a secure supervisory base by being available, consistent, responsive and flexible. Watkins (1995) suggests that most supervisees have attachment styles which are fundamentally secure in nature, even if there may be anxious, ambivalent or avoidant elements within those styles. However, sometimes insecure attachment processes can be triggered in the supervisory relationship despite the supervisors' best efforts at providing a safe environment. Watkins (1995)

suggests that insecure attachment processes may be present in the SR, if the supervisor notices a lack of progress in supervision or experiences strong negative emotions. There seems to be an important role for supervisors' own supervision in making sense of these processes in supervision. If the supervisee has a negative attachment style, this not only has implications for the SR, but potentially for the supervisee's therapeutic relationships with clients.

Although Watkins and Pistole have contributed some interesting insights into how attachment theory could be applied to supervision and the SR, they focused on the supervisee as the contributor of unhelpful attachment responses in the relationship. As the SR is a dyadic relationship, it is also important to consider the role of the supervisor, and recent research in the U.S has produced some interesting results.

White and Queener (2003) surveyed 67 supervisory dyads from three U.S. University programmes, to investigate the individual characteristics of both supervisor and supervisee which predict the supervisory working alliance. They focused on characteristics associated with personal well-being, in particular the ability to make adult attachments and the quality of social support (social provisions), which have been found to relate to the counselling working alliance (Moras & Strupp, 1982, cited in White & Queener, 2003). Participants completed the Supervisory Working Alliance Inventory (SWAI) (Efstation, Patton & Kardash 1990), the Social Provisions Inventory (Cutrona & Russell 1987), the Adult Attachment Scale (Collins & Read, 1990) and a demographic questionnaire. The authors found that the *supervisors'* (rather than the supervisees') ability to make adult attachments and the quality of their social support network was predictive

of both the supervisors' and supervisees' perceptions of the working alliance. In other words, a significant proportion of the supervisory working alliance was predicted by the supervisors' ability to form close relationships on which they can depend. The authors suggest that most models of supervision do not consider the individual characteristics of the supervisor and supervisee and their ability to develop healthy relationships, and that developing our understanding of these factors and their impact on the SR is important. There are limitations to this study in terms of generalisability (a U.S. study of mostly female masters level counselling students) and as this was a correlational study, causal inferences cannot be made.

In another U.S. study, Riggs and Bretz (2006) explored attachment processes on the supervisory relationship by surveying 86 experienced clinical and counselling psychology trainees. Participants completed a number of measures relating to their current or most recent SR. Supervisors were not included in this study, and only participants' *perceptions* of their supervisors' attachment styles were assessed. The authors found that the supervisees' perception of the supervisors' attachment style had the most direct impact on the supervisory alliance. Once again, generalisability of these findings to U.K clinical psychology is questionable and the omission of supervisors from this study is another important limitation.

Although the literature on attachment processes in the SR is small, it provides an additional perspective on our understanding of the SR, the importance of the individual characteristics which both the supervisee and the supervisor bring to

the relationship, and the impact this may have on the development of their working alliance.

Literature on the therapeutic relationship has also been used to understand the SR, and this will be reviewed next.

1.6.2 The therapeutic relationship

Much of the literature on the supervisory relationship has drawn on research and models of the therapeutic relationship (e.g. Bordin, 1979). A brief summary follows, but as this is a large field, the reader is referred to Norcross (2002) for an extensive discussion of this area.

1.6.2.1 Definitions

Most of our current thinking on the therapeutic relationship has been influenced by Bordin (1979, 1994) who conceptualised the therapeutic alliance as consisting of an agreement on the goals and tasks of therapy, and the development of an emotional bond between the therapist and client.

1.6.2.2 The therapeutic relationship and treatment outcome.

There is a large body of research on the factors associated with treatment outcome. Lambert and Barley (2002) reviewed the comparative importance of a number of variables on treatment outcome and found that 15% of outcome is due to expectancy effects (i.e. placebo effects), 15% is due to therapeutic techniques, 30% is due to common factors (factors which predominantly relate to the therapeutic relationship such as warmth and empathy) and 40% is due to extra-therapeutic change (e.g. spontaneous remission, social support). There is a general consensus in the literature that the therapeutic relationship is central to good outcome (e.g. Norcross, 2002). This is not to suggest that therapeutic

techniques are irrelevant - there is an important relationship between techniques and the therapeutic relationship. Some authors (e.g. DeRubeis, Brotman & Gibbons 2005) suggest that in some treatments (such as CBT) therapeutic techniques are extremely important, and that a good therapeutic alliance may be the *result* of good outcome. However, it may be artificial to separate out therapeutic technique and relational factors in this way, in that effective use of technique cannot be carried out without a sound therapeutic relationship - one does not exist without the other in effective treatment (Hardy , Cahill & Barkham 2007). However, in the current climate of evidence-based treatments for specific disorders, it is important not to overlook the importance of the therapeutic relationship and its contribution to client change (Lambert & Barley 2002).

There are a number of factors which contribute to the therapeutic relationship including therapist variables (e.g. interpersonal style, credibility), facilitative conditions (empathy, warmth and positive regard), and the therapeutic alliance (the tasks, bonds and goals of the relationship).

Hovarth and Bedi (2002) suggest that the therapeutic relationship is also influenced by the past relationships of both the client and therapist. Once again, attachment theory has been of interest in this area. Eames and Roth (2000) found that fearful, anxious, dismissive and preoccupied attachment styles were associated with poor initial alliances. Hovarth and Bedi suggest that an understanding of both the alliance and the historical elements which the client and therapist bring may provide a useful model of the therapeutic relationship.

Hardy *et al.*, (2007) suggest that early on in therapy it is important to build positive expectations, a sense of hope, and to facilitate the client's motivation for

change. Developing and maintaining the relationship is also clearly important, which is facilitated by positive feedback. However, it is likely that difficulties in the alliance will arise (Katzow & Safran, 2007), and it is important that these problems are identified and resolved. Hardy *et al.*, (2007) summarise potential threats to the relationship as comprising of therapist factors (e.g. imposing their own values on the client, being inflexible), client factors (e.g. hiding negative feelings about treatment or the therapist) and relationship factors (e.g. misunderstandings about the goals and tasks of therapy). Safran and Muran (1996) developed a model of rupture resolution in therapy. They suggest it is important to attend to the rupture marker, explore the rupture experience with the client, and any avoidance of emotions. Finally, this leads to the emergence of a wish or need which can inform therapy.

In summary, the literature on the therapeutic relationship suggests that it is an important variable in treatment outcome, and is influenced by historical elements which both parties bring to the relationship. Establishing an effective alliance early in treatment is important, and if difficulties arise, it is important that they are identified and explored if therapy is to be effective.

1.6.2.3 Similarities and differences with the SR

The literature on the therapeutic relationship is extensive, and it is easy to see why this literature has been used in informing our understanding of the SR.

There are many commonalities between the SR and the therapeutic alliance such as a power differential, different roles and responsibilities for the parties involved, the importance of shared goals and the benefits of a collaborative stance. Indeed the concept of parallel process has been used to describe the

process by which the dynamics of the therapeutic relationship between client and supervisee, are reflected in the dynamics of the supervisory relationship (e.g. Hawkins & Shohet, 2004). Despite the similarities and parallels between the SR and the therapeutic relationship, there are also important differences, namely that the SR is often involuntary, educative and evaluative (Ladany *et al.*, 2005). Therefore, it is important not to treat them as equivalent constructs, and to develop our understanding of the unique properties of the SR (Ellis & Ladany, 1997).

Models of the SR will be reviewed next.

1.7 Models of the SR

In Holloway's (1995) SAS model, the SR is conceptualised as comprising three elements – interpersonal structure, phase of the relationship and the supervisory contract. The interpersonal structure of the relationship relates to the histories and characteristics of supervisor and supervisee which influence the SR, and includes elements of power and involvement. The phase of the relationship reflects the development from a formal to informal interpersonal relationship and the extent to which the SR becomes individualised and less role bound as it develops, allowing for greater influence. The supervisory contract includes the expectations of supervisor and supervisee of the tasks and functions of supervision, and the negotiation of the parameters of the SR. There is some evidence for aspects of Holloway's conceptualisation of the SR. Holloway and Poulin (1995) found that the structure of the SR has hierarchical elements and there is also evidence that social influence factors may have an impact on the supervisors' perceptions of the supervisee (Carey *et al.*, 1988).

Bordin (1983) adapted his model of the therapeutic alliance and conceptualises the supervisory relationship as a working alliance – a collaboration for change comprising of three aspects:-

- Mutual agreement and understanding regarding the goals of supervision.
- Mutual agreement and understanding regarding the tasks of the supervisee and supervisor (e.g. the supervisor provides feedback on performance, and the supervisee selects the issues for discussion).
- The emotional bond between the supervisor and supervisee (which depends on factors such as how much time is spent together, mutual liking and level of trust).

Bordin's model of the Supervisory Working Alliance (SWA) has led to the development of measures to assess the SR which has enabled researchers to explore the impact of the SWA. For example, Ladany *et al.*, (1999) found that high levels of the 'bond' component of the SWA correlated with supervisee satisfaction with supervision. Efstation *et al.*, (1990) found that supervisory style (interpersonal sensitivity, attractiveness and task-focused) and supervisee self-efficacy were related to the supervisory working alliance. However, there are different measures of the SWA, which measure different concepts (Palomo, 2004), and Efstation *et al.*'s Supervisory Working Alliance Inventory has been heavily criticised by Ellis and Ladany (1997) for its psychometric properties.

Bordin's model has also been criticised for disregarding the role of evaluation in the SR (Ladany *et al.*, 1999), and it does not take into account the influence of

contextual factors, including the relationship histories of the supervisor and supervisee. Research into the SR will be reviewed in section 1.9.

1.8 Outcomes of supervision

So far theoretical models which have informed our knowledge of supervision and the SR have been considered. Given that supervision is an important professional activity, considering its effectiveness is of relevance. Effective supervision can be reflected in a number of ways, such as positive client change (Ellis & Ladany, 1997), skill development in the supervisee, changes in therapist behaviour in therapy (Wampold & Holloway, 1997), supervisee self efficacy (Wheeler & Richards, 2007) or supervisee self-report on the quality and impact of supervision (Lehrman-Waterman & Ladany, 2001). However, attributing change in these areas to supervision and effectively measuring such changes is complex (Wampold & Holloway, 1997). A brief summary of the outcome literature on supervision will now be discussed.

1.8.1 Client change

Only a few studies have looked at the impact of supervision on client outcome. Steinhelber, Patterson, Cliffe and LeGoullon (1984) found that attendance at therapy sessions was significantly related to the amount of supervision received, and clients made significantly greater improvement when there was congruence between their therapist's theoretical orientation and that of the therapist's supervisor. Dodenhoff (1981) found that supervisors' use of direct instructions in supervision, such as giving an opinion, constructive feedback and providing information was positively related to trainee effectiveness and client outcome, as rated by the supervisor. However, supervisors' rating of client outcome differed

from other ratings (e.g. that of the supervisee), and so it is questionable as to the extent to which it can be viewed as a reliable assessment of outcome.

In perhaps the most comprehensive supervision outcome study to date, Bambling, King, Raue, Schweitzer and Lambert. (2006) looked at the influence of clinical supervision on client working alliance and symptom reduction in the treatment of depression. Clients were randomly assigned to either a supervised or unsupervised therapist to receive 8 sessions of problem-solving treatment (Mynors-Wallis & Gath, 1997). Supervised therapists were randomly assigned to a supervision group. Alliance process-focused supervision addressed the therapist's sensitivity to the therapeutic relationship. Alliance skill-focused supervision focused on the development of therapeutic skills thought to enhance the alliance. All therapists in the supervised groups had a pre-treatment meeting in which the supervision model was discussed, emphasising early alliance management and specific client characteristics and history. Bambling and colleagues found significant improvements for both supervised groups across a range of outcome measures. Interestingly, there were no differences between the supervision groups so it is difficult to specify the mechanism by which supervision influenced treatment outcome. The authors noted that it was difficult to separate out the impact of the initial pre-treatment supervision session from the regular supervision sessions given throughout treatment, and to know whether a single pre-treatment session would be enough to produce the effects found in the study. Further criticisms of the study include the possibility of positive expectancy and the potential for increased motivation of therapists receiving supervision.

1.8.2 Developing competence and skill

A number of studies have looked at the impact of supervision on the competence and skill development of the supervisee. For example, Borders (1990) reviewed supervisees' perceptions of their own development, and found that they perceived themselves as applying their skills and knowledge more consistently as a result of supervision. Beck (1986) found that therapists who did not receive supervision following training in cognitive therapy showed deterioration in skills to pre-training levels. Worthen and McNeill (1996) carried out a qualitative study exploring counselling psychology trainees' experiences of good supervision events and found that supervision had a positive impact on supervisee's perceived ability to conceptualise and intervene with clients. They highlighted that the "most pivotal and crucial component of a good supervision experience...was the quality of the supervisory relationship" (Worthen & McNeill, 1996, p.29). They suggested that when supervisees felt safe and supported, they were more receptive to their supervisors' suggestions and were more able to participate actively in supervision.

1.8.3 Therapist self-efficacy

Self efficacy (Bandura, 1982) refers to an individual's confidence and belief in their own ability, and influences how much they use a particular skill. Some researchers have highlighted this concept as a potential important outcome in supervision. Efstation *et al.*, (1990) in their development of the SWAI found that rapport with supervisor, attractiveness of supervisor and task centred supervision were significantly correlated with supervisee self efficacy. Evaluation is an important aspect of supervision, and effective evaluation practices by

supervisors have been found to be related to positive supervision outcome. Leherman-Waterman and Ladany (2001) in developing the Evaluation Process Within Supervision Inventory (EPSI) found that effective evaluation practices were associated with stronger perception of supervisor influence and self-efficacy. Effective evaluation also predicted a stronger working alliance between supervisor and supervisee.

1.8.4 Methodological problems in the supervision literature

Many of the reviews of the literature in this area are very critical of the research on supervision because of methodological weaknesses in many of the studies (e.g. Ellis, Ladany, Krenzel & Schult 1996) and have advised against relying on the current literature to guide good practice (Ellis & Ladany, 1997). A full discussion of these issues is beyond the scope of this thesis, and the reader is referred to a number of review papers (e.g. Holloway & Neufeldt, 1995, Ellis *et al.*, 1996, Spence *et al.*, 2001, Wheeler & Richards, 2007). In summary, the criticisms of the literature include small sample sizes, inadequate statistical power, lack of comparison groups (Ellis *et al.*, 1996), use of analogue situations and student trainees (thus limiting the generalisability of results to other populations), use of measures with poor reliability and validity, and reliance on single sources of outcome information in many of the studies (Spence *et al.*, 2001), and difficulties in defining and measuring effective supervision. It is also important to note that the majority of the current supervision literature is based on U.S research on psychotherapists and counsellors, which may have implications regarding how applicable the findings are to Clinical Psychologists in the U.K, working predominantly in the NHS (Green & Youngson, 2005).

Although there is an emerging literature on clinical psychology in the U.K (e.g. Milne & James, 2000, Green, 1998) there is a need to develop this further. Although there have been difficulties in defining and measuring effective supervision, there has been an increasing acknowledgement that the SR is crucial to successful supervision (e.g. Ellis & Ladany, 1997, Worthen & McNeill, 1996). The research suggests a good SR is linked to a number of supervision outcome variables including effective evaluation practices (Lehrman-Waterman & Ladany, 2001) self-efficacy (Efstation *et al.*, 1990) and supervisee satisfaction with supervision (Ladany *et al.*, 1999). A strong emotional bond (characterised by mutual liking, trust and respect) between the supervisor and supervisee is seen by some authors as the “keystone of the supervisory alliance” (Ladany, Friedlander & Nelson 2005, p.13) and can determine the extent to which the supervisor can stretch and challenge their trainee, and therefore promote their learning. It has been suggested by some authors that just as therapeutic outcome is related to the therapeutic relationship (e.g. Norcross, 2002) supervision outcome may also be related to the quality of the SR (Ladany *et al.*, 1999). However, as discussed earlier there are important differences between the therapeutic relationship and the SR, and if we are to develop a full understanding of supervision, it is important that we refine our knowledge about the unique qualities of the SR (Ellis & Ladany, 1997).

1.9 What supervisees value in supervision

There has been a great deal of research on what supervisees report they value and need in supervision. A number of factors identified by supervisees as beneficial in supervision can be seen as promoting a good SR. Spence, Wilson,

Kavanagh, Strong and Worrall (2001) summarised the research in this area, and highlighted positive characteristics of supervisors such as, empathy, enthusiasm, availability, flexibility, and supervisory interventions, such as negotiating a supervision contract, focusing on specific examples of clinical activities and specific skills, and providing constructive feedback as important. The qualities of supervision which were negatively regarded by supervisees included vague and unclear guidance or feedback, unrealistic goals, avoidance of challenging issues, being overly critical, inattentive and not respecting supervision boundaries (Spence *et al.*, 2001).

Allen, Szollos and Williams (1986) conducted a questionnaire study of clinical and counselling psychology trainees' perceptions of their best and worst supervision experiences. Perceived trustworthiness and expertise of the supervisor were among the best discriminators of the quality of their supervision. In a U.K qualitative study, Green (1998) used a critical incident approach to explore helpful incidents in supervision from the perspective of trainee clinical psychologists. Videotapes of supervision, and focus groups in which final year trainees described their experiences in supervision were analysed using Interpersonal Process Recall (McQuellon, 1982). Green (1998) described five factors which contributed to effective supervision: promoting the experiential learning cycle, developing a strong supervisory alliance, accepting the 'sapiential authority' (the seniority and experience) of the supervisor, appropriate timing of supervisory interventions and working in a context which promotes good practice. Characteristics such as special knowledge, credibility and integrity were identified by trainees as characteristics of influential supervisors.

Green likened these characteristics to trustworthiness. In a study of U.K clinical psychology trainees, helpful supervisors were found to be supportive, respectful, valuing and had confidence in the trainee. They attended to aspects of supervision such as monitoring, teaching and practicalities and were prepared to have a dialogue about supervision (Hitchen, Gurney-Smith & King, 1997).

1.10 Research into the SR

1.10.1 Supervisees' perspectives

Beinart (2002) developed a grounded theory of effective supervisory relationships from the perspectives of supervisees in a sample of U.K trainee and newly qualified clinical psychologists. This was a postal questionnaire study, and participants described SRs which had contributed most and least to their therapeutic effectiveness. Qualities seen as “necessary” in providing a framework within which the relationship developed included boundaried, supportive, open, respectful and committed. The presence of these qualities facilitated the process of the SR which was characterised as sensitive to needs, collaborative, educative and evaluative. This was a useful, but modest study, with a 33% response rate. It relied on analysis of written responses to open ended questions, which did not allow for follow up exploration, and it could be argued that this may have limited the qualitative analysis. However, this study is a useful addition, both to the literature on supervision in U.K clinical psychology, and the supervisory relationship. In another U.K study, Palomo (2004) used Beinart’s research to develop a measure of the SR, (the Supervisory Relationship Questionnaire, SRQ). This was a postal questionnaire with a large sample of British clinical psychology trainees and six components of the SR

were identified. 'Safe base' (feeling supported, valued and respected by their supervisor and safe to explore difficult issues), 'commitment' (the supervisor's commitment and enthusiasm for supervision, and their perceived interest in the trainee) and 'structure' (the boundaries around supervision) reflected the facilitative aspects of the relationship. Components reflecting the educative and evaluative functions of supervision were 'reflective education' (the supervisor's ability to make theory-practice links, draw from a range of models and reflect on the process of supervision), 'role model' (the supervisor as knowledgeable, skilled and respected) and 'formative feedback' (the supervisor's ability to give helpful feedback to advance the trainee's skills). Safe base emerged as the most significant factor predicting most of the variance in this study. Palomo suggested that the provision of a safe base and commitment to the SR enabled the educative and evaluative functions of supervision to take place. The SRQ demonstrated good reliability and validity, and is a useful addition to the literature. However, the limitations of the study are its reliance on retrospective recall, the self-selection of the sample, and the exclusion of first year trainees (which may have implications for the generalisability of results).

Beinart's and Palomo's research supports other findings in the field. In Worthen and McNeill's (1996) study, good supervisory relationships were characterised by an empathic, non-judgemental attitude and provided an environment in which supervisees were validated and encouraged to be open and re-label their therapeutic mistakes as learning experiences. Falender and Shafranske (2004), in their summary of the literature in this area, suggest that a good SR consists of facilitating attitudes, behaviours and practices including, for example, a sense of

teamwork, approachability and attentiveness (Henderson, Cawyer, Stringer & Watkins 1999), empathy, encouragement of disclosures by supervisees (Worthen & McNeill, 1996), and supervisors' sensitivity to the developmental level of the supervisee (e.g. Magnuson, Wilcoxon & Norem 2000).

1.10.2 Supervisors' perspectives

Much of the recent research on the SR has been from the perspective of supervisees (e.g. Beinart, 2002, Palomo, 2004) and as they are the consumers of supervision, their views are undoubtedly important. However, the SR is dyadic, and there is a need to establish supervisors' perspectives on SRs (e.g. Beinart, 2002, Worthen & McNeill, 1996), particularly as they hold much of the power and responsibility in supervision. Just as supervisees' own needs and assumptions impact on the SR, so supervisors will bring their own needs and assumptions to the supervisory alliance (Lawton, 2000). Understanding the qualities which supervisors value in supervisees is an important part of understanding what makes SRs work well. Henderson *et al.*, (1999) identified factors associated with supervisees which were viewed as important, including an ability to integrate learning, an understanding of their emotional response to the client, flexibility, ethical principles and an ability to form relationships with clients, peers and supervisors.

In a qualitative study, Frost (2004) looked at the experiences of both trainee clinical psychologists and their supervisors as their relationship developed over the course of a placement. At the beginning of the placement, themes for the supervisors in the study included influence (e.g. thinking about their role), approval (e.g. what the trainee brings that makes the relationship good/bad,

what the supervisor needs to do to keep the relationship going well), guidance, commitment to the trainee and nurturing. Mid-way through the placement the relationship had formed, and the themes for supervisors included settling (reaching a positive or negative plateau in the relationship), trust and security, exploration of ideas, awareness of constraints and demands and a sense of agency (reflecting their role in the trainee's development). At the end of the placement, the supervisor themes were satisfaction (learning from and witnessing changes in the trainee), collaboration, ending and natural assessment (with the supervisor having a role as evaluator throughout; in collaborative relationships, feedback was invited and welcomed). Frost suggested that the early phase of the relationship (the first month) is a critical period, and if mutual expectations are shared and a supervision contract agreed, this creates an atmosphere of openness in the relationship. This was a useful study which tracked the development of supervisory dyads over the course of a placement. Although this research elicited the views of supervisors, the primary focus of Frost's research was on the development of the SR over time, rather than the experiences of supervisors and their views of the SR. Ladany (2004) suggests that we do not know enough about how supervisors enhance their SRs and recommends that future research should focus on conceptualising and operationalising the supervisory alliance in more detail. Understanding both sides of the supervisory dyad is important in a full conceptualisation of the SR.

1.10.3 Difficulties in the SR

The literature presented so far indicates that the SR is important in supervision, and that there is a need to develop our understanding of it. Understanding what

makes the SR work well has been discussed in the literature, but understanding what causes problems in the SR is also important. The SR is evaluative and often involuntary (Palomo, 2004), and the complexity of the SR “sets the scene for interpersonal conflict” (Nelson & Friedlander 2001, p.385). Falender and Shafranske (2004) suggest that it is important to attend to the power differential in supervision. They highlight shame, parallel process and boundary violations as particularly relevant in contributing to problems in the SR. They suggest that such difficulties can compromise the ability of the supervisor to monitor the treatment of the client, particularly if the supervisee is unable to be honest about their learning needs. Indeed, there is an assumption in supervision that honest disclosure about clinical work, is needed to facilitate the development of therapeutic competence (Ladany, Hill, Corbett & Nutt 1996), and it is hard to imagine effective supervision taking place without this.

Some research has focused on non-disclosure in the SR, and suggests that what is *not* disclosed in supervision could be more important than what is openly discussed. Ladany *et al.*, (1996) conducted a questionnaire based study of 108 trainee therapists (either counselling or clinical psychology trainees) and found that 97.2% of participants withheld information from their supervisor, most of which related to negative reactions to the supervisor (90%) and personal issues which were not related to supervision (60%). Clinical mistakes (44%) and worries about evaluation (44%) were also commonly not disclosed. It is important to note that some non-disclosure in supervision is important and may reflect maintenance of appropriate boundaries, particularly if the subject of non-disclosure is irrelevant to supervision, In this study, supervisees made more

disclosures to their supervisors if they were perceived to be open and collaborative. Interestingly, most supervisees discussed the non-disclosure with someone other than their supervisor, which may relate to the power differential inherent in the SR. The reasons given for non-disclosure included for example, its perceived irrelevance, its personal nature, negative feelings associated with it (e.g. shame) and a poor supervisory alliance. Supervisees had more non-disclosures related to a negative reaction to their supervisor when they perceived the supervisor to be unattractive (not affirming and unsupportive), interpersonally insensitive (non-reflective and unresponsive) and less task-oriented (unstructured in their approach to supervision). Unsurprisingly, supervisees who were less satisfied with supervision had more negative reactions to their supervisor, and cited a poor supervisory alliance, supervisor incompetence, and concerns about negative consequences for their future career as their reasons for non-disclosure. Although this is an interesting study, there are limitations, particularly as only the views of supervisees were collected and the correlational nature of the analysis prevented causal inferences. For example, it is not clear whether the supervisors' style (unattractive, interpersonally insensitive etc) caused the supervisees' non-disclosures, or whether the supervisor was responding to non-disclosure in the SR, which then influenced their style of supervision (Ladany *et al.*, 1996). In a U.K questionnaire based study of 96 counsellors (some of whom were in training) Webb and Wheeler (1998) found that supervisees were more likely to disclose sensitive issues if they perceived their SRs to be of higher quality, if they were in individual supervision and if they had chosen their supervisor. This study further

emphasises the importance of a good SR in facilitating appropriate disclosure in supervision.

1.10.4 Role difficulties in the SR

Supervisee's role difficulties in the supervisory alliance have been examined in the literature (e.g. Olk & Friedlander, 1992). Role ambiguity arises when the trainee is unclear about the expectations of their role, and the consequences for effective and ineffective performance. Role conflict arises when the trainee is confronted by opposing expectations of their behaviour (e.g. discussing negative reactions towards clients while being evaluated by the supervisor). Olk and Friedlander (1992) suggest that role ambiguity is of particular relevance to less experienced supervisees, who may be anxious about their new professional role. Role conflict is of particular relevance to supervisees with more experience, who may want to develop a more collegial relationship with their supervisor. Such role difficulties are important because they have been found to be related to dissatisfaction with supervision and work-related anxiety, and can have a negative impact on the supervisory relationship. The authors suggest that it is important to understand the supervisor's experience of role conflict, particularly as supervision involves multiple roles for the supervisor (e.g. evaluator, mentor) as well as the supervisee. Indeed, Ladany *et al.*, (2005) suggest that not enough is known about how effective supervisors reduce role conflict in the SR, and how they enhance their supervisory relationships.

1.10.5 Negative events in supervision

Nelson & Friedlander (2001) carried out a qualitative study of counselling and clinical psychology trainees' negative experiences in supervision and

interviewed 13 trainees by telephone. The results were analysed using a grounded theory approach. Many of the supervisors were described as being uncommitted from the beginning of the SR and some were seen as trying to become the trainees' friend. Some SRs had problems related to sexual matters, either inappropriate behaviour on the part of the supervisor, or misunderstandings related to differences in gender or culture. The context in which the SR took place contributed to some of the difficulties (e.g. work based/ environmental stressors). Many of the supervisors were perceived as being unable to take responsibility for their own role in conflicts, and responded with anger and criticism. Many supervisees lost trust in the SR, and although very few of the conflicts in the SR resolved, some of the trainees believed they developed resilience as a result of the experience. The two primary themes emerging from this study were that harmful power struggles characterised many of the SRs, and dual relationships, however subtle, were problematic.

In another qualitative study, Gray, Ladany, Walker and Ancis (2001) examined counselling psychology trainees' experiences of counter-productive events in supervision, and the perceived impact on the SR. Counter-productive events were defined as any experience trainees saw as unhelpful or harmful to their development as therapists. Thirteen trainees were interviewed by telephone, and the data coded and organised into domains and core ideas. Trainees generally perceived their SRs as having weakened as a result of the difficulty and their response to their supervisor frequently changed following the event e.g. withdrawing, or 'watering down' what they discussed in supervision. Often trainees did not disclose their reaction to the counter-productive event and said

that a poor SR was the reason for this. Many trainees saw similarities between their interactions with clients and their interactions with their supervisor, and typically believed that the counter-productive event had a negative impact on therapy (e.g. making it hard for them to pay attention to their clients' emotional needs because of their preoccupation with the negative event in supervision). Limitations of the Nelson and Friedlander (2001) and the Gray *et al.*, (2001) studies relate to the difficulty of generalising their findings, participants' self-selection and reliance on retrospective recall. It would have been interesting to have had supervisors' views on the counter-productive events discussed in these studies.

In another U.S. study, Burke, Goodyear and Guzzard (1998) looked at weakenings and repairs in the supervisory working alliance in 10 supervisory dyads (involving psychologists or counsellors in training and their supervisors) across 10 sessions of supervision. Measures of the working alliance and satisfaction with supervision were completed, and tapes of supervision sessions were reviewed by raters if there was a discrepancy between supervisor and supervisee scores on these measures. Supervisors' evaluations of the working alliance were generally more stable than supervisees', which the authors suggest could be related to the trainee having less power and so being more reactive to the supervisory relationship. Interestingly, when weakenings occurred, it was nearly always the trainee who initiated the repair, which again could reflect the importance of the success of the SR for the supervisee. The authors noted that if the supervisor encouraged disagreement and an exchange of ideas, this facilitated the alliance repair. It is important to note that

supervisees and supervisors did not identify the weakening themselves, and were not asked to confirm that it occurred. The small sample size and potential generalisability are other limitations of this study.

In a study by Ramos-Sanchez, Esnil, Goodwin, Riggs, Touster, Wright, Ratanasiripong and Rodolfa (2002) the impact of negative supervisory events on the professional development of the supervisee and on the SR were investigated. Supervisees completed a number of measures assessing negative events and satisfaction with supervision, developmental level of the supervisee and the supervisory working alliance. The authors found that supervisees at a higher developmental level reported a better supervisory working alliance than less experienced participants, which the authors suggest could be because of increased agreement on tasks and goals of supervision as the supervisee becomes more experienced and the SR becomes more collegial. Twenty-one per cent of participants had experienced a negative event in supervision. The majority of these events related to interpersonal relationship and style (e.g. personality conflicts, problems in communication, an unsupportive, critical supervisor) or supervision tasks and responsibilities (e.g. supervisor's poor knowledge and skills). These events had a negative impact in a number of areas, such as the supervisory alliance, satisfaction with supervision, therapeutic relationships with clients and the participants' experience of training and future professional goals. The authors suggest that given that negative events in supervision can have important consequences, careful matching of supervisor and supervisee is important.

In summary, given the negative impact of problems in the SR, understanding how difficulties in the relationship arise and are managed is important.

Understanding supervisors' experiences of SRs which have been problematic is of particular relevance as this is a gap in the literature, and some authors place the responsibility for dealing effectively with difficulties in the SR with supervisors (Mueller & Kell 1972, cited in Nelson & Friedlander, 2001).

1.11 Summary and rationale.

Supervision is an important professional activity, contributes to the development of competence and professional identity (Watkins, 1997), and serves an important quality control function. The current context in the NHS is also one in which there is likely to be increasing demand for supervision.

There are a number of psychological theories which have influenced our understanding in this area, including adult learning, the literature on professional competence, social influence, attachment and the therapeutic relationship. A number of models specific to supervision have emerged, but there is not, as yet a convincing evidence base for them (Beinart, 2004). There is an extensive literature on supervision, but much of this has been criticised on methodological grounds, and the majority of the research is on American counsellors, psychotherapists or psychologists, which makes the applicability of the findings to U.K clinical psychology questionable, given the differences in training, practice and supervision. However, there is a general theme in the literature that however supervision outcome is defined or measured (client outcome, supervisee skill development, self efficacy etc), a good SR is fundamental to successful supervision (Ellis & Ladany *et al.*, 1999).

Good supervisory relationships have been characterised by the supervisor's commitment, empathy, and collaborative, non-judgemental attitude; a supportive, boundaried, safe base and learning environment in which supervisees are validated, and encouraged to be open and reflective. However, there is a need to develop theory in this area, and to conceptualise the SR in more detail (Ladany, 2004). Although most of the literature on supervision is quantitative, there is a growing body of research which is qualitative (e.g. Nelson & Friedlander, 2001); such research seems particularly important, given the need to conceptualise the supervisory relationship in more detail.

Much of the current research into the SR has been from the perspective of the supervisee (e.g. Worthen & McNeill, 1996, Beinar, 2002), and as they are the 'consumers' of supervision, their views are important. However, the SR is dyadic, and there may be differences in the perspectives and experiences of the supervisor and supervisee, particularly as they will assume different roles and responsibilities in the relationship. Understanding these similarities and differences will inform theory on the SR, which in turn, will be important in the development of reliable and valid measures of the supervisory relationship.

Such measures are important in evaluating the effectiveness of supervision. The SR has also been acknowledged as a potential environment for strain or conflict (particularly given the power differential and evaluative function of supervision, which is particularly pertinent in SRs in which the supervisee is in training). Therefore, it is important to understand more about how supervisors enhance their relationships and identify and manage difficulties within the

alliance. Finally, given the small body of research specifically relating to clinical psychology in the U.K, it is important to contribute to this literature.

1.12 Aims of the current study

This study will explore supervisors' perspectives on their supervisory relationships with trainee clinical psychologists. Supervisors' experiences of effective and ineffective SRs will be examined, with particular attention to exploring how supervisors enhance these relationships, and how problems in the relationship are identified and resolved.

1.13 Research Questions

This study will focus on the following research questions:-

- What do supervisors think make SRs effective and ineffective?
- How are problems in the SR identified and resolved?
- What do supervisors do to enhance their SRs?

2.0 METHOD

2.1 Overview

In this chapter, the methodological design of the study and the rationale for its use are described, followed by the position of the researcher. Recruitment of participants, inclusion and exclusion criteria, and the ethical considerations of the study will then be discussed. The procedure, including details of recruitment is described, followed by a discussion of data analysis and the credibility checks used in the study.

2.2 Design

A retrospective qualitative design, using Grounded Theory Analysis (Glaser & Strauss, 1967, Strauss & Corbin, 1998) was chosen; data was collected using semi-structured interviews.

2.3 Rationale for methodology

Qualitative research is concerned with meaning, and the quality and texture of peoples' experience (Willig, 2001), which is particularly appropriate in developing an understanding of supervisors' perspectives on their SRs. A number of studies in the field have also used qualitative research methodologies (Beinart, 2002; Frost, 2004; Nelson & Friedlander, 2001), which have contributed to our understanding of SRs. Other qualitative methods were considered (e.g. Interpretative Phenomenological Analysis) but grounded theory analysis was chosen for two reasons - it is an appropriate method to study subjective experience and processes (Charmaz, 2006), and there is a need for theory development with regard to the SR.

2.4 Position of researcher

Qualitative research attempts to develop an understanding of a phenomenon based as far as possible on the perspectives of those participating in the research (Elliot, Fischer & Rennie 1999). However, in qualitative research it is impossible to completely set aside one's own perspective, and it is important to be explicit about the theoretical orientation and personal expectations the researcher brings to the research, in order to allow readers to consider possible alternative interpretations of the data. (Elliot *et al.*,1999).

In order to be explicit, my position is that I am a clinical psychologist, supervisor, clinical tutor and supervisor training lead on a training course in clinical psychology. As such I have multiple roles with regard to supervision (as a supervisee, supervisor, trainer and tutor). My experience in these areas has led me to believe that the supervisory relationship is essential in defining "good" supervision and in facilitating learning. My professional training has been in the scientist practitioner approach, and in cognitive-behaviour therapy. My epistemological approach is that of critical-realist, which although emphasises that "real" processes underpin observable phenomena, also asserts that our perception of these events depends on our beliefs and expectations. This approach is particularly influenced by my post-qualification training as a cognitive behaviour therapist, which also asserts that our beliefs and expectations will influence our perception and experience of situations (e.g. Beck, 1964). As such, I am aware that my own experiences and beliefs about the supervisory relationship, both from a personal perspective as supervisor and

supervisee, and from my experiences of many conversations with trainees and supervisors about their SRs will have had an influence on my interaction with the data. I kept a research diary, (as recommended by McLeod, 2001) and noted my reactions to the interviews and the analysis to make this process as transparent as possible.

2.5 Participants

2.5.1 Inclusion criteria

Clinical psychologists from three counties who provided a minimum of three placements for trainees from the training course between 2001 and 2006 were invited to participate in the study (see appendix 1). Additional details on participants can be seen in section 3.2.

2.5.2 Exclusion criteria

Those supervisors with fewer than three supervisory relationships with trainee clinical psychologists over the preceding five years, were excluded to ensure that participants had a range of supervisory experience on which to reflect. Supervisors whose placements the researcher was monitoring (as clinical tutor) at the time of data collection were also excluded from the study because of the evaluative role of the clinical tutor in this context, and the lack of anonymity for the trainee.

2.6 Ethical considerations

Ethical approval was given by the local Multi Research Ethics Committee (MREC) (appendix 2). Indemnity and managerial approval was provided by the researcher's employer (an NHS Trust)(appendix 3). Research and Development approval was given by five NHS Trusts or PCTs in three

counties linked with the training course. The main ethical issues in this study involved the dual relationships between the researcher and participant, informed consent and confidentiality.

2.6.1 Dual relationships

The researcher's role on the training course is one of six clinical tutors. As such, the researcher may have been involved in organising and supporting some of the placements and supervisory experiences discussed. This may have been sensitive, given the researcher's role on the Training Course. It is possible that some supervisors may have been inhibited talking to a member of course staff. However, it is also possible that supervisors may have felt more able to talk to someone they knew and trusted. The role of clinical tutor often involves discussion about supervision and the supervisory relationship, and so it is likely that the researchers' role on the training course may have helped more than hindered supervisors' disclosures.

2.6.2 Informed Consent

Supervisors who were invited to participate were aware of the researcher's role on the course, and were given prior details about what they would be asked to discuss. Before the interview, participants were given another copy of the information sheet (appendix 4) to read and were invited to ask questions. They were asked to sign a consent form (appendix 5) to participate in the study, for their interview to be audio-taped and transcribed, for the use of anonymised quotes from their interview in the thesis, and any publications or presentations, and to be contacted with a summary of the analysis as a credibility check (Elliot *et al.*, 1999). Participants were free to withdraw at any point during the

interview, or in the two weeks following it, without giving a reason. The MREC were concerned that supervisors were made aware that the researcher would take appropriate action if there were any disclosures of unprofessional conduct,. Therefore, it was made explicit in the information sheet that in these circumstances, the researcher would seek advice via her own supervision and the BPS ethics committee, if appropriate.

2.6.3 Confidentiality

Participants were assured that the information discussed would be treated sensitively and confidentially. They were asked not to use trainees' names when discussing their supervisory relationships to ensure that the trainees remained anonymous. Information which could potentially identify participants was removed from transcripts, and audiotapes and transcripts were stored separately in locked filing cabinets at the training course, for a maximum of six years.

2.7 Procedure

2.7.1 Recruitment

This was an opt-in study through mailed invitation. A database developed by the training course, with details of supervisors in the three counties was used to identify those supervisors who had supervised a minimum of three times from 2001-2006. Forty-two supervisors, eligible for inclusion were contacted with information about the study, and were asked to contact the researcher if they were interested in participating. Twenty-eight supervisors volunteered, and were contacted by email by the researcher to thank them for their interest, and to check that they had a range of supervisory relationships (both effective and less

effective) with trainee clinical psychologists to discuss. Twelve of the 28 supervisors were excluded from the study because either they had only had positive relationships with trainees, and/or their experience of less effective supervisory relationships had been with other professionals. Two supervisors who volunteered for the study withdrew before interview, one because of other commitments, and one because his experience of problematic SRs was difficult to recall in enough detail for the study. In total, 12 participants were interviewed before data saturation was reached. Interviews were arranged with participants at their workplaces, with the exception of two of the interviews, which took place at the training course base at the request of the supervisors. Despite the best efforts of the researcher to exclude participants who had only had positive relationships with trainees, 2 of the 12 participants at interview described not having experienced difficult SRs with trainee clinical psychologists. Their data was included in the study because their experiences of SRs which worked well was of interest and relevant to the study

2.7.2 Semi-structured interview

The semi-structured interview (appendix 6) was piloted on two experienced supervisors (one the researcher's supervisor, the other a colleague of the researcher, both ineligible for inclusion in the study), and was amended accordingly. The main change was the inclusion of a question about perceived similarities and differences between the supervisor and trainee.

The interview schedule used in the study was in three parts. Participants were asked background and demographic information, for example how long they had been qualified, how long they had been supervising, their number of supervisory

relationships with trainee clinical psychologists, the client group they worked with and the theoretical models they used. Participants were asked about their general experience of effective SRs and asked to reflect on a specific example. They were also asked to discuss their experiences and views of what make SRs work less well, asked to reflect on an example and discuss any attempts at problem resolution. Some questions were not included if participants covered the material elsewhere in the interview. Participants were also asked for feedback on the interview itself, specifically their reactions to the interview and to see whether the areas they considered important had been covered. All interviews were audio-taped and transcribed, and given a code (S1-S12). The researcher noted her reactions and initial thoughts following each interview in the research diary (see appendix 7 for an example). Interviews took place in three phases, allowing time for analysis. Interviews 1-5 took place over a two month period. Three months later, interviews 6-10 took place over another 2 month period. Interviews 11-12 were conducted two months later over 1 month.

2.8 Data Analysis

All interviews were audio-taped and transcribed by two administrative assistants. The researcher carefully listened to each tape and checked the transcripts for accuracy. Grounded theory analysis was used and texts by Charmaz (2006) and Strauss and Corbin (1998) were used as a guide to data analysis. Although the following is described as a series of discrete steps, in practice data collection and analysis were cyclical, and the processes described were repeated and reviewed.

2.8.1 Coding

2.8.1.1 Open coding

Each transcript was coded, firstly using open coding. This involved coding the data line by line identifying units of meaning, which were written in the margin of the transcript (see appendix 8). The codes generated were initially descriptive, stayed close to the data, and where possible preserved actions (Charmaz, 2006).

Transcripts were then re-read and codes which explained larger segments of the data, and made the most analytic sense were underlined and copied onto index cards (focused coding). This process was completed for each interview. Constant comparative methods were used during the process of analysis to establish distinctions and links between the data, and to develop categories (Charmaz, 2006). See section 3.3 for further details of coding. The researcher's supervisor and a colleague coded sections of the data to consider the extent to which these codes corresponded to the original data, and to provide another perspective on the data (see section 3.5.2).

2.8.1.2 Axial coding

The categories generated for each interview were compared across interviews and combined or split (depending on similarities or differences in the data) to form higher order, analytical categories and sub-categories. The original quotes from the interview were re-read to ensure that the developing categories reflected the original data. These categories and sub-categories were recorded on paper, together with the original code, transcript and line of the interview they referred to. This enabled the researcher to continually check and review the

developing analysis for alternative interpretations of the data. In addition to constant comparison of the data, the researcher looked for negative cases – examples which did not fit the emerging categories, so that the developing theory captured the complexity of the data (Willig, 2001). The researcher examined the categories for conceptual links and considered questions such as: when, why and how does this phenomenon occur?

2.8.2 Theoretical sampling

Additional data was collected to help develop the emerging theory. In the light of the developing analysis, the interview schedule was amended to allow the exploration of themes which seemed of relevance, and participants were interviewed whose experience could also develop the analysis. For example, one of the male participants in the first phase of interviewing highlighted some interesting issues relating to gender and the supervisory relationship. The researcher was unable to recruit additional male participants for the study, but explored whether gender was an important issue in the SR for subsequent female participants.

2.8.3 Theoretical saturation

In grounded theory, data collection continues until theoretical saturation has been achieved i.e. when gathering additional data no longer produces new insights or reveals new properties of the theoretical categories of the emerging theory (Charmaz, 2006). Some qualitative researchers suggest that this is a goal rather than a reality (Willig, 2001), however, in this study, data was collected until the categories identified captured the majority of the data (Willig, 2001)

2.8.4 Memos

The researcher wrote memos throughout the process of data collection and analysis to provide a written record of theory development, and to help the identification and development of categories. Writing memos is a helpful way to develop the analysis by elaborating on processes and assumptions within the identified categories (Charmaz, 2006). Willig (2001) suggests that memos incorporate definitions of categories and the labels chosen for them, and their relationship to other categories. All memos were dated, contained a heading and were explicit about which sections of the data they related to (Willig, 2001). See section 3.4.1.1 for an example of a memo.

2.9 Quality standards

Elliot *et al.*, (1999) have developed a set of evolving guidelines to improve quality control in qualitative research. These are described below:-

2.9.1 Owning one's own perspective

Elliot *et al.*, (1999) suggest that it is important that researchers are open about their values, interests and assumptions, and that these are transparent for the reader both at the beginning of the research, and as the study progresses. In this way, it is apparent to the reader what might have been the key influences on the research, and any other possible interpretations of the data. They recommend that researchers should describe their theoretical, methodological or personal orientations as relevant to the research, any personal or training experiences of relevance and any initial or emerging beliefs about the subject of their research. See section 2.4 for a discussion of the researcher's position.

McLeod (2001) suggests that recording and describing reactions to the process of inquiry is good practice. The issue of reflexivity was addressed by keeping a research diary to note thoughts and responses throughout the research project. Extracts from the research diary are presented in Appendices 7 and 10.

2.9.2 Situating the sample

It is important to describe the research participants in enough detail to help the reader to judge the range of people and situations the findings might be of relevance to. The participants of this study are described in section 3.2.

2.9.3 Grounding in examples

Elliot *et al.*, (1999) emphasise the importance of providing examples of data to show clearly the process of analysis and the researcher's developing understanding of the phenomenon studied. This allows the reader to judge the credibility of the researcher's conclusions and to develop their own possible alternative interpretations of the data. Throughout the results and discussion sections, there are examples of codes and categories and the direct quotes they relate to, for the reader to examine. An excerpt from a coded transcript is available for the reader in appendix 8.

2.9.4 Credibility checks

Providing credibility checks is important to ensure the credibility of categories and themes presented in the research. Elliot *et al.*, (1999) suggest a number of methods including member checking (checking with the original participants) to ensure the analysis is meaningful; using an analytical 'auditor', multiple qualitative analysts to check the data and analysis for any discrepancies or triangulation with quantitative data or external factors.

A summary of the analysis was checked with the original participants to ensure that the categories and themes which emerged were meaningful to them. An experienced supervisor, who did not participate in the study reviewed the categories and themes and the supporting data. The analysis was also checked by the researcher's supervisor who is an experienced supervisor and trainer, and has carried out research on trainees experience of the supervisory relationship. Data analysis and developing codes and themes were also discussed regularly in the researcher's supervision. Triangulation with data collected from quantitative measures was considered, but as the quality of many of these measures (such as, for example the SWAI, Efstation, Patton & Kardash 1990) has been criticised on methodological grounds (e.g. Ellis & Ladany, 1997), it was thought that this would not add any additional useful perspectives. Willig (2001) suggests that triangulation can be achieved by two researchers independently coding the same section of data to establish the extent to which the categories they identify correspond to each other. The purpose of triangulation in this form is to confirm findings through the convergence of different perspectives. The researcher, her supervisor and a colleague of the researcher who was an experienced supervisor, independently coded separate sections of the data (transcripts S1 and S12) to see to what extent their categories corresponded or differed, and to enhance the analysis. Memos relating to this can be seen in appendix 9.

2.9.5 Coherence

It is important that the results and conclusions of the analysis are organised in a coherent and integrated way, providing a map or framework and a narrative,

summarising the researcher's understanding of the analysis. A narrative description and a framework summarising the results is provided in section 3.4.5.

2.9.6 Accomplishing general vs specific tasks

Elliot *et al.*, (1999) suggest that it is important that if researchers intend to develop a general understanding of a phenomenon, that it is based on an appropriate range of instances, and that they are clear about the limits of extending the conclusions to other contexts. Similarly, if the objective of the research is to understand a specific instance, then it has been studied and described in enough detail for the reader to gain this understanding, and limitations of extending the findings are discussed.

This study aims to examine clinical psychologists' perspectives on their experiences of supervisory relationships with trainee clinical psychologists. Twelve interviews were analysed in detail and the limitations of extending the findings are discussed in section 4.4.1.

2.9.7 Resonating with readers

Finally, Elliot *et al.*, (1999) suggest that the research should resonate with the reader. It should provide an accurate representation of the subject matter, and ideally, develop and extend the reader's understanding of it. Various drafts of the write up were read by the research supervisors and an experienced colleague, and the researcher used their feedback to improve the quality of the analysis and the thesis.

3.0 Results

3.1 Overview

This chapter presents the findings of the study ensuring that the process of analysis is clear and transparent. Excerpts from the research diary are presented in Appendices 7 and 10 to illustrate the researcher's response to, and analysis of the data. Memos are used to illustrate the development of categories. As described in section 2.9, the quality and rigour of the analysis has been maximised by the use of a number of credibility checks (such as situating the sample, grounding in examples, respondent and professional checking, the provision of a coherent account of the analysis etc.), and these will be evident throughout this chapter.

The research questions for this study were as follows:-

- What do supervisors think make SRs effective and ineffective?
- How are problems in the SR identified and resolved?
- What do supervisors do to enhance their SRs?

The analysis was approached as a whole (identifying codes and categories and developing conceptual links between them), rather than restricting the analysis by responding to each of the research questions. This enabled the researcher to remain open to all possibilities in the data. The findings as they relate to the research questions are discussed in section 4.5 (interpretation of results).

This chapter is organised as follows. Firstly, participants' profiles are outlined. Coding and category development is then summarised, and the main findings of the study are described. The findings relating to the quality of the SR are

presented, followed by problems in the supervisory relationship and attempts at resolution. Finally, credibility checks are summarised.

Throughout this chapter, quotes will be presented and abbreviations used to show where in the transcript they originated e.g. **S3 383-392** means that this citation is from supervisor 3 and can be found on lines 383-392 of the transcript from this interview. Citations are presented as spoken in the interview, including pauses, indicated by “...” and incomplete sentences indicated by “-“. Text highlighted in bold in quotations, indicates participants’ emphasis on particular words during the interview. Some sections of text have been removed from quotes for the sake of brevity, and this is denoted by “(...)”.

3.2 Situating the sample

Participants were clinical psychologists, with between 8 and 31 years experience (mean= 17.42 years). Ten of the 12 participants were women, two were men, 8 were white British, and 4 were white non-British. Details on gender and ethnicity of these specific participants are not presented to maintain their anonymity. All of the participants had experience of SRs with trainees which worked well, but two (S2 and S11) did not have experience of challenging SRs with trainees, despite the researcher’s efforts to recruit supervisors with a range of SRs. Most of the participants worked in multi-disciplinary settings, with the exception of S6 who worked exclusively as part of a psychology department. Four of the participants (S8, S9, S11 and S12) supervised trainees in the first 2 years of training as part of a “core” placement, and 8 (S1-S7 and S10) also had experience of supervising trainees on elective placements (i.e. placements which the trainee specifically chose to do). Participants had between 8 and 36

SRs with trainee clinical psychologists. Half of the sample worked in services for people with learning disabilities. Table 1 summarises other details about the participants to help the reader judge the range of people and situations the findings of the study might be of relevance.

Table 1 Information about participants

Participant	Speciality	Approx no. of SRs	Theoretical orientation
S1	Child	8	systemic, CBT, psychodynamic
S2	AMH	13	psychodynamic
S3	Child	31-32	CBT, systemic, attachment
S4	AMH	20	CBT
S5	LD	17	CBT, systemic
S6	AMH	25	CBT
S7	LD	36	CBT, developmental
S8	LD	20	Systemic, CBT
S9	LD	14	Eclectic, CBT
S10	Older people	8	systemic
S11	LD	15	Eclectic
S12	LD	12-14	CBT, behavioural, developmental

AMH : adult mental health, LD : learning disability

3.3 Coding

3.3.1 Open coding

Each transcript was read several times and coded separately, line by line, using open coding, which involved the identification of units of meaning, which were written in the margin of the transcript (see Appendix 8 for an excerpt of a coded transcript). These codes were descriptive, action-oriented where possible, and stayed close to the data, often using the words of the participants.

3.3.2 Focused coding

Initial codes were reviewed, and codes which explained larger segments of the data were underlined, and copied onto index cards (with the relevant details of the interview).

For example, the following is from S8's interview:

S8 710-716 *Yeah, yeah. Without intruding really, because, yeah, without intruding and also being sensitive to trainees' life experiences because I had a few trainees, just a few, who've had some awful life experiences, even during training or placement and stuff. And I think you have to..bear those in mind and not necessarily expect..that they're going to give of their best really*

Initially this section of text had a number of codes— '*encouraging participation sensitively*', '*impact of life stressors*', '*having realistic expectations*' and '*being sensitive to the trainee*'. This latter code *being 'sensitive to the trainee'* seemed to capture the essence of what this supervisor was saying and this code was copied onto an index card along with the quote.

Following focused coding, descriptive categories 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 – initially transcripts 1-6, then transcripts 7 and 8, and finally transcripts 9-12. The researcher referred back to the original text to check that developing categories reflected the meanings of the original interviews. This fine-grained analysis initially yielded 20 categories, with 65 sub-categories (see appendix 11). An example of the concepts comprising one of these categories ('creating and maintaining safety'), and the transcripts they relate to is presented in Box 1.

Box 1: Concepts forming the category 'Creating and maintaining safety'

Giving permission for mistakes S4
Having a safe atmosphere S4
Establishing a safe relationship S4
Anxiety inhibiting safety S2
Undermining safety & reflectivity S2
Anxiety interfering with safety S2
Offering a safe base S2
Developing a safe space for learning S2
Trainee feeling safe in SR S2
Facilitating a safe space for supervision S2
Being a safe pair of hands S4
Establishing safety S4
Being able to relax in SR S6
Being trustworthy S12
Trust broken S12
Changes in trust in SR S10
Not trusting trainee S10
Anxiety inhibiting safety S2
Lacking trust in SRs S1
Disrupting trust S1
Needing to trust trainee S8
Having confidence and trust S6
Disrupting trust S1
Being able to trust trainee S10
Sense of trust S11
Trusting trainee S9
Building mutual trust S3
Not trusting trainee S10

3.3.3 Axial coding

Axial coding involved examining the categories generated for each interview for relationships, and merging or splitting them, and identifying higher order, analytical categories. There were 2 phases of this coding process. In phase 1 of axial coding, descriptive categories were reviewed and refined by the researcher

following discussion with her supervisor into 9 higher order categories, with 41 sub-categories (phase 1, see table 2).

Table 2: Phase 1 Axial coding

Categories derived from axial coding	Categories derived from focused coding
1. External influences - Team - Course	Working on team relationships Stressful team context Using team to inform SR Course as reassuring, facilitating presence
2. What supervisors bring	Identity Personal stressors Positive perspectives on supervision Prior experience Sharing therapeutic model Support for trainee
3. What trainee brings	Personal stressors Identity/personal characteristics Experience Therapeutic models Sharing professional value base Being open to learning
4. At the beginning	Preparing for trainee Practicalities and resources Clarifying mutual expectations Spending time and being available
5. As the SR develops	Building SR together Responding to trainee needs Mutual feedback Evaluating
6. Quality of the SR	Being open & honest Interpersonal connection Emotional tone Creating & maintaining safety & trust Boundaries
7. Problems in the SR	Being open about problems What the problem is
8. What supervisors do	Noticing/being aware Formulating/making sense Deciding to raise the issue Seeking supervision from others Tackling the problem Remaining concerned
9. When the SR goes well	Flow of supervision Being productive Noticing change & development Facilitating reflection

For the purpose of clarity in the analysis, those categories which related to problem resolution were removed for separate consideration. The codes from the category 'what the problem is' were integrated into other relevant categories. All categories were further refined following discussion with an experienced supervisor who did not participate in the study, into 3 overarching categories, with 13 sub-categories (phase 2 of the analysis). Table 3 summarises this.

Table 3: Phase 2 Axial coding

Main categories	Sub-categories
1. Contextual influences on the SR	<ul style="list-style-type: none"> -Integrating with the team -Presence of the Course -What supervisor and trainee bring
2. Flow of supervision (i) Supervisor's investment in the SR (ii) Trainee's openness to learning	<ul style="list-style-type: none"> -Ensuring good beginnings -Establishing boundaries and expectations -Spending time together -Encouraging learning and responding to needs -Being enthusiastic and committed -Proactive stance -Being productive
3. Core relational factors	<ul style="list-style-type: none"> -Interpersonal connection and emotional tone -Creating & maintaining safety and trust -Being open and honest

The reader is referred to appendix 10 for excerpts from the research diary to illustrate this process, and to demonstrate the researcher's interaction with the data. Throughout the analysis, every effort was made to examine negative cases (instances of data which did not fit the category) in order to capture the full complexity of the data (Willig, 2001).

3.3.4 Memo-writing

Throughout the research process, a diary was kept which included memos, to note reactions, thoughts and to document the analysis. Examples of memos can be seen in section 3.4.1.1, and appendix 9.

3.4 The findings

The data can be divided into three main themes – contextual influences on the SR, the flow of supervision (which incorporates supervisors' investment in the SR, and the trainees' openness to learning) and the core relational factors of the SR. 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 trustworthiness.

3.4.1 Contextual influences on the SR

The context within which the SR takes place emerged as important. This incorporates the wider, 'external' context, such as the team or service in which the trainee is on placement, and the training course, as well as the contextual factors that both the trainee and supervisor bring to the SR.

3.4.1.1 Integrating with the team/service

A memo regarding category development is presented in Box 2.

The working context in which the SR takes place was highlighted by many supervisors. The relationship between the trainee and the professionals in the multi-disciplinary team/service can facilitate or impede the SR, and the

Box 2 : Memo on team context

17/1/08

Decided to merge the categories “working on team relationships”, “stressful team context” and “using team to inform SR” and re-naming this “integrating with the team”. For the sake of brevity, I will use the term “team” to refer to both multi-disciplinary teams, and psychology departments. In essence these categories seem to capture the importance of integrating with the team and the influences on this process i.e. the trainee working to develop relationships with colleagues, and the team welcoming and valuing trainees and investing in their training. The relationships between the trainee and the team are important, and can be used to inform the SR for some supervisors (how is the trainee integrating? What do people make of her/him? Is the trainee respectful to administrative staff?). The relationships with the team can be problematic especially if the team is in chaos, or if the role of psychology is not valued or is unclear. This can affect not just the trainee, but the supervisor too, by impeding communication and making it difficult to focus on the trainee’s issues. It makes sense to view this category as an important contextual influence on the SR, and to summarise it as “integrating with the team”.

relationship to some extent expands to involve the team. How the trainee integrates with others is important, particularly if the supervisor has worked hard at establishing team relationships:

S3 387-392 *-you know, you work **hard** to build up...within a service, the relationships, and if...you find they are not making good relationships with people, and perhaps not being very considerate of them, umm, that sort of- that makes it hard*

Generosity and consideration of others, and a willingness to develop and invest in these relationships, sometimes independently of the supervisor can be helpful. Supervisors described the importance of having confidence that the

trainee will behave appropriately in the team. If these relationships are unproblematic, the supervisor does not have to focus on this area which helps the SR:

S4 281-282 *-it makes it not a problem, if I don't have to pay significant attention to it*

Problems with team relationships include the trainee being inconsiderate of others (particularly secretaries), choosing not to integrate with the service, or arguing with colleagues:

S10 637-640 *-he used to get into arguments with psychiatrists in our team and I'd have to be managing that, so, a, you know, aaarghh! Cringe, I mean I'm cringing thinking about it.*

How the team responds to the trainee is also important. A friendly and warm environment in which colleagues invest in a relationship with the trainee, by contributing to their learning, and valuing them for their skills and enthusiasm, positively influences the SR. S4 summarises this:

S4 333-336 *-giving a kind of zest and an energy to a placement, is I think really, really important to the quality of the experience and will help the relationship.*

It seems difficult if the service context is unsupportive or unwelcoming of trainees. This may reflect the position of psychology in the team, or team functioning as a whole. The consequences are stressful for the supervisor and trainee, and honest communication can be impeded:

S4 535-541 *-if the environment in which you're supervising is incredibly stressed, so a team that's falling apart right, left and centre, and is in unusual chaos means several things...there's all kinds of chaos around which just makes it feel not very nice...it also is likely to stress me, and leads... is likely to stress a trainee in various ways which makes communication more difficult.*

Not all supervisors mentioned the impact of integrating with the team as a significant influence on the SR. S12 commented:

S12 124-126 *Um...but not within a service context, generally nothing particularly affect it*

This 'negative case' and the researcher's reflections on the implications for the analysis are presented in Box 3.

Box 3: Excerpt from research diary: Negative case analysis 12/10/07

S12 is the only participant not to report on the team/service or training course as important contextual influences on the SR. This is interesting in that she works as part of a multi-disciplinary team, as do her trainees, and she is actively involved in the course. Why were these factors not highlighted? It did not seem relevant to her experience so far. For the relationships this supervisor described, other contextual influences were important, such as what the trainee and supervisor bring to the SR (particularly prior experience, and values). What does this tell me? That each SR will be unique, and the contextual influences (as well as the other categories identified in the analysis) will be different for each relationship, at different times. Any model which is developed from the analysis of these supervisors' experiences will need to be flexible enough to capture this individuality.

3.4.1.2 Presence of the Course

The training course was highlighted as an important influence on the SR, for all but one of the supervisors in the study. S12 was the only participant not to mention the course as being an external influence on the relationship with the trainee (see Box 3). For the rest of the participants, the course was an important presence in the SR:

S2 459-463 *- my perception is that the best situation is where the trainee feels the Course is there, but it is somehow outside of the supervisory relationship. It is kind of there in the background, without necessarily impinging too much inside*

S1 678-688 *Now with the trainee where it wasn't so good, I never got a sense it was anything from the Course, it was like the Course had kind of faded (...) whereas with the trainees who were enthusiastic and things were going well, you would always be hearing the Course or this or that, kind of moan in a good way, a real way it would be there..it would be present.*

Supervisors described valuing the structure the Course brings to the SR in the form of 3 placement visits (when the clinical tutor visits the trainee and supervisor on placement), which provide an opportunity to reflect on progress, and raise concerns. Supervisors may need the Course to facilitate if there are problems in the SR, or to encourage discussions about how to get the best out of the placement:

S4 111-114 *- so I think the course is kind of very quick, very kind of respectful, kind of think about what we are going to do here, and making sure that things are explicit and open, that these things have been communicated.*

3.4.1.3 What the supervisor and trainee bring

The importance of what the supervisor and trainee bring to the SR was described. Participants' responses comprised five main areas– identity/ personal characteristics, prior experience, professional values, therapeutic models and personal stressors.

- **Identity/personal characteristics**

The impact of individual factors such as for example, gender and social class were considered. Supervisors varied in their experiences as to how much these factors influenced the SR. For some, these factors were of interest and relevant to the relationship:

S10 967-973 *I mean I always try and use gender as a resource because... you'll have a different perspective based on your gender and, you know, your lived experience of, of gender and different kind of cultural and in a sense, your political ideas about gender, so I'm always interested in it as a level of context.*

For some supervisors, the infrequency of male trainees on placement made them more memorable, and this influenced the SR:

S7 523-525 *I really am kind of conscious that they're, they're a rare species so I kind of make more effort somehow.*

Ten of the 12 participants in the study were women, reflecting on their SRs with mostly female trainees. Two of the participants were men, one of whom reflected that there were qualitative differences between supervising male and female trainees:

S5 541-548 *I think with the males it's, it's being –oh, it's ever so hard to put, put my finger on it, but, um, uh, well, I've only had two so it's hard to generalise, but both those two males trainees it's been very, kind of, jolly and it, um, um, we've been more relaxed about the, the risk of being disrespectful, a, a, about our work.*

Gender did not seem of relevance to all of the participants however:

S10 993-997 *I mean sometimes it just doesn't seem, you know, it's just not an issue and they're just different people and they're someone different on placement and they've got a girlfriend or a boyfriend-*

Ethnic differences were discussed by 2 of the participants as being potentially relevant to the SR. The importance of an appreciation of diversity and the ways in which difference may influence the supervisory relationship was highlighted.

S2 (who discussed a problematic relationship with another professional) described initially feeling anxious about these differences:

S2 760-765 *But what specifically happened at the beginning was that she is black...and she right from the beginning raised a lot of issues about her ethnic background in relation to clients (...)I got slightly anxious about that, and sort of self-conscious- ok, I better be...mindful about my issues to do with difference and similarity.*

Sensitivity to these issues is important. S3 wondered whether she had been sensitive enough to her trainee's experience of being from a minority ethnic group and the impact of being in a power relationship:

S3 517-532 ... *I may not have been as sensitive to that as I might be (...) But I think it was an ethnic group that I had sort of grown up with, and had a lot of contact, but probably on a social, or err on a parallel work colleague basis, rather than a sort of unequal power relationship-*

Although sensitivity to ethnic diversity is clearly important, it also seems crucial that supervisors remain vigilant to other issues in the SR. S2 described how anxiety about ethnic difference, clouded his ability to effectively identify a problem in this SR:

S2 779-783 *And because I was so- I got a bit anxious about the kind of ethnic difference between us, and the fact that she seemed sensitive about that- I didn't take up the issue to do with, the other issue, the other difference to do with our...respective roles in this supervisory relationship.*

In addition to gender and ethnicity, numerous personal characteristics in trainees were also described as having an important influence on the SR, including confidence, intelligence and empathy:

S11 396-398 *If people are coming with, with a good sense of self so they don't have to show anybody how important they are, that they are comfortable with...who they are ...*

S6 1178-1182 - *cleverness, being quick-witted, being clinically sensitive, and when all those things come together, you know, it's a rare person but a lot of, uh, it sho-should be a rare person but an awful lot of trainees are good at all those things.*

A sense of confidence was also highlighted as being an important factor in trainees, particularly as excessive anxiety was seen as impeding learning:

S10 647-650 -*somebody who's frozen with anxiety and under confident and again in, perhaps not, not wanting to work with me on it, um, or finding it difficult to work with me on it*

- **Prior experience**

The prior experience of both supervisor and trainee is of relevance to the SR.

For many supervisors, their SRs have worked better the more experience of supervision and confidence they have:

S7 77-81 *It's interesting to think of because it's sort of changed over t-time. Um, I think things work better now than they used to, personally, and I guess that's more, me being more, more at ease with what I do, more confident.*

With less experience, supervisors talked about the SR being more stressful, often having higher standards for trainees, or, conversely – over-empathising with the trainee role. This also seems to reflect the supervisor's knowledge and skills. Participants described learning from their supervisory experiences, and feeling challenged and stretched:

S8 1063-1067 *You do learn through it, I think you learn more through having a **bad** supervisory relationship than you do through having a good, because you can get quite complacent -*

S11 764-766 *I think it's a continuous wonderment. It's sort of something that I feel I shall never know about everything, uh, and that it's always learning.*

Experience enabled them to identify and address difficult issues in supervision promptly:

S12 984-987 *But again I think probably now with greater experience I would. .I would be more inclined to tackle those issues, um, within supervision and, you know, more swiftly*

Learning and reflecting on their own experience as a supervisee was also valuable for some supervisors in developing their own supervisory style:

S10 144-147 *I've always...thought about what she did that made me feel like she was the best supervisor I'd ever had, and, and, and I try and incorporate that into my own practice.*

Trainees' prior supervisory experience is also of relevance. Reflecting on past SRs can be important for both supervisor and trainee. Some supervisors talked about wanting to compensate for a trainee's past difficult SR:

S8 293-295 *-when people come with bad experiences, you kind of want to almost right that, I don't know, for the name of psychology or whatever!*

For some supervisors, if a trainee has previous experience in their speciality, this can make things easier because of a shared understanding of the area.

Trainees also come with knowledge and skills from their prior experience in the field or other specialities:

S8 300-305 *-she didn't have much learning disability experience...which sometimes actually does make the relationship a lot easier, if someone's got, quite a bit, a bit of LD experience because they, you're kind of almost talking on the same wavelength to start with, because obviously people do come with, with expectations and concerns-*

- **Professional values**

Supervisors value trainees who see injustice in the lives of their clients and who share a commitment to the client group. S5 described problematic SRs with trainees who did not share this commitment:

S5 1036-1042 *-the only thing I can really put my finger on with this particular person is the lack of passion about learning disability, because, because that's been my whole career, learning disability. I've done nothing else, even when I was a trainee that's what I was passionate about, so, um, uh, it does matter. It matters a lot.*

The importance of having a shared set of general professional values was described by a number of supervisors. Poor professional behaviour in trainees (such as persistent lateness, producing poor quality work) was described as causing problems for a number of supervisors:

S5 721-725 *Um, and then there are things like, um, the trainee who was always late. Just always late, and I can see that that person will continue being always late throughout their career because I know people who are always late!*

S12 described a difficult SR with a trainee who took time off work without informing her:

S12 776-784 *Um...so I haven't really had to think about stipulating those sorts of things to people before, because it's taken, in my book you turn up for work and you, you get your work done. So if that means, oh you know, you work a bit at home or you do this, you do that, that's fine, but I think because I, I hadn't had that experience of somebody who might not hold the same kind of professional standards, I kind of didn't set those boundaries I don't think.*

- **Therapeutic models**

Supervisor and trainee bring their own theoretical preferences to the SR, and some supervisors talked about the impact of these preferences on the relationship. It can help the SR to share a sense of how change occurs. S4 reflects on what it is like to supervise a trainee with a different theoretical interest:

S4 80-83 *I find it inherently much more difficult to supervise someone who basically has a psychodynamic stance. Doesn't necessarily mean it becomes impossible, but it is...much more difficult*

However, sometimes differences in therapeutic models can have a positive impact and can lead to more discussion and reflection:

S8 163-169 *I've not thought about that before, but actually just thinking about a trainee who I did have quite a good relationship with, she had a psychodynamic head and was very much interested in, in AMH, but...the flow of, of supervision we-allowed for those different thoughts I guess to be expressed.*

- **Personal stressors**

Personal life stressors can impact on both the supervisor and trainee and influence the SR. These stressors may be related to poor health, coping with stressful life events and balancing multiple demands, and can distract attention from the SR:

S8 68-73 *Um, I think other things may impact on your ability to concentrate on that trainee at any one time, such as your own life events, I think, can have quite a big impact, possibly more of an impact than on your clinical work I think.*

S10 202-205 *Um, I think....I had a trainee once who was having a really difficult time in their personal life...and wasn't really, for part of the placement, quite focused on what they were doing.*

An ability to manage such personal stressors helped to minimise their impact on the SR:

S10 206-209 *-if, if conversely if the trainee's managing other stresses and strains that are on their, in their life that doesn't effect their work, that helps things-*

3.4.2 The flow of supervision

This refers to supervisor and trainee contributions to the process of supervision.

The supervisors' contributions are summarised as **investing in the SR**. This incorporates the supervisors' efforts to prepare for, and provide learning opportunities for the trainee, as well as their responsiveness to individual needs. Trainees' contributions to the process of supervision are summarised as being **open to learning**. There seems to be some degree of reciprocity from the perspective of the supervisor – the more open the trainee is to learning, the more the supervisor invests in the SR.

S12 599-601 *-you know, the more they take, you, you kind of, more you give really-*

Conversely, the less open to learning and supervision the trainee is, the less some supervisors invest in the relationship.

S5 917-922 *And it's probably the same from their point of view as well that, that they're, they're aware that things aren't really going well and that, that, they're waiting for the placement to finish and I'm waiting for the placement to finish, so, uh, 'can I have a new trainee please?'*

3.4.2.1 Supervisor's investment in the SR

- ***Ensuring good beginnings***

The supervisors' level of investment in the SR starts before the trainee arrives on placement, with setting up appropriate clinical work and other learning opportunities. If supervisors are able to prepare for the trainee, this seems to help the relationship in that it makes the most of the limited time on placement:

S6 654-658 *And the other thing I try and do, I, I'd forgotten that, that I think it helps a relationship, is that before– I expect everybody does this– but, I mean, I have a– cases lined up before people come. Um, and so you're ready to begin. And partly because placements are always too short-*

Providing an induction to the service, and setting up supervision dates also facilitates a good start to the relationship. This seems to promote safety and perhaps also communicates to the trainee that their supervision is important to the supervisor:

S6 309-317 *-so right at the beginning I think things like making sure you've got your supervision time and the dates fixed right the way through so you know where it is, and letting people have emergency numbers if they should have any worries, and if you're away making sure that you have given them another contact person, so that they've got a framework that they feel comfortable with. I think those things are important.*

A number of practicalities were also highlighted, such as trainees' proximity to the placement, and having space and resources:

S11 636-640 *And so, I, I think, I think that there... a certain degree of sort of physical comfort and knowing "that's my space" and, you know, people are not going to interfere and it's my space where I can think undisturbed is quite important.*

- ***Establishing boundaries and expectations***

Supervisors described the importance of establishing and clarifying mutual expectations early on in the relationship. It helps to have realistic expectations in

the SR – and to clarify what the supervisor expects from the trainee, and what the trainee wants and needs from the supervisor and the placement:

S4 195-198 *-so to have an informal chat, nothing to do with the course about what are your goals, what are your hopes, where you're at, what are your fears, what can I offer you, how can I do things in a way that might be helpful to you-*

Supervisors can feel pressured if their trainee has unrealistic expectations of them, and it can be difficult if the trainee does not want what the supervisor can offer. S4 described identifying particular beliefs and expectations that a trainee had with regard to the role of the supervisor, which had a negative influence on their SR:

S4 476-487 *'if something goes wrong, it's my supervisor's fault, because they haven't supervised me well enough'...and, think that everybody will get better if only I'm supervising them well enough. That sets a tone for the whole supervisory experience which I found **incredibly** challenging and upsetting. I think I was more upset by the supervisory relationship than the trainee in fact.*

With experience, some supervisors talked about realising the importance of being clear about boundaries and expectations from the beginning:

S12 1048 *Um, I think I am clearer about **boundaries** to start with, what I expect from people...what they can expect from me-*

Discussing and reviewing the process of supervision, and the importance of the supervisor offering consistency, reliability and continuity was highlighted:

S2 185-188 *-and being able to maintain the boundaries of our relationship, and not having interruptions, not having to cancel and change and all that, I think that just disrupts the sort of safety of it.*

Maintaining the boundaries of the SR – as a professional relationship, which does not become a friendship or therapy was also seen as important in ensuring that supervisory relationships work well:

S6 251-255 ... you know, your supervision— supervisor isn't a, your closest pal or your, um, therapist and the best relationships are when people don't stray into those area.

Blending the professional with the informal and getting the balance right is important:

S8 436-439 *Without going over the boundaries into...too friendly? Because once you get into too friendly, it's, it's harder to step back if something goes wrong.*

Issues of power emerged as important. Trainees are on placement to learn, and supervisors have an important evaluative role:

S8 798-801 *But they're here...I guess, I mean, I suppose again it's the power relationship, they are kind of here, to, to, to stick to some rules.*

Some supervisors talked about problems in SRs when there seemed to be a power shift, and they felt disempowered, anxious or intimidated by the trainee.

This usually occurred in the context of having less experience and confidence in their role as a supervisor, and was particularly relevant to S12:

S12 509-513 *um, I also wonder if whether the...part of my lack of confidence early on in those placements...may have contributed to...people thinking they could take more liberty...maybe, I don't know...*

Clearly expectations and boundaries can influence the quality of the SR.

- ***Spending time together***

Spending time and getting to know the trainee emerged as an important theme in the development of the relationship. Investing time at the beginning was seen as helpful in making a connection with the trainee

S12 176-180 *-because certainly I've had trainees when...I've sort of set them afloat on their induction and then been off doing other things...and I think those have worked less well because the initial, um...sort of connections just hadn't been made...*

Getting to know the trainee as a person, and spending time together informally was seen as important in developing the SR:

S11 275-281 *I think opportunities during the placement, uh, to have informal experiences, often lunchtime, are very helpful, yes, just to relax together as well. It doesn't happen very often because we are all running like headless chickens, but, uh, but when it happens it, I always feel that it's, that's it's good, it's helpful.*

Making time for the trainee, is not always easy for supervisors with many other commitments, but seems to be important in enabling the relationship to go well.

It is also important for the trainee to be available to spend time with the supervisor which may be difficult because of other commitments:

S4 235-237 *-always a challenge in the final placement because there will be times when the trainee just simply isn't available...they're not there.*

Being available and accessible outside supervision was also seen as important by some supervisors, and being used in the event of a crisis was seen as an important barometer of the SR:

S4 184-187 *-if, you know, they ring my home, that would give me some measure of reassurance that it's working reasonably well, whereas if it's not happening...I would be more concerned.*

- ***Encouraging learning and responding to needs***

Tuning in to the trainee's interests and preferences, pitching things at the right level for the trainee and pacing the placement appropriately was highlighted as important. Keeping the trainee's needs in mind throughout the relationship, and supervisors adjusting their style accordingly is an important part of investing in the SR. This emphasis on responding to the developmental needs of the trainee is summarised by one of the participants:

S5 158-161 *one is, early on in the placement, not to be afraid to give lots of guidance and be directive...and then later on in the placement, not to be afraid to let go and be reflective, and, and let the trainee lead.*

SRs which worked well were characterised by this attentiveness to the interests and needs of the trainee, and flexibility:

S1 491-495 *So kind of tuning into her kind of timing and rhythm, and then kind of noticing what she was interested in, and picking up on that and running with that, and kind of offering things..offering things and just letting her just take what she wanted to take*

This need to pitch things at the right level for the trainee is illustrated by S6's reflections on a relationship which did not work well:

S6 1096-1099 *but my feeling now is that this person wasn't ready for the load and the way that we went into it was counterproductive and eventually we pulled back and reduced the patient load and she got going again*

An important part of encouraging learning is facilitating reflection. Supervisors talked about promoting reflection in a number of areas e.g. the trainee's clinical work, their past experiences of supervision, and the interface between the personal and professional. The trainee's capacity for reflection was important to some supervisors, and a sign that the SR had worked well:

S2 240-246 *Somehow...that issue of what is the relationship and the interaction between the person that they are (...)sort of comes in. I always think when that happens, I kind of sort of give a tick there, I sort of feel that right this is a supervision relationship that's worked. This trainee is now...used it and we have achieved something...*

Supporting the trainee was also highlighted. Supervisors described the importance of being empathic and supportive without being intrusive, and considering the trainee's other commitments and pressures:

S4 291-293 *I remained mindful of other pressures and not just simply focused on what the placement needed from her.*

S1 156-158 *and then I can kind of be supportive and get the balance between being involved and not being intrusive*

The role of mutual feedback emerged as another important issue in investing in the SR, and in encouraging learning. Supervisors talked about the importance of giving clear, honest feedback in a sensitive way and of giving positive messages about the trainee's progress:

S5 165-169 *Um, and the other thing that I'm sure is important is to let people know that they're doing well and, and just to say to people, you know, 'I'm really, I'm really pleased that, um, that you're doing as well as you are doing'.*

Some supervisors talked about a trusting, safe relationship needing to be in place for feedback to be heard.

S3 181-186 *And being careful that when you feel that you have got to sort of give feedback that's...less positive that you do it in an appropriate way, and within a setting where they feel that things, by and large it's fine, but there is this thing that needs to be changed a bit and worked on*

Constructive feedback needs to be given sensitively. At times the role of the supervisor in giving difficult feedback and managing the trainee's reactions to this can feel anxiety provoking.

S10 1146-1150 *-having to be the person who's not very popular and is giving, you know, giving difficult feedback and having to, know, that, that the trainee's going to be really pissed off with you for a bit.*

Trying to facilitate trainees giving feedback to supervisors was seen as important, but some supervisors appreciated the inherent difficulty for trainees to give them honest feedback because of the power differential in the SR:

S12 664-667 *So I think it's, it's quite hard to talk about isn't it in supervision, in supervision about if you do or don't get on or what's difficult about it given the power imbalance-*

Linked with feedback is the evaluative element of the SR. Some supervisors try to defuse this early on by observing the trainee's work and giving positive feedback, but acknowledge the capacity for evaluation to strain the SR. The

importance of evaluation in the context of valuing, accepting and respecting the trainee 'warts and all' was described. Evaluation and feedback are important roles for the supervisor in facilitating learning, and can strain the SR in some instances, but are made easier if there is a context of valuing and respecting the trainee.

S6 1240-1242 *-I think putting the evaluative element into a context of really valuing what somebody does and respecting their way of working*

Noticing development in the trainee's skills was seen as important and rewarding for supervisors - a sign that the SR is working well:

S2 195-199 *I know it is working well, if there is a sort of process of development. So I see something changing...I don't have a very clear sort of pre-determined map of how it is going to change, but if I notice something changing then that gives me feedback that it is working*

S1 203-205 *and that kind of gives me quite a kick, to see that happening and to see them really kind of learning, you know*

Participants described positive expectations of trainees – valuing and learning from them, which influenced their investment in the SR.

S10 1184-1188 *I think only that they can be extremely...rewarding and exciting as well. I really love having trainees working with me and what they bring, and I always feel I, I learn something every time and...really value their contribution*

Some supervisors talked about more difficult SRs as contradicting their expectations of trainees:

S6 419-424 *-I think that it violated my assumption that everybody on the course is extremely talented and competent and ready to go, um, so if that person had been more talented there'd have been a spark there, so I began to doubt the potential*

In summary, supervisors' investment in the SR incorporates preparing for the trainee on placement, establishing boundaries and expectations, spending time and being available for the trainee and providing reflective learning

opportunities. Being flexible to individual needs, supportive, providing and encouraging feedback to facilitate learning are also important investment factors. Supervisors' awareness of change and development in trainees' skills and having positive perspectives of trainees makes the experience of supervising rewarding.

3.4.2.2 Trainee's openness to learning

This category incorporates the importance of trainees' openness to learning – their contributions to supervision and the placement, their enthusiasm, curiosity and commitment to getting the most out of the experience.

- ***Being enthusiastic and committed***

Being enthusiastic and demonstrating a commitment to the placement experience, rather than a sense of going through the motions was seen as important, particularly by those supervisors who worked with people with learning disabilities:

S8 954-960 *-you kind of feel occasionally with some trainees that they're just doing this to pass. They're not doing it, they're not...doing it for the reason that most trainees do, which is to find out more, and to learn more about people, it was just something that had to be...stamped, really, to get onto the next stage.*

S9 described the importance of trainees being open and enthusiastic:

S9 629-634 *I think where a trainee goes the extra mile. Where they're willing to come in and, and just embrace the work and do more than I would e-expected.*

- ***Proactive stance***

Trainees' active involvement in supervision was seen as contributing positively to the SR – coming prepared to supervision, collaborating, bringing and sharing ideas, reflecting on discussions in supervision, following up on suggestions, responding to feedback and reflecting on the impact of interventions in

supervision. Trainees who contributed actively to supervision, followed up on suggestions and participated in the process were valued by supervisors:

S9 142-144 *-and they're coming willingly to supervision, they're sharing things, they're talking through things-*

When SRs worked less well, supervision was limited, or trainees did not make use of the supervisors' suggestions and guidance:

S8 558-563 *and other trainees come back and they're still stuck there. Or they've done something different...and you think 'Ooh, did I not say that quite clearly enough?'. And then it's feeding that back and, and, and maybe some trainees then do get it and then it's those trainees that **still** don't*

Some participants discussed an assumption implicit in supervision that trainees will follow up on suggestions. When this does not happen, there can be problems in the SR. S8 summarises this:

S8 745-751 *-and then, I began to realise more and more, she wasn't actually following through with what we'd discussed, what to do. And I was quite shocked I think at that stage because trainees do tend to do what you say! And, um, from feedback from someone else made me realise that she'd done something that I'd told her not to do.*

A proactive stance also involves trainees being willing to adopt a learning position, being open to feedback, open-minded and curious, and wanting what the supervisor and placement can offer. Interest and genuine curiosity are important:

S2 516-122 *I guess I also keep an eye on whether they seem interested and curious, whether questions keep coming up.... Whether there's a sense of curiosity and puzzlement, kind of keep going, not just the questions that they had at the beginning, but kind of new questions are coming up as the placement is moving.*

For some trainees, adopting a learning position can be difficult, perhaps because of the vulnerability involved in being honest about the skills they lack and need to develop:

S4 71-73 *-they're not really in a learning position anymore, they're in a, kind of 'demonstrating they can do' position. That makes it harder.*

Wanting what the supervisor has to offer is important. It is important to some supervisors that the trainee sees them as having skills and experience that are valued, and that supervisors are involved in the trainee's work:

S2 575-579 *What I mean is that the trainee has to have some...sort of sense that I have something to offer them, and the supervision has something to offer them. And if they don't have that sense...then that creates difficulties.*

- ***Being productive***

Participants described SRs which worked well with trainees who worked hard, took responsibility for getting things done, produced good quality work, and coped well with multiple demands. S9 describes valuing hard work and the trainee's organisational skills:

S9 282-285 *So she concentrated on one piece of work that- got that out of the way, went on to the next, knew how long she had to have, got that out of the way, and that was the way that she organised herself and it was exceptional.*

S7 summarises the relevance of the quality of the trainee's work on the supervisory relationship:

S7 812-816 *I suppose what I'm slightly struggling with is the relationship and the work thing. Because it's usually, there's a sort of, um, where things I suppose tax the relationship is where there is...poor quality work.*

Paying attention to the quantity and quality of the trainee's work seemed important to some participants in that it can be an indicator of how well the SR is working. S4 noticed that her trainee was only able to manage a small caseload, which reflected unrealistic high standards for herself and the supervisor, which influenced their supervisory relationship:

S4 751-753 *-she had a relatively small caseload, and that's fine, and that— some people have slightly more, other people have slightly less, and it depends on some of the complexity of the cases, but that, um, was particularly small...*

S12 also described a problematic relationship, in which the trainee appeared to avoid work on placement, and the supervisor had to be vigilant in making sure work was completed:

S12 831-834 *It was harder work to make sure those things were done and she'd been very...you know, she'd sort of probably got out of doing bits of work she didn't want to do.*

Therefore, the trainee working hard and being productive on placement seemed important in the supervisory relationship to many of the participants in this study. For some supervisors, poor quality work, or the trainee's avoidance of engaging with some aspects of work on placement can either strain the SR, or be a sign that the SR is not working well.

3.4.3 Core relational factors

These factors reflect how the supervisor and trainee relate to each other, the degree to which they connect and develop a bond, the level of safety and trust in the SR, and how open and honest the relationship is.

3.4.3.1 Interpersonal connection & emotional tone

This category describes the extent to which the supervisor and trainee interpersonally connect with each other, whether they develop a bond, and the emotional atmosphere of supervision. This encompasses interpersonal chemistry, and whether the trainee and supervisor like each other or not. The reader is referred to section 3.6 for the researcher's reflections on this part of the analysis.

S12 305-308 *There is something about interpersonally at the beginning, when you first meet anybody, as we know, is that in social interactions, of some people you just click with and some you don't-*

It is important to note that a close personal relationship is not necessary for an effective SR. It is possible to develop a good enough connection to facilitate the development of the relationship:

S9 390-395 *-I don't, I don't think it's the thing that makes the difference, it's nice when it's there, but there are an awful lot of supervisory relationships which I've had that have been very good where there's still been that big boundary and yet it's worked extremely well-*

Not liking the trainee was a factor in some of the challenging SRs described, as summarised by S10:

S10 804-806 *Um, because I just really didn't like him and I, I just used to dread seeing him in the morning, even in the office, and then I used to really dread supervision.*

Supervisor and trainee having matching styles was described as potentially helping the development of a connection:

S3 135-138 *I think there can be other trainees where that doesn't get going as quickly or as easily, in which case I then have to work a bit more, so that my style of interaction matches theirs*

Sometimes, differences in style can also negatively influence the relationship.

S12 described difficult SRs with trainees who had different personal styles,

making it difficult to connect with the trainee:

S12 363-367 *Um, and on occasions when I had very confident trainees they at times can feel overwhelming. Given I'm not a particularly loud person I don't think, so, kind of, um, so that might have had an impact-*

Similarities with other relationships were also highlighted e.g. parental relationships or friendships. Some supervisors talked about the similarity with friendships in terms of what draws them to particular people, why they like some

people more than others. The level of intensity of the SR was also described as relevant as a sign of how well the relationship worked. S8 reflects on this:

S8 784-791 *I think that probably if I'm looking back it was the relationship, just wasn't...wasn't very intense. It was quite...business really, do you know what I mean, it was business?...And while, I mean you don't want, necessarily want every trainee to...to be on exactly your wavelength and to bare their soul to you and, uh, you know, it's not a requirement of, of the relationship...*

Being the same gender made it easier for some supervisors to establish a connection with the trainee. S5 (a male supervisor) reflected on the impact of gender on his SRs with trainees:

S5 576-577 *—um, uh, I think it's more...just the general social style of how I relate to men and relate to women*

All supervisors talked about the emotional tone or atmosphere of the SR. This includes the supervisor's and trainee's reactions to each other and to supervision. These emotions can be positive (feeling at ease, developing trust, having fun together) or negative (being anxious, feeling paranoid, dreading supervision, being glad when the SR is over). These emotions provide important information about how well the SR is working, and if there are problems which need to be raised and addressed. S4 talked about her reactions to the SR and supervision with her trainee, and how important these were in identifying problems in the relationship:

S4 699-701 *I didn't, I didn't like it, I kept thinking about it, it kept winding me up, I wanted to bash my head against a brick wall-*

Other supervisors also talked about the emotional tone of the SR as an important source of information as to how well things were working:

S2 635-637 *I think I keep an eye on the sort of emotional tone of our interactions, you can sort of feel it, that it is feeling anxious, and it is feeling tense.*

3.4.3.2 Creating and maintaining safety and trust

Supervisors highlighted the importance of creating and maintaining a safe

learning atmosphere in the SR. The supervisor acts as a safe base:

S2 74-78 *-developing a sort of safe space, where that sort of learning can take place, and there's where I think actually my understanding of attachment theory in fact has informed my way of thinking...so what facilitates the creation of a safe space within a relationship where learning can take place-*

Trainee anxiety and worries about evaluation can impair their ability to reflect on learning:

S2 579-583 *And I think all of the issues to do with anxiety about whether...I am assessing them, or whether they are too anxious about their difficulties, or too anxious about their doubts, or too anxious about their uncertainties, then it is going to be hard to make it safe between us.*

This category also refers to the supervisor feeling that the trainee is trustworthy and a 'safe pair of hands'. A number of supervisors described problems in the SR when trust and safety are broken. For example, S12 described a strained relationship, in which the supervisor's trust in the trainee was undermined:

S12 1019-1022 *I think I sort of, it, the, the crossness kind of waned a bit as placement carried on but I think the underlying, at that po-, well from my point of view there was an underlying element of trust that had been...broken.*

3.4.3.3 Being open and honest

All of the supervisors in the study described the need for openness and honesty in the SR, and the problems that develop when issues are hidden or undisclosed.

Openness from both the perspective of the trainee and the supervisor was seen as important. Some supervisors talked about trying to model openness in the relationship:

S2 131-140 *the other thing that I tend to model, rather than be explicit about, is...that the sort of no topics outside of the supervision, no barred topics, either in terms of the clinical work, or gradually through supervision, sort of, you know other issues that might come up. And I tend to do that just simply by...being quite explicit about issues which I think are sort of there in the clinical work, maybe they feel a bit embarrassed talking about something, I just bring it in, and in that sense...I sort of quite strategically try to model we can talk about things that may be difficult to talk about.*

Some supervisors described their willingness to be open about themselves as professionals and people - their strengths and weaknesses, and to enable a balance between the personal and the professional in the relationship:

S1 572-575 *and so I was always very open about the fact that I am single and I don't have any children and things like that, and who I am and where I come from, and some of the dilemmas for me*

Openness about activity also emerged as important. Allowing trainees to observe their work, and knowing what work trainees were engaged in was described by supervisors as important in the relationship:

S3 76-80 *And I think it is important to have an openness, I get twitchy if I feel I don't know what they are doing. And I, err, because one has to bear in mind always, that you as supervisor have clinical responsibility, so it is important to keep...keep tabs on what they are doing.*

Most of the participants described difficulty in SRs in which it seemed evident that the trainee was experiencing a problem, but was unable to share what this was. This was frustrating for the supervisor, as addressing the difficulty was problematic:

S9 758-761 *I think a lack of honesty about her thoughts and feelings about supervision perhaps. You know, if there was something not, not good for her there then it's a pity she couldn't have said*

Supervisors described SRs working much better if trainees were able to be open about any difficulties they were experiencing. Some described feeling excluded

from knowing about problems the trainee was experiencing, which made supervising difficult:

S6 936-939 *But there was this lack of openness and it was opene-lack of openness to protect confidentiality and privacy: fine. But it was too much...protectiveness to be able to do good supervision.*

Supervisors who described a lack of openness and honesty in the SR were never entirely sure what the issue was, even after the trainee had left the placement:

S9 687-691 *and at the final placement review it was obvious that there were things which weren't going well and yet she'd never mentioned them.*

3.4.4 Problems and resolutions in the SR

Problems in the SR and supervisors attempts to resolve them will be described next.

3.4.4.1 Problems in the SR

Ten of the 12 participants described having experienced problems in their SRs with trainee clinical psychologists. S11 had not had any problematic SRs with trainees. S2 described a problematic SR with another professional (a psychotherapist). Although this study was primarily concerned with SRs between qualified and trainee clinical psychologists, the data from this interview was included in the analysis, once the model was developed as an opportunity to consider its explanatory power (Strauss & Corbin, 1998), and the similarities and differences in these relationships. The codes for this interview were integrated into the existing categories, and the similarities and differences between this SR and others are discussed in section 4.4.1.

The analysis of challenging SRs suggested that problems could occur in any of the categories described in section 3.4.3. For example, S12 described problems and strains in the SR in several areas (the categories these problems relate to are presented in brackets). Differences in professional values, S12's lack of supervisory experience at the time (contextual influences: what the supervisor and trainee bring – professional values, experience) and a difficulty establishing boundaries and expectations at the beginning of the SR (investing in the SR: establishing boundaries and expectations) all contributed to the challenges in the SR. In addition, the trainee was perceived as overly confident, not open to learning about the speciality (openness to learning: being enthusiastic and committed), and was not open and honest about her activity, which also contributed to a lack of safety and trust in the SR (core relational factors: openness and honesty, safety and trust).

Table 4 summarises the problems experienced by participants in their challenging SRs.

Table 4 Problems in the SR

Participant	Brief summary of problems in the SR
S1	Trainee had an undisclosed personal problem & past experience of poor SRs; Unwelcoming team, unprepared for trainee's arrival
S2 NB: SR with another professional	Supervisee perceived self to be more expert than supervisor; seemed uninterested in supervision; difficulty negotiating boundaries & a power struggle in SR. Rigid supervisory style, supervisee angry. Supervisor anxious about differences in ethnicity.
S3	Trainee from different ethnic group & supervisor uncomfortable with power in SR. Trainee perceived as inconsiderate of colleagues & persistently late, not open about activity, not open to feedback.
S4	Trainee had unrealistic standards for supervisor. SR characterised by frustration. Trainee had small caseload. Poor integration with team.
S5	Trainee uncommitted to client group, different values; little interpersonal connection. Supervisor inexperienced & difficulty establishing boundaries.
S6	Trainee perceived as anxious & dependent. Undisclosed personal problems & prior negative experience in speciality. Trainee perceived as passive in supervision.
S7	Trainee poor professional behaviour & poor team integration. Inexperienced supervisor & difficulty establishing boundaries.
S8	Trainee perceived as overly confident, did not follow up on supervisor's suggestions, not open to feedback, and seemed disengaged from supervision. Supervisor lost of trust in trainee. Supervisor preoccupied by personal stressors.
S9	Trainee unhappy with the placement, but did not disclose why, did not engage with supervision. Supervisor's inexperience prevented early identification of problems.
S10	Inexperienced supervisor; trainee uninterested in speciality, poor quality work & relationships with team.
S12	Inexperienced supervisor, difficulty establishing boundaries, trainee poor professional values, overly confident, uncommitted, not open about activity.

3.4.4.2 Attempts at resolving problems in the SR

Table 5 summarises the categories derived from focused coding and axial coding in relation to attempts at resolving problems in the SR.

Table 5 Attempts at resolving difficulties in the SR

Categories from axial coding	Categories from focused coding
Noticing/ being aware	-Noticing/ being aware
Gathering information	-Seeking supervision from others
Formulating	-Formulating/making sense
Intervention	-Deciding to raise the issue -Tackling the problem -Remaining concerned

- ***Noticing/being aware***

This category reflects the importance of noticing and being aware of problems in the SR. Tuning into the relationship, being on the look out for potential problems, and focusing on the process of supervision were all seen as important.

Supervisors described needing to identify problems early, although this was not always easy to do – supervisors are often busy because of heavy workloads and can be distracted by other pressures. Trainees can also be busy, because of their numerous commitments and the time limited nature of placements:

S4 605-609 *so first of all I need to notice it and that sounds easier than it is because, particularly if you're distracted or very busy, and the trainee is...getting on with it, and, or the trainee is not available– it's harder to notice*

S8 77-79 *I think it's because it's quite an intense 6 month relationship and, your head's got to be able to tune in...on a regular basis*

S4 reflected on the importance of getting to know the trainee in being able to notice if the relationship is strained:

S4 592-595 *so it's easy to pick it out if you have an established relationship, and then if something goes wrong...that's easier to spot because you can see a shift-*

Participants described a number of factors which could indicate a problem in the SR. These included paying attention to the trainee's stance (their verbal and non-verbal behaviour), noticing their own reactions to supervision (e.g. working excessively hard in supervision or over-preparing), feedback from team members, the quality and length of supervision, and comparing the trainee with past trainees. Participants talked about the need to tackle things early. S10 reflected on a relationship with a trainee which did not go well:

S10 1081-1084 *So I, I think I contributed to that because I, I didn't spot that pattern early enough.*

Some participants, such as S12, knew from the beginning that the relationship would be difficult:

S12 893-897 *From the beginning I wasn't sure it would work well, by someone very overly confident stating she didn't want to work, had no intention of working in learning disabilities, this was just simply something she had to go through.*

For others, such as S9, they were unaware that there were difficulties until it was too late:

S9 779-780 *-it was only really much towards the end that it was noticeable that things weren't going well*

- **Gathering information**

This category encompasses the supervisor's attempts to gather further information once they have noticed a problem in the SR. This may include

tentatively checking things out with the trainee and seeking advice from others – either colleagues or people connected to the training course. Seeking supervision was seen as important in trying to make sense of the problem in the SR, and thinking of the best way to deal with it. S4 summarises this:

S4 883-887 *-increasingly I find that seeking supervision on supervising, whether it be with a trainee, or with all the other supervision that we do, is important.*

- **Formulating/making sense**

Once the problem has been spotted, supervisors described trying to formulate the problem - trying to make sense of and understand it. S10 summarises her attempts to try to formulate the difficulties in one of her SRs:

S10 914-919 *I guess what we did really was (...) get to understand...why, what was kind of fuelling that way of interacting with, with the world and other people and his colleagues and me, and that he was vying for status with me..*

Formulating was seen as an important process by many supervisors. In addition to making sense of the problem, and guiding intervention, it enables supervisors to be empathic and understand their own interpersonal reactions to the SR:

S4 741-742 *So I could be more supportive, and locate the problem where it seemed to be-*

Formulating can take time, and may not always be easy to do. Sometimes supervisors mis-formulate the problem, and only with later reflection can make sense of the difficulties. S1 described a difficult SR which was characterised by a lack of openness:

S1 731-734 *I wonder if she just found herself in a complete corner in which she felt completely unable to ask about anything. To actually become completely kind of lost somewhere.*

- **Intervention**

Deciding whether to raise the problem with the trainee was an important issue for many participants. Some supervisors talked about needing to think carefully about whether or not to tackle the problem directly. Raising the issue was seen as requiring courage and sensitivity. S2 summarises this:

S2 677-680 *I think inevitably you have to find the courage within you to raise it, and that's difficult, just because we are trained professionals doesn't mean that we find it easy to kind of say – what's going on here?*

S12 described feeling overwhelmed by the problem, and this prevented her from tackling it directly with the trainee. Her level of experience seemed to influence this:

S12 1005-1010 *It's interesting, I didn't...broach it, I, I kind of, I felt really overwhelmed I didn't know what to do!...Um...so didn't tackle it head on with her, or not head on but, you know, uh, you know, didn't ask her directly about it.. .um, again I think I would do that very differently now...*

Recognising the supervisor's professional responsibility to address problematic issues was described:

S10 809-814 *...but actually I, I have a professional responsibility here to give you feedback and sort this out and not let this, this style and behaviour carry on because you're going to be a psychologist who abuses your clients...and your team!*

The timing of when to tackle the problem can be important, to avoid any unhelpful interpersonal dynamics (e.g. responding when the supervisor is feeling annoyed):

S4 1000-1003 *But it had to be at a time when everything's kind of cool. You know, the heat of the moment, I mean –to do any of that in the heat of the moment would have been very dangerous.*

Supervisors described a number of strategies to address and resolve problems in the SR. Clarifying misunderstandings, acknowledging and reflecting on the

problem were highlighted. Reflecting on the interpersonal reaction to the trainee was particularly important for S4 whose trainee had unrealistic expectations of her. Initially, S4 worked hard to try to match the trainee's perfectionist standards, but realised that this perpetuated the problems in the relationship, and so resisted this and became 'imperfect'. It was difficult to resist the trainee's unrealistic expectations of the role of supervisor:

S4 731-732 (...) *so I backed off from that and started to be imperfect. Terribly painful, because the pull seemed to be so powerful.*

Making changes in the relationship e.g. spending more informal time together can be useful. S4 summarises this:

S4 650-660 *-spend a bit more time with my trainee, often that's a solution, or do something different with my trainee as, so if it seems to crop up in the supervision, let's see, sit in, let her sit in on something I do or we do something together or we'll go out for some lunch and talk about the weather. See, shift the relationship somewhere else, which clearly in that sense I can do, to see what happens there. Does it make her feel a lot more comfortable, is it just a bad day, or- are there, can we have dialogues about other things so that- it will enhance, will clarify my formulation and simply make the relationship feel a lot more solid...*

Trying to give more to supervision, and building on positive experiences in the placement was described by S8 and S5:

S5 1068-1070 *um, 'what, what are the things that you're most enjoying and most getting out of it and, and lets, uh, lets build on that'. That kind of conversation.*

S8 698-703 *One of the ways I guess I would be looking at the time aspect and, and finding more to discuss and actually beginning to think if you c-can get on each other's wave lengths, sort of thinking, so pulling more out of them and maybe giving some more of yourself.*

Supervisors described talking about the process of the relationship, adapting their style and exploring the problem collaboratively as being helpful. Maintaining a positive, non-blaming, collaborative stance and problem-solving were seen as

important.

S5 866-868 – *and, and how do you feel about it and, and how can we, uh how can we together – what, what support do you need to make it, to make it move on?*

The importance of the trainee committing to change, and their reactions to the problem being addressed were described – such as anger, depression/being tearful, or simply not hearing/accepting the feedback. S4 describes the importance of mutual commitment to change:

S4 1026-1027 (...) *one of the things that made the relationship in the end work, is that we both tried so hard.*

It seemed hard to resolve difficulties in some cases, particularly if one or both parties felt angry:

S12 660-664 *Um, I think with the trainees where things didn't go well, it was quite hard to...once people are cross it's quite hard to, to fix that.*

S10 was relatively inexperienced as a supervisor at the point in her career in which her most challenging SR occurred, and found the experience difficult and stressful:

S10 1151-1159 (...) *it got me in terms of feeling , kind of inferior to him and then I'd be wob-I'd be feeling wobbly about my supervision and wobbly about my feedback, um... and that didn't feel like a good place to be*

In two of the relationships described as problematic (S6 and S10), the trainee was failing on placement, and a member of course staff became involved, facilitating the process of resolution:

S6 451-454 *Now what the external person did was completely revelatory to me. Sat us all down together and worked out what exactly were the criteria for improvement and what needed to be done in order to get there.*

S10 323-326 *Um, and I was caught in the middle a bit and in the end someone external came in and helped resolve it because I thought that I, I wasn't in the best position to do that by myself...*

This external intervention was seen as useful by both of these supervisors, and improved the SR to some extent – either by re-establishing the supervisor’s power in the relationship, and enabling the trainee to take seriously the supervisor’s concerns about their learning needs (as described by S10), or by providing clarity as to the best way forward (as described above by S6).

S7 described how resolving problems in the SR can sometimes strengthen the relationship:

S7 532-535 *Well I suppose there were some, there were some difficulties, or some things, you know, which we got through and I guess that can help strengthen a relationship can't it?*

Some supervisors described the problems in their relationships resolving enough for the trainee to benefit from supervision and pass the placement, but that the SR was not transformed into a good quality relationship. It seems in these instances that the SR just needed to be ‘good enough’. S12 summarises this:

S12 993-996 *-it sort of resolved enough to continue to the end of placement, as, you know, in a, in a professional supervisory relationship, but it didn't...massively improve*

Although, some of the problems in the supervisory relationships described in the study resolved in a satisfactory way, others did not, although none of the trainees failed their placements. Some supervisors remained concerned about the issues in the SR. S1 and S3 describe their efforts at resolving the problems in their SR as not working:

S1 782-785 *But then, we would kind of try that for a bit and it would kind of collapse. So, yes, all my best efforts weren't really working.*

S3 502-506 *I felt that she wasn't covering the quantity of work, or she was unreliable, you know, missed things sometimes. And...didn't seem to change that after we had talked about it, and it continued to **be** a bit of an issue right through the placement*

For some supervisors their doubts about the trainee remained even if the problem had been addressed in the SR:

S6 470-474 *I mean I still if I, I still, this is years and years ago, would see that person at conferences or something and I'd still think 'I wonder if they're really any good'. I'm ashamed to say. It's an awful thought to have.*

S10 927-935 (...) *I remember a conversation right at the end where, you know, he was saying all the right, he was giving me the feedback at the end that it had been hugely, um...helpful for him and, in, in seeing those things (...) I had a conversation with his clinical tutor at the end and was 'I'm not sure that he's genuine in saying that'.*

There may also be feelings of relief when the relationship ends, as described by S3:

S3 707-710 *But I wouldn't say it was ever a good relationship. It was a bit of a sigh of relief, and you know, I hope the next one works better.*

Some supervisors described giving up on their SR, and after a while deciding not to engage or invest in the relationship, no longer expecting a difficult SR to change. S12 describes this:

S12 593-597 *I ceased to invest a huge amount of time in that..you know, I'm not saying I didn't supervise h-, the person well, but there comes a point when you just cut your losses.*

In these scenarios, supervisors and trainees may give the bare minimum to supervision, and mark time until the relationship is over and the trainee moves onto another placement:

S5 917-922 *And it's probably the same from their point of view as well that, that they're, they're aware that things aren't really going well and that, that, they're waiting for the placement to finish and I'm waiting for the placement to finish, so, uh 'can I have a new trainee please?'*

3.4.5 Emergent theory on the supervisory relationship

3.4.5.1 *The quality of the SR*

From the analysis, clear themes emerged relating to the contextual influences on the SR. These comprised 'external' factors such as the team in which the SR takes place, and the training course. These factors are important because they provide the wider context, and appear to influence the development of the relationship. In addition to these external factors, the supervisor and trainee will also bring with them factors such as personal/identity characteristics (including gender, ethnicity etc), prior experience (of supervision and the speciality), professional values, and preferred therapeutic models, as well as stressors in their personal lives which will also influence the SR. Time is implicit in this model – the relationship develops over time, and there is a natural limit to the supervisory relationship imposed by the length of time the trainee is on placement (which is usually around six months).

Supervisors' investment in the SR (for example, by preparing for and spending time with the trainee, establishing boundaries, providing learning opportunities, responding to the individual needs of the trainee, facilitating reflection and providing feedback and evaluation) and the trainees' openness to learning (being enthusiastic about the placement experience, adopting a proactive stance in supervision, and being productive) constitutes the flow of supervision. The more open to learning the trainee is, the more the supervisor seems to invest in the relationship, and a positive cycle ensues. Seeing change and development in the trainee's skills is rewarding, and promotes investment in the SR. For some

supervisors however, if the trainee does not seem open to learning, there seems to be a point at which they no longer invest as much in the relationship.

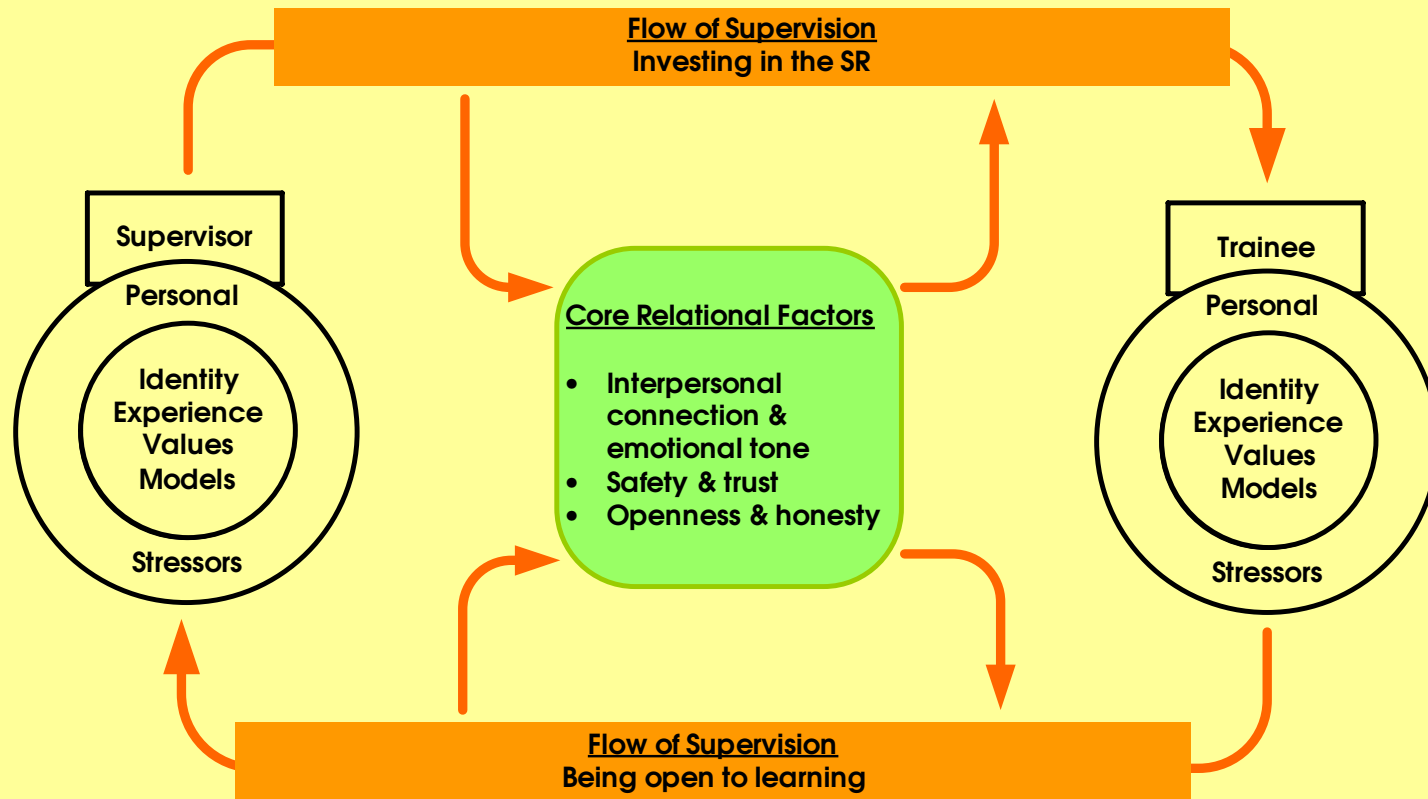
Supervision becomes a meeting in which the minimum is covered to ensure safe clinical practice.

At the core of the SR, are relational factors such as interpersonal connection and emotional tone, safety, trust, openness and honesty. There is a reciprocal relationship between these core relational factors and the flow of supervision.

The more supervisors' invest in the relationship, and trainees' are open to learning, the more these core relational factors can develop. Similarly, the more the core relational factors become established, the more the supervisor invests in the SR, and the trainee's learning is facilitated.

These factors and their relationships are represented in figure 1.

Contextual Influences – Team & Course



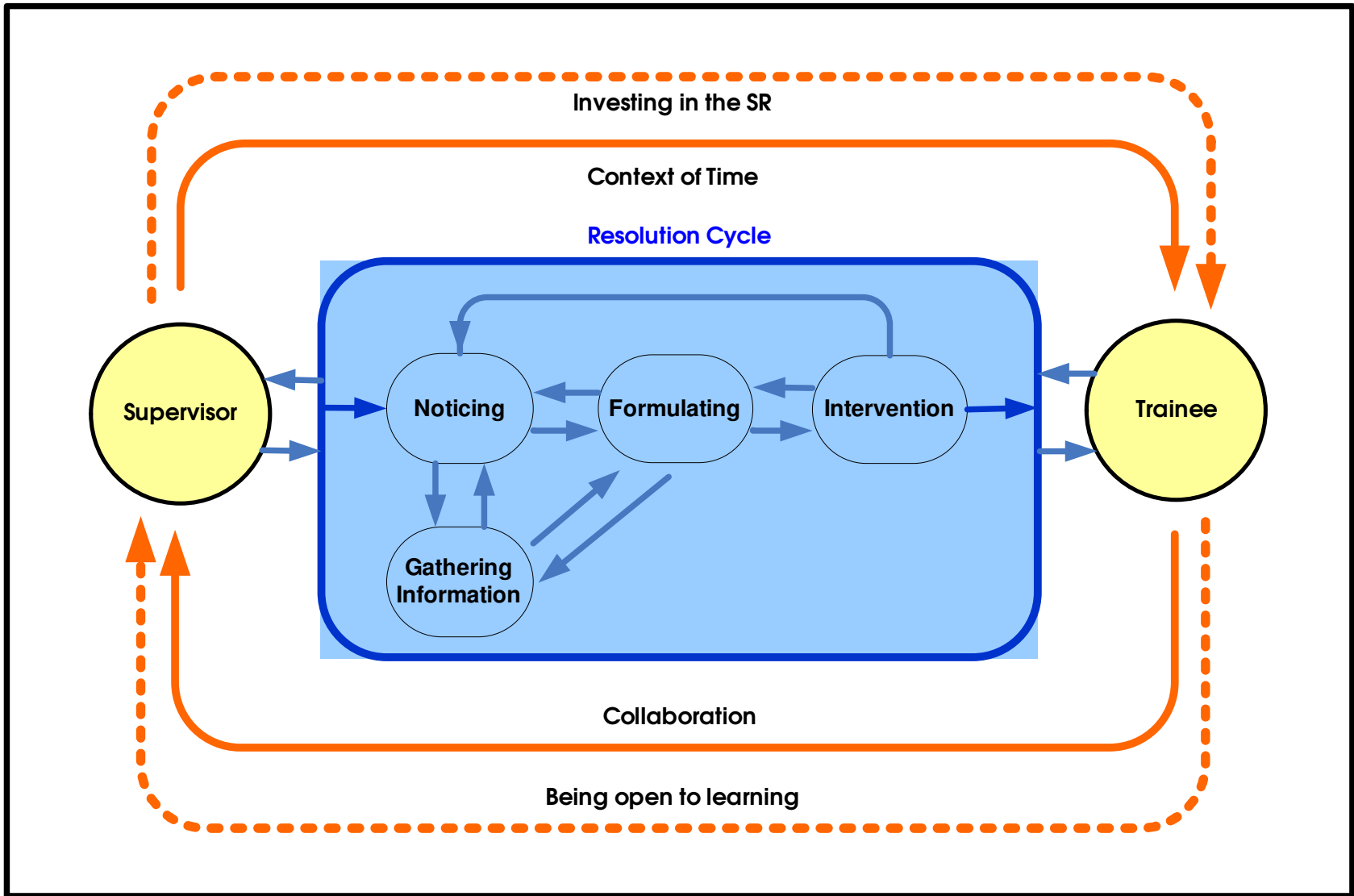
3.4.5.2 Attempting to resolve difficulties in the SR

The analysis suggested that difficulties and strains in the supervisory relationship are not uncommon. The supervisor's investment in the SR and the trainee's openness to learning are important contextual factors in the successful resolution of difficulties. If these factors are in place, this improves the chances of resolution. If they are not in place, the chance of successful resolution seems to be reduced. The context of time is also important. Placements are usually around six months, and so there is a natural time limit in which problems can be identified and resolved.

Initially supervisors need to be aware of a problem in the relationship. Once they are able to identify a problem, they may gather more information, e.g. by provisionally checking things out with the trainee, using their own supervision, asking team members or the course for information. Formulating and making sense of the problem is an important part of the process. Once the supervisor has made sense of the problem to some degree, s/he may decide to try to raise the issue with the trainee and make attempts to try to resolve it. Interventions can be diverse, and attempts to resolve problems may provide additional information for the formulation. The supervisor needs to tune into the SR to see whether attempts at resolution are successful. If they are, supervisors seem to continue to invest in the relationship. Successful resolution depends on the collaboration of the supervisor and trainee, and the trainee's ability to remain open to learning. Supervisors and trainees can become stuck at various points of the resolution cycle, for example the supervisor becoming aware of a strain in the relationship,

but being unable to gather additional information to formulate (e.g. if the trainee is not open about personal stressors which impact on their ability and performance), or when attempts at intervention are unsuccessful (e.g. if the trainee is not open to feedback and learning). If attempts at resolution are unsuccessful, supervisors may no longer invest in the SR, and wait until the relationship reaches its natural conclusion at the end of the placement.

Figure 2 summarises this model. The bold orange line illustrates that the supervisor invests in the relationship, and that the trainee is open to learning, which facilitates the resolution of the problem in the SR. The broken orange line illustrates that the supervisor is not investing in the relationship, and the trainee is not open to learning, which may mean that the problem is not resolved and the supervisor and supervisee can become stuck in the resolution cycle, if they enter it at all.



3.5 Credibility checks

As described in chapter 2, a number of credibility checks were used in the study. Checking the results with the participants of the study, and two experienced supervisors will be described next.

3.5.1 Participant check

A summary of the findings of the study was sent to the participants to see whether the findings resonated with them. Ten of the 12 participants responded, 8 via email, and 2 via telephone contact.

S2 said “this seems a very accurate and complete description of both aspects of the process of supervision...I think it’s a very useful model and I shall keep it handy for my future SR”. S4 commented “this looks really interesting and it feels meaningful, reflecting my own experiences succinctly and well”. S5 said the model “seems very reasonable to me and a good representation of what goes on in supervisory relationships”. S6 commented “you seem to have found a way of clarifying complex processes using a relatively simple diagram and set of ideas. I have tried thinking through situations I remember with this in mind, and it does seem to fit. The value of this is that it focuses attention on the crucial parts played by working on the relationship and by openness to learning”. S7 described the results as “really clear and interesting”. S10 commented “this looks really good. It makes a lot of sense to me and captures the different layers of context that can have a bearing on the SR. It actually looks very systemic with all this attention to contextual factors, gender, class and identity”. S12 and S9 (via telephone contact) also said that the results presented resonated with them.

Participants had other interesting comments. In responding to the summary of the analysis, S2 emphasised the need to ensure the analysis reflected that SRs “can be very human, intense and emotional”. The full analysis presented in this chapter emphasises the potential for these qualities in the core relational factors of the SR, especially in the degree of interpersonal connection and the emotional tone of the relationship. S4 commented on the importance of the trainee’s proactive stance and confidence in supervision (as part of the trainee’s openness to learning). S4 also commented that in considering the reciprocity between the trainee’s openness to learning and the supervisor’s investment in the SR, it is important to consider the converse – such as an unmotivated supervisor who does not invest in the SR, and who influences the degree to which the trainee is open to learning on placement. This is a valid point and research on supervisees’ perspectives on SRs have highlighted effective relationships as being characterised by supervisors demonstrating a commitment to supervision and the trainee (e.g. Hitchen *et al*, 1997). S4 also questioned how the contextual factors influence each other and the SR. How the contextual influences link with each other and with the development of the SR has been described in section 3.4.1. However, the relationship between the course and the team did not emerge from the analysis, although it is possible to suggest that there is an important relationship between these contextual factors. The Course relies on services to provide placements for trainees, and some teams depend on trainees to make a valued contribution to the services they offer.

S7 described the need to highlight knowledge and skill as important factors in the SR, both from the trainee and supervisor perspective. This has been described in the subcategories of experience and personal characteristics (contextual influences on the SR). S9 highlighted the importance of a shared responsibility for noticing problems in the SR, but acknowledged the difficulty of the trainee raising these issues with the supervisor because of the power imbalance in the relationship.

S10 suggested that the role of the Course needed further description, and this is already summarised in section 3.4.1.2. S10 also suggested the need for greater clarity with regard to the role of formulation in resolving problems in the SR, and this has subsequently been amended in figure 2.

Respondent feedback was useful in checking that the analysis made sense to those who contributed the data, and also in providing opportunities to further refine the emerging models.

3.5.2 Professionals check

Professional checks were used at a number of points during the analysis.

One of the research supervisors, and an experienced supervisor colleague independently coded two of the transcripts (S1 and S12). This contributed to the analysis by facilitating the researcher in considering other perspectives on the data, and checking that the coding captured the essence of the transcript.

Memos written in response to the review of the transcripts coded by the research supervisor and an experienced colleague are presented in appendix 9.

In addition to independently coding two transcripts, professional checks were used in refining category development in phase 2 and 3 of axial coding, and in defining relationships between categories.

3.6 Personal reflections

Analysing the data in the study has felt an enormous task at times. I frequently felt overwhelmed by the amount of data collected, which filled ten index card boxes. I have also been mindful of wanting to do justice to the supervisors who participated in the study, and to capture the essence of their experience. In analysing the data, I was aware of not wanting to de-construct the interviews to a point at which there was a risk of losing the essence and meaning of participants' experiences. Re-reading the original transcripts throughout the process of analysis helped minimise this. I was struck by the commitment to supervision which the participants demonstrated. Many of them supervise trainees without a break, and despite numerous demands, still find the time and energy to invest in their SRs. They clearly see supervision as important and also gain a great deal from being supervisors.

What surprised me about the analysis? Although I asked supervisors about the external influences on the SR, I was surprised at the importance of the team/service context to many of the SRs described in the study. Perhaps this is because of my own experience as a supervisor – in which the team context did not seem to unduly influence the SR. However, this could be because the service contexts have been sufficiently positive as to not need specific attention. I am

also aware of the similarity between some of the factors in the categories highlighted in this study, and Holloway's SAS model of supervision, and have wondered to what degree my knowledge of this model has influenced the analysis. However, it is naïve to assume that my prior knowledge and experience as a trainer, and supervisor will not influence my understanding of the data, and some qualitative researchers suggest that having experience in the field of study can inform the analysis (e.g. McLeod, 2001). I have discussed the analysis with my research supervisors, an experienced supervisor colleague, and have checked the analysis with the participants of the study, and in doing so have been able to consider other perspectives, have been able to question my interpretations of the data and add depth to the analysis. In providing excerpts of my research diary, being clear about my position and my reactions to the data, providing quotes, and details about participants, the reader can also consider other perspectives on the data.

Another assumption I held which emerged during the analysis was that the best SRs will be characterised by a strong sense of interpersonal connection, and some degree of informality. This is certainly how I experienced some of the best SRs I have been involved in as a supervisee. However, clearly this is not the case for all of the SRs described in this study. Some of the best SRs were characterised in this way (e.g. S10), but other supervisors talked about how some of their best SRs were very formal relationships (e.g. S9). It seems that a degree of interpersonal connection and bond is important, but that this does not have to be a particularly close bond. It is possible that my perspective was

influenced by my position in the relationship (that of supervisee). When I consider the SRs I have had as a supervisor, these have had varying degrees of interpersonal connection, and a particularly close connection with the supervisee has not been necessary for the SR to work well.

In summary, during this study I became aware that the best SRs are characterised by some degree of interpersonal connection, safety and trust, openness and honesty; the trainee is open to learning and is an enthusiastic participant in supervision, and the supervisor invests in the SR, particularly by preparing for the trainee, spending time with them, encouraging learning and responding to individual needs. Contextual influences on the SR are ideally facilitative of the relationship rather than providing additional stress. However, supervisory relationships vary in quality, and it is possible to have an effective SR in which, for example, there is enough interpersonal connection, safety and openness etc. to facilitate learning and development in the trainee. The supervisory relationship therefore needs to be 'good enough' to facilitate learning.

4.0 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 the study will be discussed in relation to the current literature on supervision and the SR. Theoretical, research and training implications of the findings will then be considered, and the conclusions of the study will be summarised.

4.2 Aims of the study

This study examined supervisors' perspectives of their supervisory relationships with trainee clinical psychologists. Supervisors' experiences of effective and ineffective SRs were examined, with particular attention to the ways in which supervisors enhance these relationships, and identify and resolve problems.

4.3 Summary of the findings

Twelve experienced supervisors were interviewed about their SRs with trainee clinical psychologists, and these interviews were analysed using Grounded Theory. Three core categories emerged from the analysis regarding the quality of the supervisory relationship:-

(i) *contextual influences on the SR*

This incorporates the service context in which the relationship takes place, the training course and the individual factors which the trainee and supervisor bring to the relationship (such as identity/personal characteristics, experience, values, therapeutic models and personal stressors). These factors provide the

context for the development of the SR, and influence the flow of supervision and the core relational factors.

(ii) *the flow of supervision*

This constitutes the supervisors' investment in the SR (e.g. preparing for and spending time with the trainee, establishing boundaries, responding to individual needs), and the trainees' openness to learning (e.g. their enthusiasm and commitment to the placement, the degree to which they hold a proactive stance in supervision and are productive on placement). The findings suggest that the more open to learning the trainee is, the more the supervisor invests in the relationship, and a positive cycle ensues. Conversely, if the trainee is not open to learning on placement, there comes a point at which some supervisors no longer invest in the SR, do the minimum to ensure safe clinical practice and wait for the placement to reach its natural conclusion.

(iii) *core relational factors of the SR*

This reflects how the supervisor and trainee relate to each other, which encompasses the degree of interpersonal connection, the emotional atmosphere in the relationship, and the degree of openness, honesty, safety and trust.

The findings suggest a reciprocal relationship between these core relational factors, and the flow of supervision. Although the best SRs described seemed to be characterised by positive characteristics in the three core categories identified,

it seemed that SRs only needed to be 'good enough' to work effectively. Strains in the SR can occur at any point of the model presented in figure 1.

Ten of the 12 supervisors interviewed described having experienced problems in their SRs with trainees. Time emerged as important in the resolution of problems. Placements are usually around six months long, so there is a time limit in which problems in the SR can be identified and resolved. Supervisors need to become aware of a problem in the SR, and may gather additional information before formulating and intervening in some way. Tuning into the relationship to see whether attempts at resolution are successful is important. The findings suggest that successful resolution seems to depend on the collaboration of the supervisor and trainee, the supervisor's investment in the SR, and the trainee's ability to remain open to learning. However, the supervisor and trainee can become stuck at various points of the resolution cycle (shown in figure 2), and it seems that if attempts at resolution are unsuccessful, supervisors may discontinue investing in the SR, and wait until the relationship reaches its natural conclusion at the end of the placement.

4.4 Methodological considerations

4.4.1 Sample

The sample in this study consisted of 12 clinical psychologists, with between 8 and 31 years clinical experience. Participants opted into the study and were experienced supervisors who had had between 8 and 36 supervisory relationships with trainee clinical psychologists. As discussed in section 2.5, the researcher had selected supervisors with experience of a range of supervisory

relationships. However, at interview, 2 of the participants reported not having had challenging SRs with trainee clinical psychologists. One participant (S2) described a challenging SR with another professional which will be discussed later. The data from these participants was included in the study because their experiences of SRs which worked well was useful, and they expressed views about factors which would prove challenging in relationships with trainees. In addition, other supervisors in the study did report such difficulties, and some had had challenging SRs with more than one trainee. Therefore, the sample included enough examples of SRs which had been problematic to develop the model described.

It is worth noting that half of the sample were supervisors from learning disability services. This may be because local learning disability supervisors are particularly committed to supervising trainee clinical psychologists, often supervising trainees without a break, and contribute extensively to the academic curriculum and working parties connected to the training course. It is likely that they are keen for trainees to have a positive experience of working in the speciality, perhaps because historically local learning disability services have been harder to recruit to. This study may have been particularly interesting to this group of supervisors, given their strong links with the course, and their commitment to supervising trainees.

The issue of generalisability of findings is an important consideration in qualitative research. Recruitment of representative samples is important in quantitative research in ensuring that results are generalisable. However, Strauss

and Corbin (1998) suggest that the concept of 'explanatory power' i.e. the predictive ability of the model which emerges from the analysis, is more appropriate in grounded theory studies. Extensive theoretical sampling increases the variations and conditions discovered, and improves the explanatory power of the model. Theoretical sampling was limited in this study. For example, gender emerged as a potential theme to explore in the study in an interview with one of two male participants, but it was not possible to recruit other male supervisors into the study. Instead, gender was explored in the interviews with female participants, and was relevant in some of the SRs discussed.

As described above, one supervisor described a challenging SR with another professional. Although the researcher did not recruit this participant with this in mind (as would be the case in theoretical sampling), this provided an opportunity to consider the extent to which the model developed might be used to explain supervisory relationships with other professionals. The codes developed for this interview were incorporated into the categories, and the model explained this problematic SR well. S2 considered this experience of a difficult SR with another professional as being potentially relevant to SRs with trainees, although suggested that issues of evaluation would be more influential in the latter relationships. The main difference between this SR and the challenging SRs with trainees described by other participants, was that the power struggle in the relationship was more pronounced. The supervisee perceived herself to have more expertise and knowledge than the supervisor, who in turn, felt compelled to try to establish his credibility. In trying to resolve the problems in this SR, the

supervisor and supervisee managed to re-establish the boundaries and expectations of this relationship to some extent. The supervisee became more open to learning from the supervisor, and the supervisor became less rigid in his supervision style. However, the problems in the relationship did not completely resolve, and the supervisee left the service abruptly. It is less likely that these issues would impact on an SR with a trainee clinical psychologist to this extent. Supervision of trainee clinical psychologists has an important evaluative function, which may be less evident in other SRs. Although trainees arrive on placement with relevant skills and experience, it is less likely that they would perceive themselves to be more qualified than their supervisor, and may be less likely to act in ways which could jeopardise the evaluation of their competence. However, although these issues may be less likely to occur with trainees, their occurrence is not impossible. For example, S8 described a challenging SR with a trainee who acted against the supervisor's advice, and the supervisor described the trainee as believing she 'knew better'.

In summary, the findings suggest that openness to learning and perceiving the supervisor as having something to offer seem important in supervisory relationships with both trainees and other professionals. In retrospect, it would have been interesting to ask other participants to reflect on the similarities and differences in their SRs with trainees and other professionals to further explore the explanatory power of the model.

4.4.2 Design

A retrospective qualitative design, using grounded theory analysis was chosen for this study and data was collected using semi-structured interviews. A qualitative approach seemed most appropriate, given the aim of exploring supervisors' experiences of their SRs with trainees. The semi-structured interviews generated a great deal of data. However, it is possible that there were too many questions in the interview schedule, and that some were leading. This could mean that the data collected was unduly influenced by the researcher's assumptions about the factors which make SRs work well, and that other information might have emerged if the participants had been asked to simply describe SRs which had worked more or less well, without the researcher asking specific questions about, for example, the impact of external factors (such as organisational pressures). However, in qualitative research it is important to acknowledge the researcher's assumptions and the influence these have on data collection and analysis. Keeping a research diary, and discussing the results of the analysis with research supervisors, colleagues and the participants has helped to acknowledge the influence of these assumptions, to consider other interpretations of the data, and to keep the participants' individual experience in mind. Other methods of data collection, such as focus groups, or asking participants to keep a diary could have been used in the study, instead of, or in addition to interviews (for the purposes of triangulation). However, as participants were asked to discuss potentially sensitive material (such as reflecting on their own contributions to SRs which had not worked well), it could be argued that

interviews provided a safer context than focus groups to explore these issues. Use of diaries might have proved too difficult for participants because of limitations on their time, and there may have been implications for recruitment. Willig (2001) suggests that triangulation can be achieved through the use of more than one researcher to code the same section of data, and this method was used in the current study.

Another factor to consider in the design of the study is the reliance on retrospective recall. Most supervisors described past SRs, rather than ones they were currently involved in, and as such some of the detail of these experiences may have been lost, or recalled inaccurately. However, supervisors seemed able to recall those SRs which “stood out” as either being exceptionally good or challenging, and found it more difficult to recall in detail those SRs which had been of “average” quality. These SRs seemed to merge for supervisors with a lot of experience of supervision.

Finally, only supervisors’ perspectives were gathered in this study. The perspectives of the supervisees described would have been a useful addition to the data collected, as they would, no doubt, have had very different experiences, and would have contributed to a more complete understanding of the SRs explored. However, the gaps in the literature suggested a need to explore supervisors’ perspectives and to understand more about how they enhance their SRs and manage difficulties. Given the complexity of supervision research, focusing on the perspectives of supervisors is a valid step in the direction of developing our understanding of the SR.

4.4.3 Data analysis

In grounded theory studies, data collection continues until theoretical saturation has been achieved (e.g. Charmaz, 2006). Data collection stopped after 12 of the 14 eligible participants were interviewed. At this point, it seemed that the categories identified captured the majority of the data. There were also important pragmatic issues to consider in the decision to stop data collection, such as time constraints and the manageability of the data. It is possible that new insights might have emerged if interviewing had continued. However, some researchers suggest that theoretical saturation is a goal rather than a reality (e.g. Willig, 2001).

Another issue to consider in the analysis of the data is that although two transcripts were coded independently (one by the research supervisor and one by a colleague of the researcher), this was done in the spirit of considering other perspectives, and the researcher did not provide a copy of the codes she had used. If this had been done, inter-rater reliability could have been assessed. Finally, another methodological consideration is that of negative case analysis. Identifying negative cases (i.e. cases which do not 'fit' the categories) is seen as an important way of elaborating and refining the developing theory. In this study, negative cases were identified regarding the influence of the team context and the training course on the SR, and this helped to elaborate the categories, and enabled the researcher to appreciate the complexity and individuality of the SRs described.

4.4.4 Strengths

This study provided a fine grained analysis of the SR from the perspective of the supervisor, and an exploration of the enhancement and resolution of problems in the relationship. Recruitment was not problematic, and participants were willing to explore and reflect on their considerable supervisory experience. The researcher's position did not seem to prohibit recruitment into the study, or (to the researcher's knowledge) an honest discussion of participants' experiences of their SRs with trainees. Interviewing participants allowed for further exploration of areas of interest, and enabled the researcher to clarify her understanding of the participants' experiences.

A grounded theory approach allowed a clear focus on actions, and as such there are clear implications for training, which will be discussed in section 4.6.3. Throughout data collection and analysis, the researcher read through the original transcripts of the data to ensure that emerging categories captured the essence of supervisors' experiences, and to try to ensure that 'the whole' did not get lost in the 'sum of the parts'. The analysis was discussed with the researcher's supervisors and a colleague (also involved in qualitative research), who provided valuable insights and helped the researcher question and refine the analysis. Respondent checking enabled further refinement of the analysis, and ensured that the emergent theory was relevant to the experiences of the participants.

4.5 Interpretation of results

Supervisors described numerous factors which made their SRs with trainees work effectively and ineffectively. Unsurprisingly, these factors were often the

direct opposite of each other (e.g. openness/ lack of openness in relationships), which has been found in other research (e.g. Beinart, 2002). As has been described, the three core categories from this study are contextual influences on the SR, the flow of supervision, and the core relational factors of the SR. The way in which supervisors enhance their SRs appeared to be related to their investment in the relationship. Preparing for the trainee before they arrive on placement, ensuring a good start to the SR, providing an induction to the placement, establishing boundaries and expectations, and spending time with the trainee are all important factors in establishing and enhancing the SR. The findings suggest that supervisors encourage learning and respond to the individual needs of the trainee by, for example, tuning into their interests, being flexible and supportive, providing opportunities for reflection and offering constructive feedback. The way in which supervisors identify and resolve difficulties in the SR has been summarised in section 3.4.5.2. The findings as they relate to the literature in this area will now be discussed.

4.5.1 Findings in relation to literature on supervision and the SR

4.5.1.1 Contextual influences on supervision and the SR

Participants in this study described a number of contextual influences on the SR, including 'external' factors (the team/service in which the placement is based, and the influence of the training course), and factors the supervisor and trainee bring to the SR. Previous literature on supervision has also highlighted the influence of contextual factors. In Hitchen, Gurney-Smith and King's, (1997) study of U.K trainee clinical psychologists, four categories which characterised

effective supervision from the perspective of the supervisee were identified, one of which was the trainee, supervisor and course system. This encompasses three elements: awareness (of the stress and demands of training on the trainee), openness and confidentiality (reflecting the balance between open feedback and evaluation, and confidentiality regarding the trainee's personal issues) and power (an acknowledgement of the influence of the course, the trainee's lack of power and the importance of no 'hidden agendas'). Trainees considered it important for supervisors to be sensitive to these contextual issues if supervision was to be experienced as effective. Green (1998) highlighted the importance of working in a professional context which promotes good practice, which relates to the views expressed by some of the supervisors in this study of the importance of a supportive team context. Nelson and Friedlander (2001) also found that work-based environmental stressors influenced negative events in supervision. Holloway's (1995) model closely supports the contextual influences identified in this study. Holloway identifies four contextual factors (the institution, supervisor, client and trainee) which influence the SR. The institution refers to the clients using the service, the organisational structure and climate, and the ethics and standards of the profession. In the present study, clients were discussed in the context of whether trainees were open to the placement experience, and were enthusiastic and interested in learning about working with the client group. The organisational structure and climate also refers to the training institution, and the current study highlights the training course as a supportive, facilitative presence. Holloway suggests that service politics can intrude on the SR, and a stressful

team context was identified by some of the supervisors in this study as an additional stressor on the relationship. The professional ethics and standards that Holloway identifies as contextual factors, reflect the gate keeping function of supervision, and the standards and rules of the service and training organisation. The importance of gate-keeping and ensuring safe ethical practice was particularly relevant to some of the supervisors in the current study (e.g. S10), and has been emphasised by other authors (e.g. Bernard & Goodyear, 1998).

The second contextual influence in the SAS model is the supervisor, and factors such as professional experience, roles in supervision, theoretical orientation, cultural elements (e.g. gender, ethnicity) and self-presentation (the interpersonal style of relating to others) are relevant. These factors are similar to those identified in the current study, particularly experience, professional values, identity/personal characteristics (including interpersonal style, ethnicity, gender and values). These factors have also been found to be relevant in other research. For example, research suggests that same gender supervisory dyads develop closer relationships than mismatched dyads (e.g. Nelson & Holloway, 1990). Palomo (2004) also found that matched gender dyads had significantly higher scores on a measure of the supervisory relationship (the SRQ), and that female supervisees with male supervisors had significantly lower SRQ scores. For some of the supervisors in this study (e.g. S5 and S10), relationships with trainees of the same gender were characterised by a greater sense of ease. Further interviews, particularly with male supervisors would have been useful in clarifying this. However, the present study focuses on supervisors' individual experiences

and beliefs, not solely their characteristics (e.g. gender, ethnicity) and hence extends our understanding of what supervisors bring to the supervisory relationship.

Interpersonal style is also important to consider in the SR. In Ramos-Sanchez, Esnil, Goodwin, Riggs, Touster, Wright, Ratanasiripong and Rodolfa's (2002) study, most of the negative events in supervision described were related to interpersonal style or 'personality clashes'. Participants in the current study described problems in their SRs when their personal style did not match that of their trainee (such as a gregarious, confident trainee and a quiet, inexperienced supervisor).

Trainee factors identified by Holloway's (1995) model (prior experience, theoretical orientation, the trainee's learning needs, cultural characteristics and self presentation) are similar to the personal characteristics/identity, experience and values highlighted by the participants in this study. Misunderstandings regarding gender and culture have been identified in previous research as causing problems in the SR (Nelson & Friedlander, 2001). Theoretical orientation has also been identified as potentially important in previous supervision research, particularly as the supervisor's theoretical orientation is more likely to drive supervision than that of the supervisee (Putney, Worthington & McCulloughy 1992). Bernard and Goodyear (1998) suggest that it is important to be sensitive to the supervisee's therapeutic orientation and their views about client change.

Finally, Holloway (1995) suggests that the client is an important contextual influence in supervision, particularly the specific characteristics of the client, their

identified problems and the therapeutic relationship. Interestingly, in the present study, client characteristics and the therapeutic relationship did not emerge as a major influence on the SR. Clients were discussed in terms of the trainees' interest and commitment, and the importance of appropriate clinical work on placement. It is possible that this reflects some differences between supervision in counselling and psychotherapy (which may be predominantly focused on therapeutic work with clients), and supervision in U.K clinical psychology, which may be broader.

4.5.1.2 The flow of supervision: investing in the SR and being open to learning

The flow of supervision was highlighted as important in the quality of the SRs described in this study. Holloway highlights the importance of power through involvement in the interpersonal structure of the SR in her SAS model, which is supported by the findings of this study. Supervisor's investing in the SR, and the trainee's openness to learning (their enthusiasm and willingness to actively engage in supervision) could be construed as mutual involvement in the SR.

Preparing for the trainee was important in the SRs described in this study. Frost (2004) carried out longitudinal research tracking the development of the SR over time, and also highlighted the importance of supervisors' demonstrating a commitment and interest to the trainee by planning for the placement. Frost suggested that the initial 20-30 days is a critical period in the formation of the supervisory relationship. Although the current study was not longitudinal, participants highlighted the importance of facilitating a good start to the SR by

preparing for the trainee and spending time together. Hitchen *et al.*, (1997) also found that a planned induction, identifying suitable work for the trainee and introducing them to other professionals were all important in trainee clinical psychologists' views of effective supervision. These factors were also identified by supervisors in this study in ensuring a good start to the relationship.

Establishing boundaries and expectations is another sub-category of investing in the SR in the present study. This has also been highlighted in the literature by a number of authors as being important from the perspective of the supervisee. Beinart (2002) identified boundaries as a core theme of her research into supervisees' perspectives of the quality of the SR. Boundaried SRs were defined as well organised, structured and focused, with enough time set aside for supervision. Beinart suggested that establishing boundaries is an essential factor in facilitating the development of safety in the SR, and allows an emotional context which is conducive to learning. Hitchen *et al.*, (1997) also identified that attending to the practicalities of supervision (including boundaries) was important in ensuring effective supervision. In Palomo's (2004) research, structure (including boundaries, and the provision of regular, structured supervision which was free of interruptions) was identified as a key component of the relationship. In Nelson and Friedlander's (2001) study of problematic SRs, difficulties with boundaries and a lack of clarity in the supervision contract were not uncommon. Clearly, supervisees consider that establishing boundaries and expectations is important in promoting successful supervision, and the current study suggests that supervisors also view this as important.

In Bordin's (1983) and Holloway's (1995) models, the importance of contracting and establishing expectations and boundaries is also emphasised. Bordin (1983) highlights mutual agreement on the goals and tasks of supervision in conceptualising the SR, and Holloway identifies the supervisory contract as one of three elements of the supervisory relationship. She suggests that clear expectations, and contracting at the beginning of the SR helps to reduce uncertainty and increases the level of involvement and trust in the alliance. Holloway also emphasises that the SR is hierarchical, and power is an important component of the interpersonal relationship between supervisor and supervisee. Nelson and Friedlander (2001) found that those SRs which were too friendly or familiar, and those in which there were power struggles (particularly in SRs in which supervisees seemed to have greater status than their supervisors in some way) were problematic. There is support for this in the current study, as some supervisors described having experienced problematic SRs when new to supervision, and struggled to establish boundaries and expectations in the alliance. The distribution of power in these relationships seemed to cause problems. This study, therefore offers further support for the importance of clear boundaries and expectations in the SR as a way of managing power differentials. More recently, power was explored in Harmon's (2005) study which looked at clinical psychology supervisors' and trainees' discourses about power (and gender). The results of his qualitative analysis suggested that supervisors and trainees adopt different positions on power, and that gender is an important influence on this. Trainees positioned power externally (i.e. as something they did

not have), and female trainees saw themselves as subordinate to supervisors, particularly male supervisors. Both male and female supervisors talked about power as something which was negotiated, and that both parties in the SR could have access to power in the relationship. Therefore, supervisors and trainees talk about power in the SR differently. The current study supports Harmon's findings that supervisors view power as something to be negotiated, and indeed for some supervisors in this study, problems arose when they were new to the supervisor role, and struggled to establish boundaries and negotiate power effectively in their relationship with the trainee.

Being available and accessible for the trainee was also identified as important in investing in the SR in the current study, although this has not been specifically highlighted in previous research. However, commitment to supervision has been identified (e.g. Beinar, 2002, Frost, 2004), and it is possible that spending time with the trainee is a way of demonstrating commitment to the SR, as well as getting to know each other and developing a bond. Investing in the relationship is important and communicates an important message to the trainee about the value of supervision. Previous research found that supervisors were perceived as uncommitted by their trainees in problematic SRs (Nelson & Friedlander, 2001), which adds additional support for the importance of supervisors' investment in the relationship.

In the current study, 'encouraging learning and responding to needs' was identified as another important aspect of investing in the SR. This encompasses a number of elements including responding to individual interests and needs,

being flexible and supportive, encouraging reflection, noticing change & development in the trainee's skills, and providing feedback and evaluation. These elements have been highlighted in previous research. For example, Beinart (2002) found that support (both practical and emotional), sensitivity to the needs of the trainee, and educative and evaluative components (including both formal and informal evaluation and feedback) were important themes in her research. In Green's (1998) study, promoting experiential learning and the appropriate timing of supervisory interventions were identified as contributing to effective supervision from the perspective of trainee clinical psychologists. This seems similar to the sub-category of encouraging learning and responding to the needs of the trainee found in this study. Similarly, reflective education and formative feedback were identified as important components of the SR in Palomo's (2004) research. The supervisor providing guidance and influence in meeting the trainee's needs, adjusting their demands to take into account other factors (such as course work) and a sense of satisfaction in facilitating the trainee's development were also highlighted in Frost's (2004) study of supervisory dyads. The elements of investing in the SR identified in this study also relate to Holloway's (1995) model, and the functions of the supervisor (evaluating, advising, modelling, supporting and consulting). Therefore, the elements of the supervisors' investment in the SR highlighted in this study have strong support in the wider theoretical and empirical literature on supervision, both from studies of the supervisees' perspective and the limited research to date on the views of supervisors.

Supervisors' perspectives of the trainee's contribution to the flow of supervision was summarised in this study as 'being open to learning'. Some supervisors emphasised the importance of the trainee recognising them as having relevant experience and skills and being interested in what they had to offer. This seems similar to the category of accepting the 'sapiential authority' of the supervisor (perceiving the supervisor as having special knowledge, and being credible and knowledgeable) identified in Green's (1998) research. In Frost's (2004) study, trainees described adjusting their style to meet the needs of the placement context and the supervisor, and taking on board their suggestions. These concepts seem to relate to the trainee's openness to learning which supervisors in the current study identified as important in making the SR work well.

4.5.1.3 Core relational factors

The core relational factors of the SR identified in the study were openness and honesty, interpersonal connection and emotional tone, and safety and trust. Holloway (1995) draws on social psychology research to describe the development of the supervisory relationship. As the relationship progresses there is less reliance on general social and cultural information to inform the relationship, and an increasing reliance on the idiosyncratic information provided by the participants. There is reduced uncertainty in the relationship as participants are better able to predict each others behaviour (Miller, 1976, cited in Holloway, 1995). Holloway suggests that the SR is initially role bound, but becomes more individualised over time. Although the current study did not track the development of the SR over time, Holloway's description of participants' initial

reliance on general social and cultural information (including an understanding of how supervision works), and the progression to a more individualised relationship, is reflected in the core relational factors category. Supervisors talked about the importance of openness, sharing information about themselves, and whether they 'connected' with the trainee. This may reflect the development of the relationship from one in which both parties rely on general social, cultural and professional information to inform the relationship, to one in which behaviour is predicted on the basis of increasing knowledge of the individual supervisor or supervisee. It may also explain how some SRs remain as rather formal relationships, whereas others have a more relaxed emotional tone.

Interpersonal connection and emotional tone of the relationship relates to the existing literature by reflecting the emotional bond highlighted in Bordin's (1983) model i.e. the degree of liking and trust between the supervisor and supervisee. Beinart (2002) highlights that a warm, nurturing environment and a sense of humour in the relationship were important elements of the supportive theme she identified, and that mutual respect was also important in the SR. In the quantitative phase of her study she found that rapport between the supervisor and supervisee predicted satisfaction with supervision. These are similar characteristics to those identified in the interpersonal connection and emotional tone of the relationship which emerged from the current study. However, it is important to note that it is not essential that supervisors and supervisees form a close personal relationship in order for effective supervision to take place. Green (1998) argues that it is possible for a supervisor and trainee to get on so well that

their effectiveness in their roles in supervision can be affected, and the educative nature of the SR (and the importance of constructive feedback) compromised.

The importance of safety in the SR has been found in a number of studies. For example, Palomo (2004) emphasised the importance of a safe base as fundamental to the SR, and in characterising the development of a strong working alliance, Green (1998) highlights a number of factors such as the attitude and emotional sensitivity of the supervisor, and the structure and interpersonal climate of the alliance which promotes a sense of safety and containment. Safety and trust is also reflected in Allen, Szollos and Williams(1986) research on the experiences of best and worst supervision of U.S counselling and clinical psychology trainees, in which better regarded supervisors were perceived as trustworthy. A safe space for learning and reflection is emphasised in the literature on adult learning (e.g. Scaife, 2001). Mueller and Kell (1972, cited in Nelson & Friedlander, 2001) also emphasised the importance of safety in the SR. These authors acknowledge the potential for supervisors to respond to the supervisee in a way which may lead to difficult reactions to authority figures in the supervisee.

The studies on attachment processes in supervision are of relevance when considering the results of the current study. According to Pistole and Watkins (1995), attachment theory can usefully explain how interpersonal processes influence supervision. Neswald-McCalip (2001) suggests that supervisors should consider the importance of establishing attachment relationships with their supervisees. Such relationships “provides the supervisee with sufficient safety so

that he or she feels confident addressing the supervisor in times of crisis” (p22). Neswald-McCalip and Pistole and Watkins (1995) also suggest that a secure supervisory relationship enables the supervisee to explore and experiment with therapeutic techniques. In this way, a secure supervisory base can be seen as enhancing learning, and it is the supervisor’s responsibility to provide this safe, secure base (Bennett & Vitale Saks, 2006).

Pistole and Watkins (1995) suggest that attachment processes are promoted by close monitoring and involvement by the supervisor at the beginning of the relationship, and the importance of supervisors spending time and being available, particularly in the early stages of the SR emerged as important in the current study. Pistole and Watkins (1995) also highlight that consistency and dependability are important aspects of the safe supervisory base, which supervisors can facilitate by being available and consistent, responsive, sensitive to needs and flexible. This relates to the hypothesised dynamic relationship which emerged in this study between the flow of supervision (with the supervisor’s investment in the SR including being available and responding to needs etc, and the trainee’s openness to learning), and the core relational factors – the more supervisors invest in the SR, the more the core relational factors can develop. Similarly, the findings of the current study suggest that the more the core relational factors are established, investment in the relationship, and openness to learning are promoted.

A number of authors (e.g. Pistole & Watkins, 1995, Neswald-McCalip, 2001) suggest that the role of attachment processes in the SR may be particularly

relevant if there are problems in the relationship. Neswald-McCalip (2001) described a number of supervisory scenarios in which attachment processes may operate. For example, she describes supervisees with secure attachment as having a working model of others as reliable and consistent, and as such they will be more likely to ask for help from their supervisor. Bennett and Vitale Saks (2006) in considering social work trainees, suggest that those with secure attachments are able to ask for help, accept feedback and explore and reflect on new learning experiences. The SRs described in the current study as working well, could be construed in attachment terms as involving trainees who have internal working models of others as being available and consistent, and so are more likely to arrive on placement and be open to learning. Neswald-McCalip also described scenarios with supervisees with anxious-resistant and anxious-avoidant attachment. Anxious-resistant attachment involves an internal working model of others as unreliable, which may mean that the supervisee is dependent on attachment figures and fearful when confronted with a crisis. Bennett and Vitale Saks suggest that these supervisees are unable to acknowledge their own competence and minimise their achievements. Neswald-McCalip emphasises the importance of establishing clear boundaries and being available in these instances. In the current study, S6 described a difficult SR in which the trainee was excessively anxious and dependent on the supervisor. It is possible that attachment processes may have been relevant in this SR. In anxious-avoidant attachment, there is an internal working model of others as being unavailable when help is needed, and Neswald-McCalip suggests that these supervisees

may behave autonomously in situations, whether or not they have the appropriate skills to manage. Bennett and Vitale Saks (2006) suggest that supervisees with this attachment style function too autonomously, deny the need for supervision and minimise their mistakes and insecurities. Again, one could speculate the degree to which these attachment processes were at play in some of the SRs described in this study, particularly in S2's challenging relationship, and S8's relationship with a trainee who did not follow up on suggestions. However, the degree to which attachment processes were involved in any of the SRs described in this study remains speculative, and there may be other processes involved in these challenging SRs. Bennett and Vitale Saks (2006) suggest that problems in SRs may be related to contextual factors, such as organisational stressors or cultural differences, and the results of the current study support this. Additionally, it was not possible to explore supervisees' experiences of the SRs discussed, or to use any measures which could formally assess attachment processes (e.g. the Adult Attachment Scale, Collins and Read, 1990). This could be usefully explored in future research.

As supervision is an interactional process, it is important to note that the supervisor is also sending relational cues to the supervisee (Bennett & Vitale Saks, 2006). Indeed, research into attachment processes in the SR highlighted that the *supervisor's* ability to make close and healthy attachment relationships predicted a significant portion of the supervisory working alliance (White & Queener, 2003). Bennett and Vitale Saks describe supervisors with different attachment styles. Secure, autonomous supervisors are dependable, empathic,

responsive to learning needs, and facilitate the supervisee's independence. Certainly, the model developed from the results of this study supports these characteristics. Bennett and Vitale Saks also describe more problematic attachment styles. Anxious-resistant or preoccupied supervisors are described as inconsistent, intrusive, over-involved, doubt their own skills, and need to be needed by the supervisee. Anxious-avoidant or dismissing supervisors are described as unresponsive, critical and inattentive. Therefore, supervisors' attachment processes are important to consider if using attachment theory to conceptualise the SR. Again, the design of this study prevents any conclusions about the attachment processes involved in the SRs described, and future research could explore this further. Although attachment theory may be useful in conceptualising the SR, and provides a perspective on the individual characteristics that supervisor and trainee contribute to the relationship, it is a therapeutic model, and as has been discussed in chapter 1, there may be limitations to using psychotherapeutic models to conceptualise the SR. Further research is needed as to whether attachment processes are relevant to the SR, and if problematic attachment processes are involved in challenging relationships, whether the SR can, or should, be a vehicle for change. If attachment processes are relevant in problematic SRs, Watkins (1995) suggests that the supervisee's therapeutic relationships with clients may be compromised, and psychotherapy may be appropriate. Neswald-McCalip (2001), however, suggests that the supervisor can focus on facilitating more adaptive attachment processes in supervision. Nelson and Friedlander (2001, p.393) suggest that

“supervision has the potential to provide a corrective emotional experience for the supervisee”. However, the degree to which the SR can be used in this way is a question which deserves additional debate. In considering attachment processes, it is important that supervisees in particular are not pathologised, and that the SR does not become construed as a therapeutic relationship.

In considering the other core relational factors in this study, a number of authors have highlighted the importance of openness and honesty. In Beinart’s (2002) research, honesty and trust were also linked to openness in the SR, which is relevant to the findings of this study in which openness and honesty (particularly about problems experienced, as well as a mutual willingness to be known) were highlighted as important relational factors. Frost (2004) found that the emotional bond between supervisor and trainee was compromised when the supervisor’s perceived unwillingness to be known left the trainee feeling that they had a formal working relationship with their supervisor, but did not really know them. Supervisor openness was also highlighted in Worthen and McNeill’s (1996) study, in which appropriate supervisor disclosure about the struggles of clinical work was seen as helping to promote an atmosphere of safety and trust. Clearly this is a delicate line for supervisors to tread – maintaining the boundaries of the relationship, while being willing to be open with the trainee, and known by them. Linked with openness and honesty in the SR, is the issue of non-disclosure. Some of the supervisors in this study were aware that the trainee was experiencing a problem, but the trainee did not disclose what this was, and it remained unresolved. Ladany, Hill, Corbett and Nutt (1996) suggest that it is not

uncommon for supervisees to withhold information from their supervisor (such as negative reactions or clinical mistakes), and there may be numerous reasons for this such as perceived irrelevance of the issue to supervision, or emotions such as embarrassment or shame. Unfortunately, it is not possible to understand the reasons for the trainees' non-disclosures in this study, but the importance of openness and honesty in the relationship is emphasised, and the current findings suggest it is possible that establishing safety and trust may be a way of facilitating openness and disclosure in the SR. In addition, failure to disclose appears to contribute to problems in the relationship (see below).

4.5.1.4 Problems in the SR

Problems in the SR are not uncommon. Bernard and Goodyear (1998) propose that it is unrealistic to expect supervisors to be able to form effective SRs with all supervisees. However, they suggest that the successful resolution of problems can strengthen the relationship, and that a SR which is too comfortable may be one in which there has been a lack of challenge and development.

Resolving problems in the SR is important for a number of reasons. The SR is an important educative relationship, which should facilitate the development of competence in the supervisee, and enhance good practice with clients. Formal power and clinical responsibility in the SR rests with the supervisor, and so some authors suggest that it is the supervisor's responsibility to anticipate problems, avoid them if possible, and plan creative solutions if they arise (Mueller & Kell, 1972 cited in Nelson & Friedlander, 2001). Up to a third of Moskowitz and Rupert's (1983) sample of U.S clinical psychology trainees had experienced

conflict in their SR, and all wanted their supervisor to identify this problem. Similarly, participants in Gray, Ladany, Walker and Ancis' (2001) study said that they wanted their supervisor to acknowledge and address the problem in the SR. Much of the research in this area has been on the supervisee's experience of negative events in supervision, so this study is useful in exploring the supervisor's perspective.

As has been discussed, the current findings suggest that problems can occur at any point in the model of the SR described. There is not an extensive research literature on resolving problems in the SR, although there are a number of practitioner guides to help supervisors (e.g. Scaife, 2001). Much of this draws on the therapeutic relationship literature to inform how problems in the SR may be addressed. Nelson and Friedlander (2001) refer to the work of Safran and Muran (2000) on therapeutic ruptures, which emphasises the need to focus on meta-communication in the relationship, and the importance of considering the bond, task and goals of the alliance. Similarly, Nelson and Friedlander (2001) suggest that it is important to identify, openly address and define any difficulties in the SR as soon as possible, and to focus on the bond, goals and tasks of the relationship. The importance of establishing and reviewing expectations in the SR has already been highlighted. Some of the supervisors in this study also described the importance of discussing the process with the trainee, and raising the issue sensitively. Maintaining a non-blaming and collaborative stance, problem-solving, resisting any 'interpersonal pull' and building on positive experiences are some of the strategies described in this study, which could be

ways of attending to the bond as well as the goals and tasks of supervision. Some research has suggested that conflict exploration can be a means of restoring or strengthening the learning alliance (e.g. Ramos-Sanchez *et al.*, 2002). This was a view shared by some of the participants in this study, but the degree to which the SR was restored and strengthened varied. For most of the supervisors, the difficulties in their SRs resolved enough for the work of supervision to continue, but some continued to have concerns about the trainee and the SR.

Ladany, Friedlander and Nelson (2005) use Safran, Crocker, McMains and Murray;s (1990) task analysis for repairing ruptures in the therapeutic alliance, to conceptualise the repair of ruptures in the SR. Role conflicts in the SR were highlighted as being particularly problematic. Examples of role conflicts in supervision include supervisees who believe themselves to be more competent than their supervisors, or disagree with their suggestions in supervision. These examples are similar to some of the experiences described by supervisors in the current study (e.g S9, S10, and S12). Ladany *et al.*, (2005) describe three steps to task analysis – the marker, task environment and resolution. The marker is whatever tells the supervisor that there is a problem in the SR, and identifying the marker is an important process. In this study, identifying the problem was seen as important, and supervisors used a variety of sources of information to do this, including noticing their own reactions to supervision and feedback from others. The task environment highlighted by Ladany *et al.*, (2005) reflects what needs to happen in the relationship in order for the problem to be resolved. In role conflict

events there are usually two phases— exploration of feelings and a focus on the SR. Some of the supervisors in this study described exploring the process of the SR, and focusing on the relationship by attempting to strengthen the alliance (e.g. by investing more time, building on the trainee’s strengths). The final stage in the task analysis is that of resolution, which is said to be achieved when the supervisee no longer experiences negative feelings. The goals and tasks of supervision may need to be re-negotiated as part of this resolution. As described above, the degree to which the problems in the SRs described in this study resolved varied. The goals and tasks of supervision were re-negotiated in some of the relationships in the study, particularly if there were concerns about placement failure (e.g. S10).

In summary, the resolution cycle developed from the data in this study supports elements of the existing models on resolving problems in the SR. However, these models do not capture the range of strategies employed by participants in this study, or their experiences of being stuck in the resolution cycle. The importance of the supervisor’s investment in the SR and the trainee’s openness to learning, and the natural time limit of the relationship are also important contextual factors which emerged from this research, which are not represented in existing models. This may be because much of what is written about managing problems in supervision is based on the therapeutic relationship literature.

4.6 Implications for theory, research and training

4.6.1 Implications for theory

There is a growing acknowledgement in the supervision literature that the SR is essential to effective supervision, but there is a need to develop our understanding of the SR, and its unique qualities (Ellis & Ladany, 1997). This study contributes to the literature by providing a fine-grained analysis of the supervisory relationship from the point of view of the supervisor. Much of the literature has focused on the experiences of the supervisee, and the experiences of supervisors have been comparatively under-researched. Ladany (2004) suggest that there is a need to understand how supervisors enhance their SRs, and how problems in the SR are resolved. The current study contributes to the existing literature by providing a rich account of supervisors' experiences of problems in the SR, and describing how supervisors identify and resolve problems in the relationship. The current findings are supported by existing research in the field, and provide qualitative evidence to support aspects of a number of models of the SR including Bordin's (1983) and Holloway's (1995). The current study also corroborates findings from research into the SR by a number of authors, including Beinart (2002) and Palomo (2004), from the perspective of the supervisor. The use of grounded theory is a strength of the current study, and has enabled the development of a detailed model of the SR, which can be further explored and tested in future research.

4.6.2 Implications for future research

The current study was useful in that it explored the perspectives of supervisors. However, there are limitations in exploring the SR from only one perspective, and because of the design of the study, it was not possible to collect the views of the supervisees discussed. As such, understanding of the SRs in this study is somewhat limited. There have been some studies which have focused on supervisory dyads (e.g. Frost, 2004), and it would be useful to add to this literature, particularly when studying strains and ruptures in the relationship, so that both perspectives of the experience are explored. Understanding how problems in the SR can best be resolved is an important area for future research, particularly given the numerous important functions of supervision (e.g. as educative in promoting the development of competence in the supervisee, and in ensuring service users receive a good service), and the literature on supervisee non-disclosure in supervision.

As described earlier, attachment theory has provided an interesting perspective on the SR, particularly in conceptualising difficulties in the alliance, although the literature in this area is small. Future research could explore further the role of attachment processes in the SR. Although drawing on the therapeutic relationship literature may be useful, it is important to remember that direct parallels cannot necessarily be drawn with the SR, because of the inherent differences in the function and nature of these relationships. Therefore, developing a literature specifically for supervision, to inform both supervisees and

supervisors on how best to manage problems in the SR, and to strengthen the alliance is important.

Recruitment of participants prevented further exploration of some potential areas of interest in the current study, such as the influence of gender or ethnicity on the SR. There is some research to suggest that these factors may be of relevance, and that differences in gender and ethnicity may provide the potential for misunderstandings (Bernard & Goodyear, 1998). Further exploration of these issues in future research on the SR would be useful. It would also be beneficial to compare SRs with trainee clinical psychologists and those who are qualified as there are likely to be differences in supervision in these instances (Carroll, 2007). Similarly, comparing the SRs of clinical psychologists and other professionals would be useful to explore the differences and similarities in supervising other professional groups.

This study highlighted the potential importance of contextual influences on the development of the SR, and this is highlighted in some of the models of supervision (e.g. Holloway's SAS model). Carroll (2007) suggests that taking into account the context in which supervision takes place is important, and future research could explore further the influence of context on supervision and the supervisory relationship.

Supervisors described the importance of noticing change and development (in the competence and confidence of the trainee, and in client outcome) in the SRs which they believed worked well. However, this research did not look specifically at supervision outcome (such as skill development in the supervisee, or client

outcome) in the SRs described in this study. Future research could focus on SRs in relation to supervision outcomes, although this is a complex area to study.

Finally, Beinart's (2004) research conceptualising the SR from the perspective of the supervisee, provided the basis for the development of the Supervisory Relationship Questionnaire (SRQ, Palomo, 2004), a psychometrically sound measure of the SR. This research provides a useful addition in providing the supervisors' perspective, which could form the basis of future research on the development of a measure of the SR, which would complement the SRQ. The development of psychometrically sound measures of the SR is important in exploring the relationship between the SR and supervision outcome.

4.6.3 Implications for training

Clinical psychology training courses are required by the Committee of Training in Clinical Psychology (BPS, 2007b) to provide training for supervisors. In the U.K clinical psychology training community, there has been an increasing emphasis on supervisor training as reflected by the work of the Development and Recognition Of Supervisory Skills/ Supervisor Training And Recognition (DROSS/STAR) groups, the move towards supervisor accreditation, and the development of national learning outcomes for introductory supervision courses. Increasingly, with national drives such as Improving Access to Psychological Therapies (IAPT, BPS, 2007a), there is likely to be an increasing demand for supervision. The findings of the current study could be used to inform supervisor training, for example the importance of investing in the supervisory relationship (by spending time together, setting boundaries etc), to enable the core relational

factors of the SR to develop, and considering the contextual factors which may influence the SR. Falender and Shafranske (2007) make a number of recommendations for competency-based supervision, which have also been highlighted in the current study, and which should inform supervisor training. These include the importance of a number of values under-pinning supervision such as an appreciation of diversity, engaging with the supervisee in developing an effective SR, clarifying expectations, collaboratively developing a supervision contract and providing ongoing feedback. These authors also suggest that the supervisor maintains communication and responsibility for identifying problems in the relationship. The model of the SR developed in this study may be useful in conceptualising problems in the SR, and the resolution cycle may provide an aid to helping supervisors to attempt to repair difficult alliances with their supervisees. Some of the participants in this study described problems with the distribution of power in the SRs, when they were new to the supervisor role. Practitioner guides have stressed the importance of effective contracting in the relationship (e.g. Scaife, 2001) which can be a means of negotiating power and boundaries. Supervisor training for new supervisors should emphasise the need for establishing boundaries and expectations early in the SR. The influence of the factors which supervisor (and trainee) contribute to the SR (such as prior experience) are also relevant to supervisor training, and emphasise the importance of reflecting on these issues, and for supervisors to use their own supervision for this purpose.

The findings of the current study could also inform training in supervision for trainees, in helping them to get the best out of their SRs. Carroll (2007) suggests that this is an important area to develop, and that supervisees need training to help them use supervision effectively. This study suggests that training for supervisees could emphasise the need for demonstrating openness to learning, including being enthusiastic, committed, productive and adopting a proactive stance in supervision, which may help to facilitate an effective SR.

4.7 Conclusions

This study explored supervisors' perspectives of their SRs with trainee clinical psychologists, aiming to develop our understanding of the unique qualities of the SR (Ellis & Ladany, 1997), and of how supervisors enhance their relationships and resolve problems in them. A qualitative methodology enabled a fine grained analysis of the SR, and three core categories emerged. The findings suggest there are a number of contextual factors which influence the SR, including the team/service, the training course and the factors which the individual trainee and supervisor bring to the relationship. These contextual factors appear to influence the other two categories which emerged from the analysis – the flow of supervision (including supervisor's investment in the SR, and the trainee's openness to learning), and the core relational factors of the relationship (interpersonal connection and emotional tone, safety and trust, openness and honesty). The findings suggest that there is a reciprocal relationship between the core relational factors and the flow of supervision. From the analysis, it appears

that problems in the SR can occur at any point in the model presented.

Supervisors described how they resolve problems in the SR. This process involves correctly identifying the problem, gathering additional information from a variety of sources, formulating and making attempts at resolution. The results of this study suggest that the trainee's openness to learning, the supervisor's continued investment in the SR, and the natural time limit of the placement appear to be important factors in problem resolution. The current findings have support from the existing literature, and there are implications for theory, research and training.

5.0 REFERENCES

Ainsworth, M.S., Blehar, S., Waters, E. & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.

Allen, G.J., Szollos, S.J & Williams, B.E. (1986). Doctoral students' comparative evaluations of best and worst psychotherapy supervision. *Professional Psychology: Research and Practice*, 17, 91-99.

Bambling, M., King, R., Raue, P., Schweitzer, R. & Lambert, W. (2006). Clinical supervision: Its influence on client-rated working alliance and client symptom reduction in the brief treatment of major depression. *Psychotherapy Research*, 16, 3, 317-331.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist*, 37, 122-147.

Beck, A.T. (1964). Thinking and depression: II. Theory and therapy. *Archives of General Psychiatry*, 10, 561-571.

Beck, A.T. (1986). Cognitive therapy: A sign of retrogression or progress. *Behaviour Therapist*, 9, 2-3.

Beinart, H (in preparation) Competency approaches, ethics and partnership in clinical psychology. In Beinart, H., Kennedy, P. & Llewelyn, S. (Eds.) *Clinical psychology in practice*. Oxford: Blackwell/Wiley.

Beinart, H. (2002). *An exploration of the factors which predict the quality of the relationship in clinical supervision*. Unpublished D. Clin. Psych. Dissertation. Open University/ British Psychological Society

Beinart, H. (2004). Models of supervision and the supervisory relationship and their evidence base. In I. Fleming and L. Steen (Eds.) *Supervision and clinical psychology*. Hove: Brunner-Routledge.

Bennett, S. & Vitale Saks, L. (2006). A conceptual application of attachment theory and research to the social work student-field instructor supervisory relationship. *Journal of Social Work Education*, 42, 3, 669-682.

Bennett-Levy, J. (2006). Therapist skills: A cognitive model of their acquisition and refinement. *Behavioural Cognitive Psychotherapy*, 34, 57-78.

Bernard, J. (1997) The discrimination model. In C. E Watkins (Ed.), *Handbook of psychotherapy supervision* (pp 310-327). New York: Wiley.

Bernard, J. & Goodyear, R. K. (1998). *Fundamentals of clinical supervision*. (2nd edition) Boston: Allyn & Bacon.

Binder, J.L. & Strupp, H.H. (1997). Supervision of psychodynamic psychotherapy. In C.E. Watkins (Ed.) *Handbook of psychotherapy supervision*. New York: Wiley.

Bordin, E.S. (1979) The generalisability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16, 252-260.

Bordin, E.S. (1983). A working alliance model of supervision. *Counseling Psychologist*, 11, 35-42

Bordin, J. (1994). Theory and research in the therapeutic working alliance: New directions. In O. Hovarth and L.Greenberg (Eds.) *The working alliance*. New York: Wiley.

Borders, L.D. (1990). Developmental changes during supervisees' first practicum. *Clinical Supervisor*, 8, (2), 157-167.

Bowlby, J. (1977). The making and breaking of affectional bonds. Aetiology and psychopathology in the light of attachment theory. *British Journal of Psychiatry*, 130, 201-210.

Bowlby, J. (1979). *The making and breaking of affectational bonds*. London: Tavistock

British Psychological Society. (1995) *Professional Practice Guidelines*. Division of Clinical Psychology. Leicester: BPS.

British Psychological Society (2002). *Criteria for the accrediting of post-graduate training programmes in clinical psychology*. Division of Clinical Psychology, Committee for Training in Clinical Psychology. Leicester: BPS.

British Psychological Society (2003). *Policy guidelines on supervision in the practice of clinical psychology*. Division of Clinical Psychology. Leicester: BPS.

British Psychological Society (2007a) *New ways of working for applied psychologists in health and social care. The end of the beginning. Summary report*. Leicester: BPS.

British Psychological Society (2007b) *Criteria for the accreditation of post-graduate training programmes in clinical psychology*. Division of Clinical Psychology. Committee for Training in Clinical Psychology. Leicester: BPS.

Burke, W., Goodyear, R.K. & Guzzard, C. (1998). Weakenings and repairs in supervisory alliances: a multiple-case study. *American Journal of Psychotherapy*, 52, 4, 450-462.

Carey, J.C., Williams, K.S. & Wells, M. (1988). Relationships between dimensions of supervisors' influence and counsellor trainees' performance. *Counselor Education and Supervision*, 28, 130-139.

Carroll, M. (1996). *Counselling supervision: Theory, skills and practice*. London: Cassell.

Carroll, M. (2007). Clinical psychology supervision. *Clinical Psychology Forum*, 174, June, 35-38.

Charmaz, K. (2006). *Constructing grounded theory. A practical guide through qualitative analysis*. London: Sage.

Collins, N.L. & Read, S.J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Individuality and Social Psychology*, 58, 644-663.

Cushway, D. (1992). Stress in trainee clinical psychologists. *British Journal of Clinical Psychology*, 31, 169-179.

Cutrona, C.E. & Russell, D.W. (1987). The provisions of social relationships and adaptations to stress. In W.H. Jones & D. Perlman (Eds.). *Advances in individual relationships* (Vol 1. pp 37-67). Greenwich, CT: JAI Press.

Department of Health (2001). *Placements in focus: Guidance for education in practice for health care professions*. English National Board for Nursing, Midwifery and Health Visiting and Department of Health Publications Section.

DeRubeis, R.J., Brotman, M.A., and Gibbons, C.A. (2005). *Clinical psychology: Science and Practice*, 12, 174-183.

Dodenhoff, J.T. (1981). Interpersonal attraction and direct-indirect supervisor influence as predictors of counsellor trainee effectiveness. *Journal of Counseling Psychology*, 28, 1, 47-52.

Development & Recognition of Supervisory Skills (2005). Learning objectives for introductory supervisor training.
http://www.leeds.ac.uk/hsphr/psychiatry/courses/dclin/cpd/DROSS/dross_lo_05.doc

- Eames, V., & Roth, A. (2000). Patient attachment orientation and the early working alliance: a study of patient and therapist reports of alliance quality and ruptures. *Journal of Psychotherapy Research, 10*, 421-434.
- Eckstein, R. & Wallerstein, R.S. (1972). *The teaching and learning of psychotherapy* (2nd ed.). New York: International Universities Press.
- Efstation, J.E., Patton, M.J. & Kardash, C.M. (1990). Measuring the working alliance in counsellor supervision. *Journal of Counseling Psychology, 37*, 322-329.
- Elliot, R., Fischer, C.T., & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229.
- Ellis, M. V., Dell, D.M. & Good, G.E. (1988). Counselor trainees' perceptions of supervisor roles: Two studies testing the dimensionality of supervision. *Journal of Counseling Psychology, 33*, 282-91.
- Ellis, M.V. & Ladany, N. (1997) Inferences concerning supervisees and clients in clinical supervision: An integrative review. In C.E. Watkins (Ed.). *Handbook of psychotherapy supervision*. New York.
- Ellis, M.V., Ladany, N., Kregel, M., & Schult, D. (1996). Clinical supervision research from 1981 to 1993: A methodological critique. *Journal of Counselling Psychology, 43*, 35-50.
- Falander, C.A & Shafranske, E.P. (2005). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.
- Falender, C.A. & Shafranske, E.P. (2007). Competence in competency-based supervision practice: construct and application. *Professional Psychology: Research and Practice, 38*, 3, 232-240.
- Frost, K. (2004). *A longitudinal exploration of the supervisory relationship: a qualitative study*. Unpublished D.Clin.Psych thesis, University of Oxford.
- Glaser, B.G. & Strauss, A.L. (1967). *The discovery of grounded theory*. Chicago: Aldine.
- Gray, L.A., Ladany, N., Walker, J. & Ancis, J.R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology, 48*, 371-383.
- Green, D. R. (1998). *Investigating the core skills of clinical supervision: a qualitative analysis*. Unpublished D. Clin.Psch. Dissertation, University of Leeds.

Green, D. & Youngson, S. (2005). *Discussion paper. DCP policy on continued supervision*. Leicester: BPS.

Hardy, G., Cahill, J. & Barkham, M. (2007). Active ingredients of the therapeutic relationship that promote client change: A research perspective. In Gilbert, P. & Leahy, R.L. (2007). *The therapeutic relationship in the cognitive behavioural psychotherapies*. London: Routledge.

Harmon, G.A. (2005). *The supervisor-supervisee relationship and the issue of power*. Unpublished DCLinPsych thesis. Canterbury Christ Church University.

Hawkins & Shoet (2004). *Supervision in the helping professions*. Open University Press. Buckingham.

Henderson, C.E., Cawyer, C., Stringer, C.E. & Watkins, E. (1999). A comparison of student and supervisor perceptions of effective practicum supervision. *Clinical Supervisor, 18*, 1, 47-74.

Heppner, P.P. & Handley, P.G (1982). The relationship between supervisory expertness, attractiveness, or trustworthiness. *Counselor Education and Supervision, 8*, 23-31.

Hitchen, J., Gurney-Smith, B. & King, C. (1997). "Perspectives on supervision. Opening the dialogue": A workshop for supervisors run by trainees. *Clinical Psychology Forum, 57*, 21-25.

Holloway, E.L. (1995). *Clinical supervision: A systems approach*. Thousand Oaks, CA: Sage.

Holloway, E.L. (1997). Structures for the analysis and teaching of supervision. In C.E. Watkins (Ed.). *Handbook of Psychotherapy Supervision*. New York: Wiley.

Holloway, E.L. & Neufeldt, S.A. (1995). Supervision: its contribution to treatment efficacy. *Journal of Consulting and Clinical Psychology, 63*, 207-213.

Holloway, E.L. & Poulin, K. (1995). Discourse in supervision. In J. Siegfried (Ed.) *Therapeutic and everyday discourse on behaviour change: Towards a microanalysis in psychotherapy process research* (pp245-273). New York: Ablex.

Hovarth, A. & Bedi, R. (2002). The alliance. In J.C. Norcross (Ed.), *Psychotherapy relationships that work* (pp 37-69). Oxford: OUP.

Inskipp, F. & Proctor, B. (1993). *Making the most of supervision*. Twickenham: Cascade.

- Katzow, A.W. & Safran, J.D. (2007). Recognizing and resolving ruptures in the therapeutic alliance. In Gilbert, P. & Leahy, R.L. (Eds.) *The therapeutic relationship in the cognitive behavioural psychotherapies* (pp 90-105). London: Routledge.
- Kolb, D.A. (1984). *Experiential learning cycle*. Englewood Cliffs, N.J: Prentice Hall.
- Ladany, N. (2004) Psychotherapy supervision: What lies beneath? *Psychotherapy Research*, 14, (1), 1-19.
- Ladany, N., Friedlander, M.L. & Nelson, M.L. (2005). *Critical events in psychotherapy supervision. An interpersonal approach*. Washington: APA.
- Ladany, N., Ellis, M.V. & Friedlander, M.L. (1999). The supervisory alliance, trainee self-efficacy, and satisfaction with supervision. *Journal of Counseling and Development*, 77, 447-455.
- Ladany, N., Hill, C.E., Corbett, M.M. & Nutt, E.A. (1996). Nature, extent and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology*, 43, 10-24.
- Lambert, M.J. & Barley, D.E. (2002). Research summary on the therapeutic relationship and psychotherapy outcome. In J.C. Norcross (Ed.) *Psychotherapy relationships that work*. (pp17-32). Oxford: OUP.
- Lawton, B. (2000). 'A very exposing affair': Explorations in counsellors' supervisory relationships. In B. Lawton & C. Feltham *Taking supervision forward: Enquiries and trends in counselling and psychotherapy*. London: Sage
- Leherman-Waterman, D. & Ladany, N. (2001). Development and validation of the evaluation process within supervision inventory. *Journal of Counseling Psychology*, 48, 168-177.
- Lichtenberg, J.W., Portnoy, S.M., Bebeau, M.J., Leigh, I.W., Nelson, P.D., Rubin, N.J., Smith, I.L. & Kaslow, N.J. (2007). Challenges to the assessment of competence and competencies. *Professional Psychology: Research and Practice*, 38, 5, 474-478.
- Liese, B.S. & Beck, J.S. (1997). Cognitive therapy supervision. In C.E. Watkins (Ed.) *Handbook of psychotherapy supervision* (pp 114-134). New York: John Wiley and Sons.
- Magnuson, S., Wilcoxon, S.A., & Norem, K. (2000). A profile of lousy supervision: Experienced counselors' perspectives. *Counselor Education and Supervision*, 39, 189-202.

- McLeod, J. (2001). *Qualitative research in counseling and psychotherapy*. London: Sage.
- McQuellon, R.P. (1982). Interpersonal process recall. In Marshall, E.K. and Kurtz, P.D. (Eds.) *Interpersonal helping skills. A guide to training methods, programs and resources*. (pp 161-202). Thousand Oaks, CA, US: sage Publications, Inc.
- Mezirow, J. (1985). A critical theory of self-directed learning. In S. Brookfield (Ed.) *Self-directed learning: From theory to practice*. San Francisco: Jossey-Bass.
- Miller, G.R. (1976). *Explorations in interpersonal communication*. Beverley Hills, CA: Sage.
- Milne, D. (2007). An empirical definition of clinical supervision. *British Journal of Clinical Psychology*, 46, 4, 437-448.
- Milne, D. & James, I. (2002). The observed impact of training on competence in clinical supervision. *British Journal of Clinical Psychology*, 41, 1, 55-72.
- Milne, D. & James, I. (2000). A systematic review of effective cognitive-behavioural supervision. *British Journal of Clinical psychology*, 39, 2, 111-127.
- Moras, K. & Strupp, H.H. (1982) Pretherapy interpersonal relations, patient's alliance, and outcome in brief therapy. *Archives of General Psychiatry*, 39, 405-409.
- Morton, T., Alexander, C. & Altman, I. (1976). Communication and relationship definition. In G. Miller (Ed.), *Explorations in interpersonal communications*. (pp 105-125). Beverley Hills, CA: Sage.
- Moskowitz, S.A. & Rupert, P.A. (1983). Conflict resolution within the supervisory relationship. *Professional Psychology: Research and Practice*, 9, 539-550.
- Mueller, W.J. & Kell, B.L. (1972). *Coping with conflict: Supervising counsellors and psychotherapists*. Englewood Cliffs, NJ: Prentice Hall.
- Mynors-Wallis, L. & Gath, D. (1997). Predictors of treatment outcome for major depression in primary care. *Psychological Medicine*, 27, 731-736.
- Nelson, M.L. & Friedlander, M.L. (2001). A close look at conflictual supervisory relationships: the trainee's perspective. *Journal of Counseling Psychology*, 48, 384-395.

- Nelson, M.L. & Holloway, E.L. (1990). Relation of gender to power and involvement in supervision. *Journal of Counseling Psychology, 37*, 473-481.
- Neswald-McCalip, R. (2001). Development of the secure counsellor: case examples supporting Pistole & Watkins's (1995) discussion of attachment theory in counselling supervision. *Counselor Education and Supervision, 41*, 1, 18-27.
- Norcross, J.C. (Ed.) (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford University Press.
- Olk, M. & Friedlander, M.L. (1992). Trainees' experience of role conflict and role ambiguity in supervisory relationships. *Journal of Counseling Psychology, 39*, 389-397.
- Palomo, M. (2004). *Development and validation of a questionnaire measure of the supervisory relationship (SRQ)*. Unpublished DCLinPsych thesis, University of Oxford.
- Pistole, M.C. & Watkins, C.E. (1995). Attachment theory, counselling process and supervision. *Counseling Psychologist, 23*, 457-478.
- Putney, M.W., Worthington, E.L., & McCulloughy, M.E. (1992). Effects of supervisor and supervisee theoretical orientation and supervisor-supervisee matching on interns' perceptions of supervision. *Journal of Counseling Psychology, 39*, 258-265.
- Ramos-Sanchez, L., Esnil, E., Goodwin, A., Riggs, S., Touster, L.O., Wright, L.K., Ratanasiripong, P. & Rodolfa, E. (2002). Negative supervisory events: effects on supervision satisfaction and supervisory alliance. *Professional Psychology: Research and Practice, 33*, 2, 197-202.
- Riggs, S.A. & Bretz, K.M. (2006). Attachment processes in the supervisory relationship: an exploratory investigation. *Professional Psychology: Research and Practice, 37*, 5, 558-566.
- Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L. & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36*, 4, 347-354.
- Roth, A. & Fonagy, P. (1996). *What works for whom? A critical review of psychotherapy research*. London: Guilford Press.
- Safran, J.D., Crocker, P., McMain, S. & Murray, P. (1990). Therapeutic alliance rupture as a therapy event for empirical investigation. *Psychotherapy: Theory, Research, Practice and Training, 27*, 154-165.

- Safran, J.D. & Muran, J.D. (1996). The resolution of ruptures in the therapeutic alliance. *Journal of Consulting and Clinical Psychology, 64*, 447-458.
- Scaife, J. (2001). *Supervision in the mental health professions: A practitioner's guide*. Hove: Brunner-Routledge.
- Schon, D. (1986). *Educating the reflective practitioner*. San Francisco: Jossey-Bass.
- Shanfield, S.B., Matthews, K.L. & Hetherly, V.(1993). What do excellent psychotherapy supervisors do? *American Journal of Psychiatry, 150*, 1081-1084.
- Skovholt, T.M. & Ronnestad, M.H. (1992). *The evolving professional self: Stages and themes in therapist and counsellor development*. Chichester: Wiley.
- Spence, S.H., Wilson, J., Kavanagh, D., Strong, J. & Worrall, L. (2001). Clinical supervision in four mental health professions: A review of the evidence. *Behaviour Change, 18*, 3, 135-155.
- Steinheber, J., Patterson, V., Cliffe, K. & LeGoullon, M. (1984). An investigation of some relationships between psychotherapy supervision and patient change. *Journal of Clinical Psychology, 40*, 1346-1353.
- Stoltenberg, C., McNeill, B. & Delworth, U. (1998). *IDM supervision: An integrated developmental model for supervising counsellors and therapists*. San Francisco: Josey-Bass.
- Strauss, A. & Corbin, J. (1998). *Basics of qualitative research. Techniques and procedures for developing grounded theory*. London: Sage.
- Strong, S.R. (1968). Counseling: An interpersonal influence process. *Journal of Counseling Psychology, 15*, 215-224.
- Tracey, T.J., Ellikson, J.L., & Sherry, D. (1989). Reactance in relation to different supervisory environments and counsellor development. *Journal of Counseling Psychology, 36*, 336-344.
- Wampold, B.E. & Holloway, E.L. (1997) Methodology, design and evaluation in psychotherapy supervision research. In C.E. Watkins (Ed.). *Handbook of psychotherapy supervision*. New York: Wiley.
- Watkins, C.E. (1995) Pathological attachment styles in psychotherapy supervision. *Psychotherapy 32*, 2, 333-340.
- Watkins, C.E. (Ed.) (1997). *Handbook of psychotherapy supervision*. New York: Wiley.

Webb, A. & Wheeler, S. (1998). How honest do counsellors dare to be in the supervisory relationship? An exploratory study. *British Journal of Guidance and Counselling*, 26, 4, 509-524.

Wheeler, S. & Richards, K. (2007). The impact of clinical supervision on counsellors and therapists, their practice and their clients. A systematic review of the literature. *Counselling and Psychotherapy Research*, 7, 1, 54-65.

White, V.E. & Queener, J. (2003). Supervisor and supervisee attachments and social provisions related to the supervisory working alliance. *Counselor Education and Supervision*, 42, 3, 203-218.

Willig, C. (2001) *Introducing qualitative research in psychology. Adventures in theory and method*. Berkshire: OUP.

Worthen, V. & McNeill, B.W. (1996). A phenomenological investigation of "good" supervision events. *Journal of Counseling Psychology*, 43, 25-34.

APPENDICES

Appendix 1 Invitation letter to participants

Appendix 2 Ethical approval

Appendix 3 Indemnity

Appendix 4 Information sheet

Appendix 5 Consent form

Appendix 6 Interview schedule

Appendix 7 Extract from research diary: response to interview

Appendix 8 Extract from coded transcript

Appendix 9 Memos re: professional checks

Appendix 10 Extract from research diary: axial coding

Appendix 11 Initial category development

Appendix 1

Dear

30th January 2007

Re: Research into the supervisory relationship

Please find enclosed an information sheet and consent form for a qualitative research project on the supervisory relationship, which is part of a post-qualification doctorate I am doing at the University of Hull. You have been chosen because you have supervised for the Course a minimum of 3 times, and I am not currently involved in monitoring one of your placements. I am interested in interviewing supervisors who have had experience of a range of supervisory relationships with trainee clinical psychologists (including relationships which have worked effectively and those which have worked less well), and finding out more about your perspectives on the factors which influenced the quality of these relationships.

I would be most grateful if you would consider participating in the study, and would be pleased to answer any questions you may have if you contact me on the number or email address below.

With best wishes

Yours sincerely

Sue Clohessy
Clinical Tutor & Supervisor Training Lead

Tel :

E-mail:

Appendices 2-5 scrutinized by examiners and removed for reasons of confidentiality

Appendix 6

Semi-Structured Interview

Introductory preamble (including questions from info sheet, signing consent form, info re: withdrawal from study etc)

Demographic data

- Gender
- Ethnicity
- How long have you been supervising?
- How long have you been working as a Clinical Psychologist?
- As a supervisor, how many supervisory relationships with trainee clinical psychologists have you been a part of?
- At what stage of training are the trainees you typically supervise?
- Do you have any particular theoretical orientation?
- Do you have any particular theoretical model of supervision?
- What clinical population do you see?

The following questions are intended as a guide to interviewing:-

Effective SRs

- In your general experience of supervisory relationships, what factors make them work well?

Prompts –what makes them effective?

- influence of trainee, supervisor, external factors?

- How do you know when they are working well?

Prompts –in self, in trainee, other factors?

- How do you establish these relationships?

Prompts –what do you do to get the relationship off to a good start?

- How do you enhance these relationships as they develop over time?
- Can you think of a recent example of (a) supervisory relationship(s) which worked well?

Thinking about this specific relationship:-

- What made this relationship(s) work well?
- How did you know this relationship was working well?
Prompts: in self, trainee, other factors
- What did the trainee contribute to the relationship(s) which made it effective?
- Were there any similarities & differences between you and your trainee?
- Did this have an impact on your relationship?
- What did you as a supervisor contribute to the relationship(s) which made it work well?

- Were there any other influences on this relationship which made it work well?
- What was the impact of external factors such as course demands, organisational pressures, space, time etc?

Ineffective SRs

- In your **general experience** of supervisory relationships, what factors make them work less well?

Prompts –what makes them less effective? What caused problems?

Influence of trainee, supervisor, external factors?

- How do you identify problems in the SR?
- How do you resolve problems in the SR?
- Can you think about a recent (a) supervisory relationship(s) which did not work well?

Thinking about this specific relationship:-

- How did you know it wasn't working well?

Prompts – factors in self, trainee, external factors?

- What did the trainee contribute to the relationship(s) which made it work less well?
- Were there any similarities & differences between you and your trainee?
- Did this have an impact on your relationship?

- What did you as a supervisor contribute to the relationship(s) which made it work less well?
- Were there any other influences on this relationship which made it work less well?
- What was the impact of external factors such as course demands, organisational pressures, space, time etc?
- Did these problems in the SR resolve? If so, how?

Prompts –trainee, supervisor, other factors?

Appendix 7

Excerpt from Research Diary

10/7/07 Reflections on S8 interview

Another interesting interview. Similar themes are coming up again, for example, the importance of the trainee wanting to learn, being prepared to go the extra mile in their work –all of these factors seem to help the SR. This supervisor also talked about “the flow of supervision”, as an indicator of the quality of the SR. This seems to relate to the exchange of ideas between supervisor and trainee, the trainee’s ability to reflect on supervision and contribute their own ideas, trying things out and having some initiative. When relationships don’t work well, the learning position of the trainee seems important. This supervisor described a relationship with a trainee whom she perceived as “arrogant”, a sense that the trainee believed she knew better than the supervisor, did not follow up on suggestions from supervision, and even did something the supervisor had explicitly said that not to do. The supervisor realised this too late in the placement for it to be effectively addressed, which emphasises the importance of early identification of problems, and the impact the natural time limit of the relationship has on the resolution of difficulties in the SR. This supervisor had very positive expectations before the trainee arrived on placement, because of past experiences of supervising trainees. To some extent, this seemed to ‘blind’ her to the possibility that there may be difficulties to address. In retrospect, she said that the tone of this SR was different, more ‘business like’ and distant, which she initially perceived as reflecting the trainee’s efficiency. This experience to some extent improved her skills as a supervisor as it helped her to be vigilant to the potential for problems in the SR, which seems important so that problems can be identified as early as possible.

Appendix 8

The following is an excerpt from S9 lines 681-794, to illustrate a coded transcript This SR was with a trainee the participant supervised for a different course, in a previous post. Line numbers have been removed because the layout of the excerpt has changed for presentation purposes. Text in italics represents the interviewer.

I: Okay, okay. So if we think about a specific relationship that didn't go so well, what told you that that relationship wasn't going so well?

*Trainee not communicating
Supⁿ - bare minimum
Business like.
Knowing something's wrong
Lacking openness
Not knowing what
problem was.
Not able to address
problem.* S: Well, she was a perfectly nice woman but she just wouldn't say very much/It was- supervision was limited to the basic, uh, knowledge necessary for me to know how the work was going/and at the final placement review it was obvious that there were things which weren't going well and yet she'd never mentioned them. This was, uh, a different course from here/And I just thought 'well, it's a pity if somebody has spent six months not being happy or having other problems which I'm not aware of, and I never did find out what the matter was, whether it was because she was pregnant, or having a tough time, or – I don't know, but because she didn't say we couldn't address it.

I: Mmm. Was she pregnant on - or she'd just had a baby when –

Trainee life events? S: No, she was just having a- about to have a baby when she left the placement.

I: Okay, so there was something else there, coming in the room with you in terms of knowing that something wasn't quite right but not –

*Not being open & sadness
at this.
Something wrong in sk.
Trainee not happy.* S: Mmm, possibly, yes, yes, she wouldn't say what the matter was, and, and I thought it was a shame because in many ways she seemed a perfectly normal, well adjusted individual who'd got on okay with the work/so, I mean from the point of view of the placement and the work quality there was nothing wrong, it was just that, you know, clearly there was something wrong in the supervisory relationship and she hadn't been happy on the placement.

Finding out too late.

I: Did you know that for definite?

S: I knew that at the final placement review.

I: Ho-did, did that come out from her or from your tutor or-

Finding out from 3rd party

S: It was from the tutor.

I: Right. But you, but you'd sort of been aware that, that, that was the first you'd- it had been kind of put on the table?

Emotional tone
Good atmosphere
Getting on with work / coping well.
Trying to understand problem.
Feeling upset or isolated experience
Positive FB from trainees

S: Yes, I think when you engage with a trainee in supervision and something's going well you can feel, you know there's an atmosphere in the room that tells you that things are going well/they're doing the work, they're happy, they're enjoying it, they don't seem under undue pressure. If that isn't there then you have to try and understand why it doesn't happen/Sometimes, well, I think on this occasion I just didn't understand why it didn't happen/and it's quite upsetting because, in general, I've not had an experience like that for many years/and trainees come along to my placements and.. they get on really well, I think. I hope. They tell me that they do and I think they tell the course that they do and I've not had any complaints in recent years at all.

I: So, in terms of what she contributed to that relationship that didn't make it work very well, was that sort of not being open about whatever it was that was bothering her?

S: Yes, yeah.

I: Um, anything else you think that she contributed to the relationship not working so well?

Lacking honesty.
Sadness at lost opportunity?

S: I think a lack of honesty about her thoughts and feelings about supervision perhaps. You know, if there was something not, not good for her there than it's a pity she couldn't have said.

picking up on problems
easily ↓ skills.
Having courage to raise it.
Inviting feedback/
discussion of SR.
Experience as supervisor
helping SR

I: Yeah, yeah. What about you, is there anything that looking back you think, 'actually maybe I contributed to that relationship not working so well'?

S: Well if it happened again at this stage I think I would have picked up on it a bit earlier and I think I would now have the courage to say 'I feel that there's something not quite right here, are you able to say what it might be, or could we talk about you talking about it to somebody else perhaps?'. I think there would be far more strategies now to cope with a relationship that wasn't working than perhaps there were in those days.

Appendix 9

Memo 12/11/07 Credibility : Professionals check Transcript S1

There is a lot of overlap between my codes and my supervisors. For example, **S1 452-454** *–but to kind of get that balance between the personal and the professional that feels comfortable*

HB has “comfortable personal professional balance”, and I have “balancing personal and professional”. We have both picked up what this supervisor saw as important in making SRs work well –matching styles/goodness of fit, a comfortable balance between the interface of the personal and professional, mutual enthusiasm and interest, the trainee integrating and offering something of value to the service. There is a slight difference in emphasis in coding the following excerpt about the trainee’s interests on placement:

S1 499-502 *–and developed a particular interest in something that was happening clinically, and kind of picking up and running with that because that kind of enhanced all of our learning and thinking,-*

HB has coded this “support to pick up and running” and I have coded it as “trainee contributing to team’s learning”. HB’s code emphasises the supervisor’s support of the trainee in developing an interest and running with it. My code emphasises the trainee’s contribution to the team. Both of these perspectives are useful and reflect other codes in this transcript and other interviews on the trainee’s contribution to the service, and the importance of supervisors responding to the individual needs and interests of the trainee. In coding the part of the transcript which relates to the supervisor’s experience of difficult SRs, both HB and I have picked up the importance of a difficult team context, the impact of the trainee’s lack of openness (about problems experienced) and lack of enthusiasm. There is a lack of safety and trust in this relationship which we both identified in our coding. Attempts at resolution were unsuccessful, and the supervisor experienced feelings of anxiety and responsibility –she clearly wanted to be supportive, but the lack of openness in the SR prevented this.

Memo 24/11/07 Credibility : Professionals check Transcript S12

Reviewing coding for S12 –both mine and KR’s. Marked similarities between the meanings which we highlighted in this interview, although slight differences in emphasis in some areas. KR highlights that preparing for the trainee, making time, and trying to connect helps to create a space for the SR to develop.

S12 167-174 *From my point of view it would be being, um, prepared for the trainees, um, having thought about what work they’ve got, make sure I’ve got work for them when they arrive, and the key factor is going to be spending time with them in the beginning. So, um, setting up a good program for them but also them having time as a-but also kind of informal time really, um.*

KR codes this section ‘needs preparation’, ‘time (spending time)’, ‘having informal and formal time’. My codes for this are ‘being prepared’, ‘spending time together early on’, ‘good induction’ and ‘having informal time at the beginning’.

KR notes that this interview emphasises that supervision meetings alone are not enough for a good SR to develop, which also emerges from my coding of this interview and others. Making space for the relationship to develop in informal settings seems important from both of our coding of the transcript. KR also highlights the importance of the trainee having an optimal amount of confidence –too little or too much can make it difficult for the SR to develop. This emerged from my codes for this interview too.

S10 339-345 *So it wasn’t someone who was really anxious who couldn’t function, or it wasn’t someone who was really confident. I suppose she was kind of in the middle, um, and you just think ‘oh, I can like that about a trainee’ you know. Because either end seems harder to, to either bring out or manage*

KR coded this section ‘not really anxious’, and ‘confidence on a continuum – either extreme difficult’. I coded this ‘having right amount of confidence’.

The supervisor’s difficult SR was with a trainee who was not a good match for her in terms of personal style (the trainee being overly confident), which had an impact on power in this relationship. This has emerged from other interviews

Memo 24/11/07 Credibility : Professionals check Transcript S12

...continued

too (e.g. S6 and S8). Both KR and I had codes relating to the importance of professional behaviour and values, which, again has been highlighted in other transcripts (e.g. S10, S3). KR highlights that in the SR which the supervisor described as working well, she asked for feedback from the trainee about her work. This seems to indicate a collaborative relationship in which the trainee was valued as a colleague. My coding does not highlight this process, but I am aware of this having been raised in S6's interview, in which she talked about sharing original ideas with a trainee.

Appendix 10

Excerpt from research diary

Reviewing and refining categories (phase 1 of axial coding)

3/11/07

Openness to learning category is enormous! Incorporates many different factors –trainee's wanting to learn from the supervisor, valuing supervision, being willing to adopt a learning position (rather than trying to show their supervisor that they know already). I will incorporate codes relating to enthusiasm and commitment–being willing to work hard and go the extra mile, being organised. There's something about the trainee's stance in supervision –active, rather than passive. These codes were in 'sharing a professional value base', but will move them here, as they seem to reflect something more than professional values – trainee's willingness to roll their sleeves up and immerse themselves in the placement experience.

Time is an important theme, it seems implicit in the SR –important at the beginning of the SR for trainee and supervisor to get to know each other, and make a connection. Time is also important when tackling a problem in the SR – when's the best time to raise it/ address it? And often spending time together can be a way of trying to resolve the problem.

Spending time and getting to know the trainee is now organised into category '**at the beginning**', which encompasses preparing for trainee, **practicalities** and **resources, spending time** and being available and getting to know the person (although could put this into interpersonal connection).

Moved **mutual feedback** into **as SR develops** with **evaluation**. Seems to relate to how things in the SR are kept on track. **Getting to know person** and **interpersonal connection** seem to relate to similar issues i.e. getting to know each other, relating to the person, making a connection. Maybe getting to know the person is an important step in making a connection with each other, developing interpersonal chemistry, and whether styles match or not.

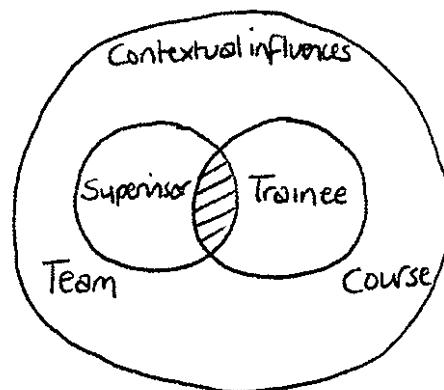
Refining codes and categories (phase 2)

17/2/08

Having had a break from the analysis, I'm now reviewing the data and categories after explaining them to K (experienced supervisor). This was really important to do, although incredibly difficult in that it brought home that the analysis doesn't 'hang together' in a coherent way yet. It doesn't tell the story of the data. Am feeling dispirited about this; I thought I was nearly there, but the analysis never seems finished. However, I will use my research diary and go through the categories again. I'm also going to read the transcripts again –I don't want to lose the essence of what people said in the interviews.

Course

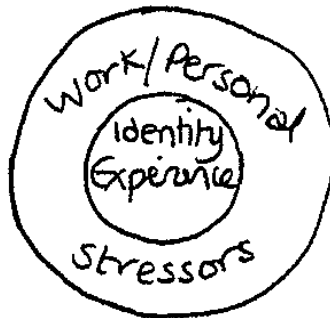
Have already collapsed categories –**course as reassuring facilitating presence** in SR, with **course position in the SR** –codes in these categories seem to relate to the influence of the course on the SR. Supervisors' talk quite positively about the course's influence (would they feel ok at being critical given I'm a member of course staff? S1 was able to talk about some material she had been given by the course, which she had found unhelpful in trying to set a supervision contract with her trainee). I'm surprised there isn't more about the course. I expect the course would be a much more predominant theme for the trainees? Both course and team seem to be external factors/ influences on the SR. Perhaps contextual influences would be a more useful summary. They are the context in which the SR takes place:-



What the supervisor and trainee bring

Identity really refers to internal factors (which although are influenced by context, environment etc) could be seen as related to the individual (such as age, ethnicity, gender, personality characteristics), and which will influence how the supervisor and trainee relate to each other. Am wondering whether experience is also an internal factor, in that it's something (again influenced by environment etc) which supervisor and trainee carry with them into the SR.

Personal stressors are also important contextual factors which supervisor and trainee bring with them into the SR and which influence the relationship. This could be illness, work or family stress etc which impede the ability to contribute or focus on the SR.



The category '**positive perspectives on supervision**' reflects what the supervisor gains from supervising trainees and captures some of the dynamism involved in the interaction between the supervisor and trainee –it's rewarding, inspiring, prevents supervisors getting stuck in a rut.

There is a reciprocal relationship between supervisor and trainee –the flow of supervision? (S8's term). Remember what some supervisors have said (S1, S9, S12) about the more the trainee's want, the more the supervisor gives. The trainee adopting an active role, being open, coming prepared to supervision, following up on suggestions. And the supervisor investing in the SR, by preparing for the trainee and clarifying expectations, responding to the trainee's needs and supporting them etc. The category '**building SR together**' reflects mutual responsibility for the SR working, and encapsulates the investment in the SR – I will separate out those codes which relate to the supervisor into **investing the SR**, and those which relate to the trainee into '**openness to learning**'.

18/2/08

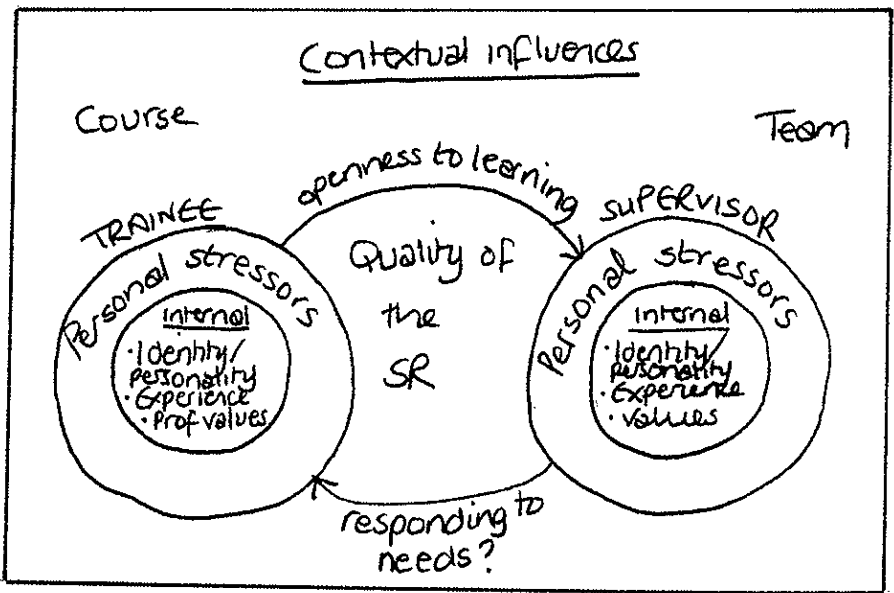
Support for trainee

Although this is another factor which the supervisor brings into the SR, I think this reflects how the supervisor responds to the individual needs of the trainee.

What trainee brings

Have already reviewed 'identity' category, and collapsed 'differences in identity' and 'similarities in identity' –this makes sense I think –category now reflects gender, social class, age. Have also included codes relating to personality characteristics (e.g. how gregarious or confident the trainee is). Think I should also include codes from the category 'positive perspectives on trainee qualities', because it touches on similar factors. Makes sense to incorporate these.

What the trainee and supervisor bring to the SR –multiple factors, almost a mirror image of each other. Each will have their own personal stressors, demands and priorities, their own values and beliefs, as well as their own personal histories of supervision, which will influence how they relate to each other. Maybe influences how open they are to the new SR. Remember what S11 said about being willing to open yourself up to the new relationship.



It's the space in between which is the essence of the quality of the SR. How to capture what this is? Will try free-writing some thoughts/impressions to help conceptualise this:-

Openness is crucial. The trainee being open to learning, wanting what's on offer, open and honest about what they want/need and what their worries are. Open to learning also relates to a sense of commitment, hard working, enthusiastic, which makes supervisors want to give more to the SR, and to invest more in the SR. It also makes supervision rewarding for them. Openness seems fundamental, and many of the problems seem to relate to a lack of openness and clarity –when things are hidden, or when the trainee does not appear to want to learn, and is just going through the motions.

Openness in the SR can be seen as a continuum

Open, honest,
Clarity, disclosure

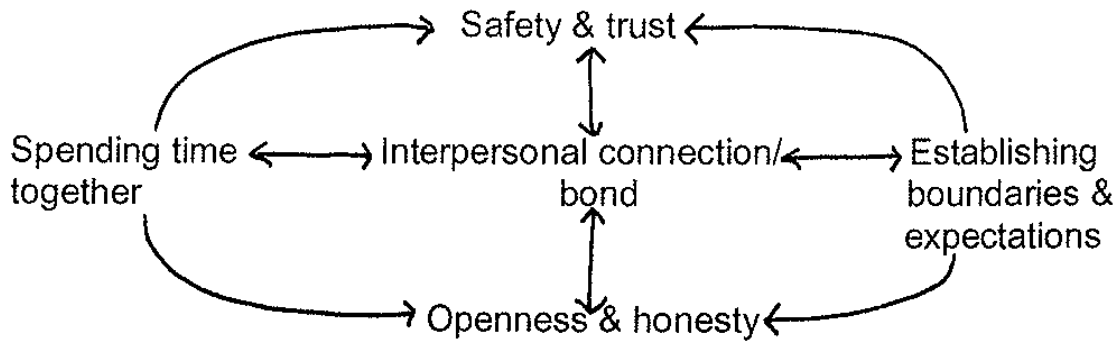
Closed, covert
hidden problems

Openness also seems fundamentally influenced by safety and trust and vice versa.

What else is important in the quality of the SR?

Connection and emotional tone. How people connect –the characteristics we are drawn to (or not) in our relationships with people. How do we connect/develop a bond? Need to be prepared to spend time with each other (informally as well as formally) –getting to know each other.

Emotional tone could be integrated into interpersonal connection –it seems part of it i.e. how we connect, have fun, feel at ease. Maybe emotional tone is a consequence of the degree of interpersonal connection?



‘Preparing for the trainee’ and **‘practicalities and resources’** categories –will integrate these –they seem to tap into the importance of setting things up well, and ensuring the SR gets off to a good start e.g. organising clinical work in advance, setting up an induction programme for the trainee, preparing the team for the trainee’s arrival.

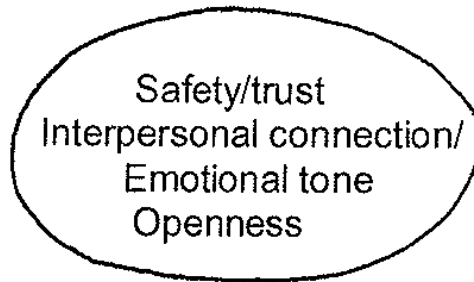
‘Clarifying mutual expectations’ seems very important at the beginning of the SR. I wonder whether this is also another aspect of setting boundaries –so expectations and ‘rules’ for the relationship (i.e. a professional relationship, not a friendship etc) are in place.

‘Building the SR together’ reflects both supervisor and trainee being engaged in the SR, wanting it to work well. This again seems to be about the flow of supervision –it’s reciprocal, both trainee and supervisor are engaged in it. **Mutual feedback and evaluation** seem to belong together –part of supervisor’s contributions to the SR (and their formal role), but also trainee giving feedback reflects their active stance in supervision if the SR is going well (and they feel safe enough etc). Trainee’s openness to feedback also is very important.

23/2/08 Meeting with research supervisor

Discussed models– when describing rupture resolution, there needs to be arrow from intervention through to ‘openness to learning’, to illustrate some resolution, otherwise gets stuck in the cycle. Also spending time and establishing boundaries may belong in investing in the SR, rather than in the quality of the SR.

I think these factors should be re-named 'core relational factors':-



Where does power belong? Could stay in interpersonal connection and bond (reflecting the 'feel of the SR'). There are also codes here which relate to feeling uncomfortable with the authority of the supervisor role –the formal evaluation function of being a supervisor. I wonder whether these codes all belong with **boundaries and expectations**? Will check original quotes and codes.

When SR goes well

Codes in '**flow of supervision**' –will integrate into '**open to learning**' (trainee's contributions to SR) and '**responding to needs**' (part of supervisor's investment in the relationship). But want to preserve the concept of the flow of supervision in the analysis, to capture the reciprocity of the SR.

'**Being productive**' will merge with '**integrating with the team**' and '**noticing change and development**', and this latter category will be integrated into '**responding to needs**'. **Facilitating reflection** could also go into '**responding to needs**' and trainee being '**open to learning**'.

Problems in the SR

Being open about problems –this can be integrated into '**openness and honesty**' category –a core relational factor of the SR. The category '**what the problem is**' –I'm unsure if I need a separate category for this, and whether these codes should be integrated throughout the analysis –this would make more sense (e.g. power could be integrated into 'expectations and boundaries' where the other codes relating to power are).

Appendix 11

Initial categories & sub-categories developed across interviews 1-12

Team

- Working on team relationships
- Team supporting placement/valuing trainees
- Role of supervisor in team
- Stressful team context
- Trainee contributing to service
- Using team to inform SR

Course

- Course as reassuring, facilitating presence
- Course position in SR

Identity

- Differences in identity
- Similarities in identity

External stressors

- Impact of external stressors on trainee
- Support for trainee
- External stressors on supervisor

Supervisor needs

- Importance of feeling valued and involved
- Support for supervisor

What trainee brings

- Being enthusiastic
- Committing to client group

Positive perspectives on SRs

- Positive perspectives on supervision
- Positive perspectives on trainee qualities

Spending time & getting to know trainee

- Spending time together
- Being available
- Getting to know person

Initial categories & sub-categories continued

Practicalities

- Preparing for trainee
- At the beginning
- Practicalities and resources

Being open

- Encouraging openness
- Supervisor being open
- Being open about activity
- Being open about problems
- Honesty and colluding
- Mutual feedback
- Checking things out
- Being open to learning
- Being defensive

Feel of the SR

- Interpersonal connection
- Emotional tone

Safety & trust

- Creating/maintaining safety
- Lacking trust
- Evaluation

Expectations & boundaries

- Boundaries
- Clarifying expectations
- Being honest about what supervisor can offer

Responding to needs

- Responding to trainee's needs
- Roles in supervision
- Experience

Working on SR vs giving up on SR

- Working on the SR
- Giving up on SR

Progress

- Getting things done
- Noticing change & development
- Developing autonomy

Initial categories & sub-categories continued

Therapeutic models

- Sharing therapeutic model

Clinical work

- Difficulties in clinical work
- Productive clinical work

Reflection

- Facilitating reflection
- Ability for reflection
- Reflecting on past experiences
- Personal professional development

Problems in the SR

- Noticing/ being aware
- Formulating/ making sense
- Maintaining collaboration
- What the problem was
- Deciding to raise issue
- Tackling the problem
- Timing
- Seeking supervision from others