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EMMA PEACOCK BSc Hons PG Dip

ON BECOMING A SUPERVISOR: AN ANTICIPATED TRANSITION FOR TRAINEE CLINICAL PSYCHOLOGISTS

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October 2011

SALOMONS CANTERBURY CHRISTCHURCH UNIVERSITY

DECLARATION FOR MAJOR RESEARCH PROJECT

Candidate name: EMMA PEACOCK (PRINTED)

DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Fleacock

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Emma Peacock

MAJOR RESEARCH PROJECT

SECTION A

Title: On becoming a supervisor: an anticipated transition for trainee clinical psychologists. A review of the literature.

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ABSTRACT

Aim and Objectives: To review the empirical and theoretical literature on supervision in order to gain a better understanding of how experiences of supervision during clinical training may relate to the anticipated transition of 'becoming a supervisor'.

Method: Relevant literature reviews were conducted through computerised and manual literature searches. A detailed overview of the search strategies can be viewed in Appendix 1.

Results: Key areas identified from the review included, firstly, the importance of facilitating the developmental needs of supervisees: trainees' personal and professional development was hypothesised to influence future practice areas, including supervision. Attachment theory helped to conceptualise the anticipated transition of 'becoming a supervisor' by comparing it to the transition between adolescence and adulthood; and by highlighting the struggle between dependency and autonomy mirrored in supervisee development. Still within an attachment framework, providing a safe space to explore also aids supervisee development and the concurrent development of an 'internal supervisor'. Finally, the desire to emulate supervisor's as role models may also form part of the anticipated transition of 'becoming a supervisor'.

Conclusion: As the anticipated transition of 'becoming a supervisor' has not received direct research, this review can only offer a tentative framework and the exposition of relevant factors is limited. Therefore an initial exploratory, qualitative study is recommended focusing on trainee clinical psychologists' experiences of supervision and the meaning of these experiences in relation to the anticipated transition of 'becoming a supervisor'.

1. Introduction

1.1 Rationale: Supervision, Clinical Psychology Training and the Wider NHS Context

The wider NHS context, underpinned by policies such as New Ways of Working (Department of Health, 2007) has placed greater emphasis on clinical psychologists providing supervision to other professions. Furthermore, the policy outlines that trainee clinical psychologists should be "adequately prepared" to implement the New Ways of Working guidance (Department of Health, 2007, p. 18). Therefore, how training programmes are assisting trainees to undertake multiple roles once qualified, including that of supervisor is increasingly important (Hughes, 2009). This underlines the importance of reviewing the existing body of literature in order to examine how experiences during clinical psychology training may relate to the anticipated transition of 'becoming a supervisor'.

1.2 Overview of the Literature

The anticipated transition of 'becoming a supervisor' is an under researched area. Therefore, this review will synthesise salient literature from a broad research base in order to gain a comprehensive perspective on the topic. The area of supervision will be examined first, focusing on definitions of supervision and the role of supervision. Subsequently, models of supervision, then supervisee and supervisor development, will be explored. As this review is focusing on a developmental transition, an attachment theory framework will be used to conceptualise this. Firstly, attachment processes involved in the adjustment from adolescence to adulthood will be investigated, before exploring the supervisory relationship and supervisee development. Finally, papers exploring the links between trainees' experiences of

supervision, personal and professional development, and future professional practice will be considered.

The process of collating relevant literature on this topic area involved conducting numerous searches over an extended period of time (see Appendix 1). The following literature will be examined in depth and empirical research will be assessed using generally accepted standards of evaluation (Greenhalgh, 2010).

2. Literature

2.1 Definitions of Supervision

Fleming and Steen (2004) argue that there is a lack of agreed definition for supervision in the field of clinical psychology. However, they state that a comprehensive definition of supervision is:

"An intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time and has the simultaneous purpose of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clientsand serving as a gatekeeper for those who are to enter the particular profession." (Bernard & Goodyear, 1992,p.4).

This definition is suited to pre-qualification supervision and highlights the power differential in the relationship with the terms "senior" and "junior". Within clinical psychology training, the purpose of supervision has been defined as: "*To* assist the development of trainees so that they are appropriately skilled to meet the professional and therapeutic expectations with which they will be confronted with once *qualified*." (McCrea & Milsom, 1996 p. 33). This acknowledges the link between supervisee development during training and future professional practice. Of course, one of the major professional expectations is that trainees will transition into supervisors. However, Scaife (2001) states that the meaning of supervision may vary between individuals and this might well affect the transition into the supervisory role. The roles and tasks of supervision will be discussed next.

2.2 The Role of Supervision

Inskipp and Proctor's (1994) model of the purposes of supervision, includes formative, normative and restorative functions, which will be explained in turn. The formative function is focused on the supervisee's learning and development (Inskipp & Proctor, 1994). The normative function of supervision refers to managerial and ethical responsibilities, such as overseeing the number of clients and ensuring that the guidelines of the organisation in which the work is carried out are adhered to (Inskipp & Proctor, 1994). The restorative function of supervision pertains to exploring the emotional effects of the work on the supervisee (Inskipp & Proctor, 1994). The restorative function also recognises the impact of personal life events on the supervisee. However, during the training stage it is noted that the supervisee may be reluctant to explore difficult emotions with the supervisor, because of issues such as shame about mistakes and fear of negative evaluation (Scaife, 2001).

The role of supervision can be understood further by Heron's (1991) six categories of supervisory interventions. Half of the categories are defined as having an 'authoritative'

function and the other half a 'facilitative' function. The three authoritative interventions include: prescriptive advice or behavioural guidance for the supervisee, informative instruction by imparting knowledge or meaning, and confronting through the provision of direct feedback or challenge to examine possible blind spots. The three facilitative functions include: cathartic expression of emotions and release tension, catalytic, encouraging reflection and problem solving to develop self-directed learning, and supportive affirmation and valuing of the supervisee and their work. Heron (1991) states all interventions are equally valid, but must be sensitively applied to the developmental need of the supervisee. In addition, each of the interventions should be grounded in the core qualities of respect, empathy and genuineness towards the supervisee (Heron, 1991). This is an important note as the literature thus far has focused on what constitutes good supervisory practice. However, Heron (1991) highlights the potential for functions of supervision to be misused.

2.3 Models of Supervision

There are various models of supervision that emphasise different processes in the supervisory encounter, which are important to consider in relation to the anticipated transition of 'becoming a supervisor'. These include: process and task oriented models (Hawkins & Shohet, 2006), relational models (Gilbert & Evans, 2000; Douglas, 2007) and developmental models (Stolenberg & Delworth, 1987). These will be explored in turn.

Hawkins and Shohet (2006) developed the 'seven-eyed supervisor model' which captures issues of process and wider contextual factors. Please see Figure 1 below which provides a diagram of the model.

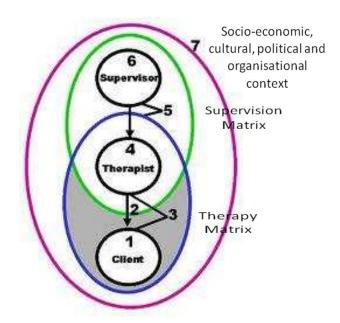


Figure 1: Seven eyed model of supervision (Hawkins & Shohet, 2006).

Hawkins and Shohet (2006) identified seven different areas of focus which include: the content of the therapy session, exploration of the strategies used by the supervisee, the relationship between the client and the supervisee, focusing on the supervisee, the supervisory relationship, the supervisor focusing on their own process, and the wider organisational and cultural context in which the work takes place.

Hawkins and Shohet, (2006) advocate that supervision should aim to include all seven focuses at some point. However, Scaife (2001) notes that it often feels safer for the supervisor to focus on the relationship between the therapist and the client, as opposed to the relationship between the supervisee and supervisor. If this were the case, it would perhaps restrict the trainee's development as there would be less opportunity for multiple-perspective taking. Conversely, if the supervisor were to incorporate all seven focuses, this would increase possibilities for inter-subjectivity and learning about different processes in supervision. This latter position is likely to provide a helpful role model for the supervisee and may help to facilitate the anticipated transition of 'becoming a supervisor'.

Gilbert and Evans' (2000) interpersonal model of supervision emphasises inter-subjectivity and mutual reciprocal influence. The supervisor becomes both participant and observer in the supervisory process. However, the supervisor needs to find the correct balance, as too much participation may mean that perspective and authority diminish, whereas too much observation may leave the supervisee feeling critiqued or shamed (Gilbert & Evans, 2000). The supervisor offers the supervisee an additional perspective, similar to the father bringing a third perspective to the mother-child dyad. This third perspective becomes internalised by the supervisee, firstly as a more formulaic template of the supervisor, until eventually this matures to an 'internal supervisor' (Casement, 1985) where the supervisee's independent thinking is incorporated (Gilbert & Evans, 2000). As trainees develop their own 'internal supervisor' (Casement, 1985), this may form an important step towards anticipating 'becoming a supervisor' as it fosters the adoption of the participant/observer position.

Another relationally based approach to work that has been applied to supervision is the Solihull Model (Callanan, 2010), which focuses on the three areas of containment, reciprocity and behaviour (Douglas, 2007, 2010). Please see Figure 2 below.

CONTAINMENT

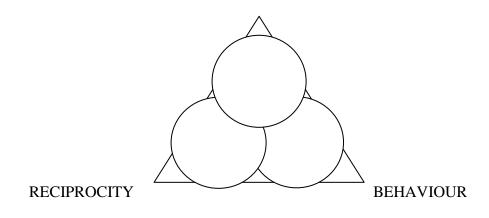


Figure 2: The Solihull Model (Douglas, 2007).

The Solihull approach draws upon attachment theory and emphasises attunement to the needs of the other. This is important as the supervisory alliance has been reported to be one of the most influential factors affecting supervisee development (Bordin, 1983). The idea of reciprocity also draws upon developmental theory, thus underlining the need to be sensitive to the developmental needs of the supervisee. Furthermore, as the Solihull model draws upon attachment theory, it may explain significant factors involved in this developmental transition. For example, the supervisor providing the supervisee with a safe base to explore their personal learning styles and strengths and weaknesses may in turn facilitate the anticipated transition of 'becoming a supervisor'.

Being sensitive towards the developmental level of the supervisee has emerged as a theme in the literature so far. Building on this, Stoltenberg and Delworth (1987) present an integrated developmental model (IDM) of supervision, which focuses on changes in supervisees across four developmental levels. The IDM also charts changes in three structures across these levels which include: self-other awareness, motivation, and dependence-autonomy (McNeill & Stoltenberg, 1997). The four developmental levels will be explored in turn.

At level one, the supervisee is dependent, lacks in-depth understanding of the therapy process, seeks guidance from the supervisor about the 'right way' to do things, has limited self-awareness, focuses on self and concerns about performance, and has high levels of motivation about the profession. The supervisor at this stage responds by providing structure, acting more as an educator/supporter and instructs the supervisee. At level two the supervisee fluctuates between feelings of dependency and autonomy, has heightened self-awareness with corresponding confusion and is more able to focus on the client. The supervisor at this stage provides less structure, supports autonomy, is empathic, encouraging, advises as needed and functions more as a point of reference. At level three the supervisee has a firm belief in their consistent motivation, heightened sense of 'therapist autonomy, identity' and professionalism, increased insight and is more differentiated. The supervisor responds more as a peer, and there is an increase in mutuality and sharing whilst the supervisor may still challenge when needed. The final stage entitled level three integrated underlines that integration has been achieved across a range of domains. The supervisee has a good awareness of their strengths and weaknesses and they are insightful and secure in their role as a 'master' practitioner. The supervisor's stance at this stage shifts into a more collegial and consultative role.

Stoltenberg and Delworth's (1987) IDM provides a clear sense of progression and identifies changes in both the supervisee's and supervisor's role over time. The model highlights an important negotiation between dependency and autonomy in the supervisory relationship, which is mediated by both parties. Therefore, it is likely that as trainees anticipate 'becoming a supervisor', they may have a heightened awareness of the need to be mindful of feelings of dependency and autonomy gained from their experiences of being a supervisee. Consequently, in turn, this may help them focus on the importance of facilitating a supervisee's sense of development and autonomy as they anticipate 'becoming a supervisor'.

2.4 Supervisee & Supervisor Development

Watkins' (1995) review of psychotherapy supervisee and supervisor developmental models and research was conducted between 1986 and 1994. The aim was to evaluate the models and research that had been published following the last review by Worthington (1987). When evaluating a review, Greenhalgh (2010) outlines five main areas of evaluation, which will be applied to Watkins' (1995) publication. The search strategies employed by Watkins (1995) were comprehensive and as such the review provides an in-depth source of synthesised literature (Greenhalgh, 2010). This in turn met the author's aims and purpose for the review (Greenhalgh, 2010). The empirical studies presented by Watkins (1995) were detailed thoroughly and sensitively critiqued (Greenhalgh, 2010). Furthermore, Watkins' (1995) findings were interpreted appropriately in the context of previous research and reviews that had taken place (Greenhalgh, 2010) and relevant implications were drawn for clinical practice and future research (Greenhalgh, 2010).

Watkins (1995) found that since the last review six new models of supervisee development had emerged. This included Stoltenberg and Delworth's (1987) integrated developmental model which was discussed above. The number of stages across the models ranges from three to six, although the depiction of supervisee development across these stages are similar and begin with supervisee vulnerability and insecurity, moving towards gradual skill acquisition whereby dependency diminishes and autonomy increases until 'master therapist' status is achieved (Watkins, 1995). A criticism of the developmental models is that despite detailed descriptions of each stage, there is a lack of clarity regarding how supervisors foster movement to a higher stage (Watkins, 1995).

With regards to supervisor development, four models were identified (Watkins, 1995). The trajectory of supervisor development seemed to follow a similar process to supervisee development. Watkins (1995) summarised that the beginning supervisor is presented as vulnerable and anxious and unknowledgeable about supervising. Subsequently, skill acquisition develops and dependency reduces as autonomy increases. Eventually, the position of 'master supervisor' is reached (Watkins, 1995). As the supervisee and supervisor development process is similar, Watkins (1995) postulates that the supervisor may recycle through some of the issues more quickly. However, one major difference that remains new is developing an identity as a supervisor (Watkins, 1995). The supervisor development models are critiqued as they also fail to explain how transitions occur between stages (Watkins, 1995). If parallels exist between the stages of supervisee and supervisor' as they draw upon previous experiences of 'not knowing' and negotiating the conflict between dependency and autonomy.

One of the four supervisor development models Watkins (1995) presents was developed by Rodenhauser (1994), who posits that the first stage of supervisor development focuses on emulation of previous supervisors who act as role models and provide guidance of what to do. This stage may be particularly relevant for trainee clinical psychologists who by the end of training have experienced several different supervisors who may act as role models. Exposure to different role models may shape trainees' views on how they would like to supervise once qualified. Following the first stage, Rodenhauser (1994) introduces a second stage of conceptualisation whereby a systematic approach to doing supervision is sought, alongside alliances with other supervisors. The third stage revolves around incorporation and increased awareness of personal style and approach to supervising, which also takes into consideration individual differences, such as gender, ethnicity and lifestyle. The final stage focuses on consolidation, whereby learning is embedded in both theory and experience.

Rodenhauser's (1994) model of supervisor development highlights that it is possible that trainees may start to form ideas of how they would like to supervise as they anticipate entering that role following exposure to possible role models across the course of training. Skovholt and Rønnestad (1992) also suggest that a trainee's personal and professional development can be promoted if they hold in mind the 'Awareness of a developmental metagoal,' which is a long-term goal beyond the completion of training (Appendix 2). It is possible that the anticipated transition into a supervisory role could be considered a '*developmental metagoal*' for trainee clinical psychologists.

3. The Process of Transition: Attachment Theory Framework

3.1 From Adolescence to Adulthood

Adolescence is defined as a transitional period (Allen, 2008) and may help to conceptualise other formative transitions, in particular the transition from trainee to newly qualified, and, subsumed in that, the anticipated transition of 'becoming a supervisor'. As learning and supervisee development takes place in a relational context, this lends further value to examining the process of transition from an attachment perspective.

Allen's (2008) theoretical overview of attachment processes in adolescence highlights that the attachment relationship is constantly being negotiated by the parent and adolescent. Conflict exists for the adolescent between being pulled back into dependent attachment relationship patterns whilst needing to explore in order to establish greater independence (Allen, 2008). The attachment system is homoestatic, with both parties striving to find balance between safety and exploration (Allen, 2008). The conflict between dependence and autonomy in supervisee and supervisor development could be viewed similarly (McNeill & Stoltenberg, 1997).

Moreover, as dependency decreases, adolescents are provided with greater cognitive and emotional freedom, which is termed 'epistemic space' and allows individuals to re-evaluate their parents more objectively (Allen, 2008). This critical distance is necessary to develop accurate and thoughtful responses to attachment experiences and helps adolescents resolve attachment difficulties with parents in a helpful way which can help them form secure attachment relationships in the future (Allen, 2008). Similarly, as trainees' autonomy increases this may aid objective evaluation of supervisory experiences, thus facilitating the formation of positive supervisory relationships in the future.

A predictor of secure adolescent attachment is the presence of a parent who is highly sensitive to the adolescent's internal states (Allen, 2008). However, this is suggested to be a two-way dynamic process as a more securely attached adolescent is more likely to be affectively communicative (Allen, 2008). Similarly, in supervision, it is important that the supervisor responds sensitively to supervisee's developmental needs (McNeill & Stoltenberg, 1997). However, supervisees may find it problematic to disclose difficult emotions due to fear negative supervisory evaluation (Scaife, 2001). Moreover, trainees have multiple

supervisors and these relationships end rapidly as placements end. This could pose problems for forming secure attachments and developing a safe place to explore within the supervisory relationship.

In addition, another significant development during adolescence is that attachment processes with peers becomes increasingly important (Allen, 2008). Surjadi, Lorenz, Wickrama and Conger (2011) found that attachment to parents declined as adolescents entered adulthood, whilst support from significant others outside of the family predicted a greater sense of mastery. Surjadi et al. (2011) conducted a longitudinal study with 559 adolescents, who were assessed on the following measures: parental support (non-standardised Likert scale), partner/friendship support (non-standardised Likert scale), and sense of mastery (Pearlin, Lieberman, Menaghan & Mullan, 1981). The Likert scales used to measure levels of support were not standardised and may not provide reliable measures of support (Law & MacDermid, 2008). However, Surjadi et al. (2011) were able to increase the reliability and validity of the results by using a form of triangulation (Elliot, Fischer & Rennie, 1999). They employed an observational level of support, using observers who had received 200 hours of training who conducted observational ratings of videotapes using the Iowa Family Interaction Rating Scales (Melby & Conger, 2001). Levels of parental support were measured when adolescents were 15 and 18 years old and partner/friendship support was measured at 19 years old. Finally, sense of mastery was measured at ages 15, 16, 18, 19, 21, 23, 25, 27, 29, and 31. Attrition was low, as 527 (90%) of the original sample completed the study.

Longitudinal studies are deemed highly relevant when attempting to analyse developmental changes (Menard, 2002). However, the issue of causality must always be born in mind as other reasons for change may exist (Menard, 2002). Nevertheless, Surjadi et al.'s (2011)

findings suggest a shifting importance in the influence of peers with regards to increased sense of mastery as individuals adjust to adulthood. The influence of peers points towards exploring how interactions amongst fellow trainees may impact on the sense of mastery and the anticipated transition of 'becoming a supervisor'.

Towards the end of adolescence, individuals are making the ultimate transition from receiving care from attachment figures to gaining the capacity to be providers of such care to others (Allen, 2008). This shift is mirrored by trainees, who transition from not only receiving supervision, but to providing supervision to others when qualified. Literature examining the supervisory relationship from an attachment perspective and how this may influence supervisee development will be explored next.

3.2 Attachment Theory & Supervisee Development

Riggs and Bretz (2006) explored attachment processes in the supervisory relationship by surveying 87 doctorate clinical psychology interns. Standardised measures were employed and included: the working alliance inventory (Horvath & Greenberg, 1994), the parental bond inventory (Parker, Tupling & Brown, 1979), and the reciprocal attachment questionnaire (West & Sheldon-Keller, 2004). Using standardised measures within a survey design is likely to increase the validity of the results (Myers & Hansen, 2011). One of the limitations of the study was that supervisors were not included in the study (Riggs & Bretz, 2006). Therefore, the supervisee's perception of their supervisor's attachment style may not be accurate.

However, Riggs and Bretz's (2006) conclude that the hierarchical nature of the supervisory relationship may explain why the supervisor's perceived attachment style had more influence on the supervisory alliance regardless of the supervisee's attachment style. The attachment

theory framework underlines the need for positive "Supervisor care-giving behaviours" (Riggs & Bretz, 2006, p. 564). Therefore, as supervisors respond sensitively to supervisees' cues as opposed to being preoccupied, inconsistent or overly controlling, these types of behaviours may mediate supervisee development. As previously discussed, providing a safe space to explore and encouraging autonomy are essential parts of the developmental transition process, which may provide the "epistemic space" (Allen, 2008, p.421) needed to evaluate supervisory experiences. Subsequently, this may assist trainees as they evaluate supervisory qualities they may wish to take forward during the anticipated transition of 'becoming a supervisor'.

Ramos-Sanchez et al. (2002) explored the impact of negative supervisory experiences surveying 126 clinical psychology interns. The following measures were used: satisfaction with supervision, attachment style (Bartholomew & Horowitz, 1991), working alliance inventory (Horvath & Greenberg, 1989), and supervisee development levels questionnaire-revised (SLQ-R, McNeill, Stoltenberg & Romans, 1992). The use of standardised measures is a strength of the study (Myers & Hansen, 2011), although the study only measures the views of supervisees, not supervisors, and the causal nature of the findings must also be evaluated with caution (Myers & Hansen, 2011).

Ramos-Sanchez et al. (2002) found that lower levels of supervisee development were associated with weaker supervisory alliances and therefore recommended that supervisors made extra efforts to build trust and develop the alliance with supervisees early on in their development. They found that not feeling supported by the supervisor was the most commonly reported negative experience (Ramos-Sanchez et al., 2002). Ramos-Sanchez et al. (2002) also raise the issue of the role-modelling process and concerns regarding supervisees

being exposed to negative supervisory experiences and the potential for these to be internalised and replicated by the supervisee when they go on to supervise. Therefore, it is possible that the supervisory attachment relationship may result in an internal working model of how to supervise, which could then be drawn upon as trainees anticipate 'becoming a supervisor'.

4. Clinical Psychology Training & Experiences of Supervision

Lipovsky (1988) presents anecdotal evidence in case report form, regarding her experiences of clinical training and supervision. Greenhalgh (2010) points out that whilst case reports are often viewed as scientifically weaker forms of research, they can provide rich material relevant to professional practice. Lipovsky (1988) likened the process of clinical training to "professional adolescence" (p.606). She described the tension in feeling the need to present a competent self, whilst actually 'not knowing'. Supervision enabled her to traverse this experience successfully as she was encouraged to ask questions and supervisors provided a clear message that she was not supposed to know everything.

Lipovsky (1988) concludes that the development of professional identity was dynamic rather than static and continued from training through to being qualified. This viewpoint supports findings that stages of supervisee and supervisor development are similar to each other as both include struggles with dependence and autonomy and initial anxiety about 'not knowing' (Watkins, 1995). Lipovsky's (1988) article highlights having an open dialogue with supervisors; citing reflective practice and containment in supervision as key factors in facilitating personal development. These factors may help trainees feel equipped to practice when qualified. Wulf and Nelson (2000) retrospectively interviewed six qualified clinical psychologists about their experience of supervision during clinical training and how they thought it had influenced their subsequent professional practice and development. Wulf and Nelson (2000) used a qualitative approach and grounded theory methodology to analyse the data. At each stage of the coding process another researcher reviewed meaning units and categorisation. This method of triangulation is thought to improve the validity of results in qualitative research (Elliot, Fischer & Rennie, 1999). However, there is no description of the researcher's perspective or incorporation of reflexivity, which is reported to enhance the rigour of grounded theory (Hall & Callery, 2001).

As part of the findings two psychologists emphasised how negative experiences of supervision had influenced their own supervisory practice in that they were conscious to provide the opposite of what they had experienced (Wulf & Nelson, 2000). This also lends support to view that the supervisor acts as a role model who can influence the trainee's future professional practice once qualified (Rodenhauser, 1994; Ramos-Sanchez et al., 2002). However, a recommendation from Wulf and Nelson's (2000) study was that the impact of training on professional practice areas should be explored with trainees because their retrospective study may have meant that the qualified clinical psychologists' perceptions could have been distorted by time.

In addition, UK-based research by Sheikh, Milne, and MacGregor (2007) has resulted in suggestions for future studies focusing on trainee clinical psychologists' perceptions of how their personal and professional development (PPD) may be of value to professional practice areas, such as supervision. Therefore, Sheikh, Milne, and MacGregor (2007) outline a link between PPD during training with future professional practice. They attempt to provide a

more detailed overview of the processes involved in PPD for trainee clinical psychologists and put forward a 'circumplex model' of PPD based on experiential learning. The research article is presented in case report format, which again provides rich information, although the 'circumplex model' lacks more rigorous evaluation (Greenhalgh, 2010): this limitation is acknowledged by the authors. Sheikh, Milne, and MacGregor (2007) conclude that the way in which trainee clinical psychologists may try to apply PPD to professional practice typically includes: being receptive to change, activating social support networks, and actively participating in the transformation of experiences through reinterpretation and meaning making.

However, it is acknowledged that each trainee has unique experiences and needs which may vary the way in which PPD is applied to professional practice (Sheihk, Milne, & MacGregor, 2007). This critique helps to refocus on the individual within the process of anticipating 'becoming a supervisor' and emphasises the need for future research sensitive enough to capture possible individual differences, as well as common themes.

5. Summary

It is clear from the literature to date that supervision, across all models, should ideally be adapted to facilitate the development of the supervisee. Facilitating supervisee development in general also facilitates in particular the processes involved in the anticipated transition of 'becoming a supervisor'. Models of supervisee and supervisor development confirm this in their essential similarities. Both highlight a struggle between initial feelings of vulnerability and dependence, which slowly move towards growing autonomy and skill development. For example, as trainees anticipate the transition of 'becoming a supervisor' they may be able to draw upon parallel, previous experiences of 'not knowing'. From a theoretical perspective, attachment theory provides a helpful framework to understand this process further. Specifically, the transition from adolescence to adulthood captures the conflict between feelings of dependency and growing exploration and autonomy. Clinical training has also been likened to a 'professional adolescence'.

Furthermore, models of supervisor development suggest that trainees may initially start to think about past supervisors as role models who they may wish to emulate: negative supervisory experiences can provide a role model of what not to do as a supervisor. Again, attachment theory underlines that the supervisory relationship may form an internal working model of how to supervise, thus confirming the potential for the supervisor to act as role model. Supervision literature has also used attachment theory to help explain the importance of the supervisory alliance for supervisee development. Personal and professional development as a whole was hypothesised to have a significant impact on areas of trainees' future professional practice, including supervision.

6. Future Research

6.1 Rationale

A gap exists in the current literature regarding the processes involved in the anticipated transition of 'becoming a supervisor' for trainee clinical psychologists. New Ways of Working policy states that trainee clinical psychologists should be "adequately prepared" (Department of Health, 2007, p. 18) to implement the guidance, which emphasises providing supervision to other professions once qualified. Therefore, understanding how experiences during training are assisting trainees to undertake multiple roles once qualified, including that of supervisor is increasingly important (Hughes, 2009).

6.2 Choice of Methodology

The proposed future research will be exploratory in nature as the anticipated transition of 'becoming a supervisor' has not been previously researched. Furthermore, since the as the study aims to understand issues of process related to a transition, which may involve a range of complex factors and experiences, a qualitative approach is considered to be more sensitive in capturing this (Lyons & Cole, 2007).

With regards to method, Interpretative Phenomenological Analysis (IPA) has been identified as a suitable qualitative approach to explore the process of transitions and identity development (Smith, Flowers & Larkin, 2009). Phenomenology, in general is interested in individual's experiences and the meaning that they make of these, particularly significant experiences, which include periods of transition (Smith et al., 2009). The epistemological base focuses on issues of process related to human lived experience. Smith et al. (2009) draw on Sartre's influence outlining: "Every existing individual is constantly in the process of becoming" (p.19). This stance supports the tenet of the proposed study, namely that trainees are constantly having experiences through-out the course of training which are shaping their views on supervision. This is highly significant as they are in the process of becoming qualified and anticipating 'becoming a supervisor'.

Furthermore, IPA has a commitment to an idiographic approach, not only in the detail of analysis, but is concerned with the particular experiences of particular people in a particular context. This is important in light of this proposed study as it aims to focus on a particular group of trainee clinical psychologists who are about to become newly qualified, who have had a particular training experience, and are from a particular professional discipline. In addition, the background literature recognises that supervision may mean different things to different individuals and trainees may have very different experiences linked to personal and professional development, which may impact their future practice. Therefore, IPA offers a suitable choice of method as it is sensitive towards individual subjectivities as well as being able to capture common themes.

Grounded theory on the other hand does not privilege the particular details of participants' experiences in the same way, but instead focuses on deriving an explanatory theory from the data (Lyons & Coyle, 2007). Discourse Analysis (DA), like IPA is interested in the use of language in everyday interactions. However, IPA's interest in language remains committed to the particular experiences of the individual and how they make sense of them, as opposed to DA which takes a social constructionist stance and critically evaluates the use of language in reference to power and societal influence (Lyons & Coyle, 2007). As the background literature did not point towards societal discourses or issues of power as influential on the experience of anticipating 'becoming a supervisor' this method was not selected. Therefore, IPA was deemed most suited towards exploring experiences related to an anticipated transition, in addition to emphasising the developmental nature of the human lived experience and the importance of individual subjectivities alongside common themes.

A semi-structure interview approach to data collection is suitable for this research. Semistructured interviews are said to help capture richness of themes and complex topics of a processual nature (Smith & Osborn, 2003). Furthermore, they allow greater flexibility to follow up interesting avenues that emerge from the interview, which is compatible with the double hermeneutic of the researcher trying to make sense of the participant making sense of their world (Smith, et al., 2009).

6.3 Research Questions

This proposed research would aim to fill the gap in the current body of research by exploring how experiences of supervision during clinical psychology training relate to the anticipated transition of 'becoming a supervisor'. This objective will be met by interviewing trainees at the end of their training and considering how they have individually made sense of these experiences in relation to the anticipated transition to a supervisory role.

The two main research questions to be answered are:

- 1. What are trainee clinical psychologists experiences of supervision?
- 2. What is the meaning of those experiences for trainee clinical psychologists in relation to the anticipated transition of becoming a supervisor?

References

Allen, J. P. (2008). The Attachment System in Adolescence. In J. Cassidy & P. R. Shaver (Eds). Handbook of Attachment (p. 419-435). New York: The Guildford Press.

Bartholomew, K. & Horowitz, L. (1991). Attachment Styles amongst young adults: A test of the four category model. Journal of Personality and Social Psychology, 61, 226-245. Cited in Ramos-Sanchez, L., Esnil, E., Goodwin, A., Riggs, S., Osachy Touster, L., Wright, L. K., Ratanasiripong, P. & Rodolfa, E. (2002). Negative Supervisory Events: Effects on Supervision Satisfaction and Supervisory Alliance. Psychology, Research and Practice, 2, 197 – 202.

Bernard, J. M. & Goodyear, R. K. (1992). Fundamentals of Clinical Supervision. Boston:Allyn & Bacon. In I. Flemming & L. Steen (Eds) (2004). Supervision and ClinicalPsychology: Theory, Practice and Perspectives. Hove: Brunner-Routledge.

Bordin, E. (1983). Supervision in counselling: II Contemporary models of supervision: a working alliance based model of supervision. Counseling Psychologist, 11, 35-42.

Callanan, M. (2010, November). Frameworks for Supervision: Difficulties and Dilemmas. Presentation given at Salomons, Tunbridge Wells, UK.

Casement, P. (1985). On learning from the patient. Hove: Routledge.

Department of Health (2007). New Ways of Working for Everyone. London: Department of Health.

Douglas, H. (2007). Containment and reciprocity: integrating psychoanalytic theory and child development research for work with children. Hove: Routledge.

Douglas, H. (2010). Supporting emotional health and wellbeing: the Solihull Approach. Community Practitioner, 83, (8), 22-25.

Elliott, 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, 215-229.

Fleming, I. & Steen, L. (Eds) (2004). Supervision and Clinical Psychology: Theory, Practice and Perspectives. Hove: Brunner-Routledge.

Gilbert, M. C. & Evans, K. (2000). Psychotherapy Supervision: An Integrative Rational Approach to Psychotherapy Supervision. Buckingham: Open University Press.

Greenhalgh, T. (2010). How to read a paper. The basis of evidence-based medicine: fourth edition. London: BMJ Publishing Group.

Hall, W. A., Callery, P. (2001). Enhancing the rigor of grounded theory: incorporating reflexivity and relationality. Qualitative Health Research, 11 (2), 257-272.

Hawkins, P. & Shohet, R. (2000). Supervision in the Helping Professions. (2nd ed.). Milton Keynes: Open University Press.

Heron, J. (1991). Helping the Client. A Creative Practical Guide. London: Sage.

Horvath, A. & Greenberg, L. (1989). Development and validation of the working alliance inventory. Journal of Counseling Psychology, 36, 223-233. Cited in Ramos-Sanchez, L., Esnil, E., Goodwin, A., Riggs, S., Osachy Touster, L., Wright, L. K., Ratanasiripong, P. & Rodolfa, E. (2002). Negative Supervisory Events: Effects on Supervision Satisfaction and Supervisory Alliance. Psychology, Research and Practice, 2, 197 – 202.

Horvath, A. & Greenberg, L. (1994). The working alliance: Theory, research, and practice. Oxford: Wiley. Cited in Riggs, S. A. & Bretz, K. M. (2006). Attachment processes and the supervisory relationship: an exploratory investigation. Professional Psychology: Research and Practice, 37, 558 – 566.

Hughes J. (2009). What is personal development and why is it important? In J. Hughes & S. Youngson (Eds). Personal development and clinical psychology (p. 24 - 45). Chichester: British Psychological Society and Blackwell Publishing Ltd.

Inskipp, F. & Proctor, P. (1994). Making the Most of Supervision. Twickenham: Cascade.

Law, M. & MacDermid, J. (2008). Evidence-Based Rehabilitation: A Guide to Practice. New Jersey: SLACK Incorporated.

Lipovsky, J. A. (1988). Internship Year in Clinical Psychology Training as a Professional Adolescence. Professional Psychology, Research and Practice, 19 (6) 606-608.

Lyons, E. & Cole, A. (2007). Analysing Qualitative Data in Psychology. London: Sage.

McCrea, C. & Milsom, J. (1996). Exploring the difference between effective and ineffective supervision on clinical placements. Clinical Psychology Forum, 87, 32 – 36.

McNeill, B. W. & Stoltenberg, C. D (1997). Clinical Supervision from a Developmental Perspective. In C. E. Watkins (1997) (Ed.). Handbook of psychotherapy supervision (p. 184-202). London: Wiley.

McNeill, B., Stoltenberg, C., & Romans, J. (1992). The integrated developmental model of supervision scale development and validation procedures. Professional Psychology: Research and Practice, 23, 504-508. Cited in Ramos-Sanchez, L., Esnil, E., Goodwin, A., Riggs, S., Osachy Touster, L., Wright, L. K., Ratanasiripong, P. & Rodolfa, E. (2002). Negative Supervisory Events: Effects on Supervision Satisfaction and Supervisory Alliance. Psychology, Research and Practice, 2, 197 – 202.

Melby, J. N., Conger, R. D. (2001). The Iowa Family Interaction Rating Scales: Instrument summary. In P. Kerig & K. Lindahl (Eds.), Family observational coding systems: Resources for systematic research (pp. 33–58). Mahwah, NJ: Erlbaum. Cited in Surjadi, F. F., Lorenz, F. O., Wickrama, K. A., Conger, R. D. (2011). Parental support, partner support, and the trajectories of mastery from adolescence to early adulthood. Journal of adolescence, 34, (4), 619-28.

Menard, S. (2002). Longitudinal Research. London: Sage.

Myers, A. & Hansen, C. H. (2011). Experimental Psychology. Belmont: Wadsworth.

Parker, G., Tupling, H., & Brown, L. (1979). A parental bonding instrument. British Journal of Medical Psychology, 52, 1-10. Cited in Riggs, S. A. & Bretz, K. M. (2006). Attachment processes and the supervisory relationship: an exploratory investigation. Professional Psychology: Research and Practice, 37, 558 – 566.

Pearlin, L. I., Lieberman, M. A., & Menaghan, E.G., & Mullan, J. T. (1981). The stress
process. Journal of Health and Social Behavior, 48, 164-179. Cited in Surjadi, F. F., Lorenz,
F. O., Wickrama, K. A., Conger, R. D. (2011). Parental support, partner support, and the
trajectories of mastery from adolescence to early adulthood. Journal of adolescence, 34, (4),
619-28.

Ramos-Sanchez, L., Esnil, E., Goodwin, A., Riggs, S., Osachy Touster, L., Wright, L. K., Ratanasiripong, P. & Rodolfa, E. (2002). Negative Supervisory Events: Effects on Supervision Satisfaction and Supervisory Alliance. Psychology, Research and Practice, 2, 197–202.

Riggs, S. A. & Bretz, K. M. (2006). Attachment processes and the supervisory relationship: an exploratory investigation. Professional Psychology: Research and Practice, 37, 558 – 566.

Rodenhauser, P. (1994). Toward a multi-dimensional model for psychotherapy supervision based on developmental stages. The Journal of Psychotherapy Practice and Research, 3, 1-15. Cited in Watkins, C. E. (1995). Psychotherapy Supervisor and Supervisee: Developmental Models and Research Nine Years Later. Clinical Psychology Review, 15 (7), 647-680.

Scaife, J. (2001). *Supervision in the mental health professions: a practitioner's guide*. Hove; Brunner-Routledge.

Sheihk, A. I., Milne, D. L. & MacGregor, B. V. (2007). A model of personal and professional development in the systematic training of clinical psychologists. Clinical Psychology and Psychotherapy, 14, 278-287.

Skovholt, T. M. & Rønnestad, M. H. (1992). The Evolving Professional Self. Stages and Themes in Therapist and Counselor Development. Chichester: John Wiley & Sons.

Smith, J. A. & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed). Qualitative Psychology: A Practical Guide to Research Methods. London: Sage.

Smith, J. A., Flowers, P. & Larkin, M. (2009). Interpretative Phenomenological Analysis: Theory, Method and Research. London: Sage.

Stoltenberg, C. D., & Delworth, U. (1987). Supervising counselors and therapists: A developmental approach. SanFrancisco: Jossey-Bass. Cited in Watkins, C. E. (1995). Psychotherapy Supervisor and Supervisee: Developmental Models and Research Nine Years Later. Clinical Psychology Review, 15 (7), 647-680.

Surjadi, F. F., Lorenz, F. O., Wickrama, K. A., Conger, R. D. (2011). Parental support, partner support, and the trajectories of mastery from adolescence to early adulthood. Journal of adolescence, 34, (4), 619-28.

Watkins, C. E. (1995). Psychotherapy Supervisor and Supervisee: Developmental Models and Research Nine Years Later. Clinical Psychology Review, 15 (7), 647-680.

West, M. & Sheldon-Keller, A. (2004). Patterns of relating: An Adult Attachment Perspective. New York: Guildford Press. Cited in Riggs, S. A. & Bretz, K. M. (2006). Attachment processes and the supervisory relationship: an exploratory investigation. Professional Psychology: Research and Practice, 37, 558 – 566.

Worthington, E. L., (1987). Changes in supervision as counselors and supervisors gain experience: A Review. Professional Psychology: Research and Practice, 18, 189-208.

Wulf, J. & Lee Nelson, M. (2000). Experienced Psychologists' Recollections of Internship Supervision and Its Contributions to Their Development. The Clinical Supervisor, 19, 123-145.

Emma Peacock

MAJOR RESEARCH PROJECT

SECTION B

Title: On becoming a supervisor: an anticipated transition for trainee clinical psychologists. An IPA study

WORD COUNT: 8,000 (889)

Objective: To explore how trainee clinical psychologists make sense of their experiences of supervision in relation to the anticipated transition of 'becoming a supervisor'.

Method: Semi- structured interviews were conducted with ten trainee clinical psychologists at the end of their training. Data was analysed using Interpretative Phenomenological Analysis.

Results: Analysis of the transcripts revealed three master themes: the development of the professional self; the supervisory relationship; and the development of supervisory perspectives. Developmental and relational aspects of supervision were emphasised in relation to the anticipated transition of 'becoming a supervisor', alongside the significance of the supervisor as a role model. Learning from peers' experiences of supervision was also key.

Conclusion: Participants' experiences of supervision and the meaning they give to those in relation to the anticipated transition of 'becoming a supervisor' were connected to the development of a professional self in which increasing autonomy and integration of the personal self was important. Learning took place in the context of the supervisory relationship. The human side of that relationship was valued where reciprocity and containment facilitated a safe space to explore. The development of supervisory perspectives facilitated the anticipated transition of 'becoming a supervisor' as experiences of supervision helped to evaluate positive and negative aspects of that role. Subsequently, an 'ideal for self' emerged.

1. Introduction

1.1 Rationale

New Ways of Working states that trainee clinical psychologists should be "adequately prepared" (Department of Health, 2007, p. 18) to implement the guidance. Central to this guidance is providing supervision to other professions once qualified. How training programmes are assisting trainees to undertake this role is key (Hughes, 2009). However, there is a lack of research exploring the anticipated transition of 'becoming a supervisor'.

1.2 Literature

1.2.1 Definition of Supervision

Fleming and Steen (2004) state that a comprehensive definition of supervision is:

"An intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time and has the simultaneous purpose of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clientsand serving as a gatekeeper for those who are to enter the particular *profession*." (Bernard & Goodyear, 1992,p.4).

A brief overview of the role and specific functions of supervision will be provided next, followed by models of supervision relevant to this area of research.

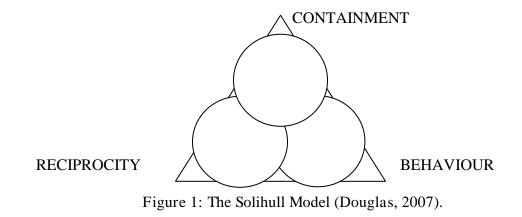
1.2.2 The Role of Supervision

Inskipp and Proctor's (1993) model includes: the formative function of supervision which relates to the supervisee's learning and development, the normative function, pertaining to the managerial and ethical responsibilities of the supervisor, and the restorative function, which provides space to explore the emotional impact of the work.

Heron's (1991) six categories of supervision include three authoritative functions: prescriptive advice or behavioural guidance, informative instruction by imparting knowledge or meaning, and confronting through the provision of direct feedback. The three facilitative functions include: cathartic expression of emotions, the catalytic function, encouraging reflection and problem solving to develop self-directed learning, and supportive affirmation and valuing of work.

1.2.3 Models of Supervision

A relationally-based approach to work that has been applied to supervision is the Solihull Approach (Callanan, 2010; Douglas, 2007; Douglas, 2010). Please see Figure 1 below.



Focusing on containment and reciprocity may facilitate a safe base to explore and in turn aid the anticipated transition of 'becoming a supervisor'. Another important relational model has been put forward by Gilbert and Evans (2000): the supervisor adopts a participant/observer position and offers a third perspective, which is internalised by the supervisee and matures into an 'internal supervisor' (Casement, 1985). This may help trainees adopt the participant/observer position required to supervise and facilitate the anticipated transition of 'becoming a supervisor'.

Stoltenberg and Delworth (1987) present an integrated developmental model of supervision. The model highlights an important negotiation between dependency and autonomy in the supervisory relationship over four developmental stages. Therefore, as trainees anticipate 'becoming a supervisor', they may have a heightened awareness of the need to be mindful of feelings of dependency and autonomy.

1.3 Supervisee & Supervisor Development

Watkins' (1995) review of psychotherapy supervisee and supervisor developmental models meets the five criteria used to evaluate the rigour of reviews (Greenhalgh, 2010). Stages of supervisee and supervisor development were similar, with both parties being initially anxious prior to gradual skill acquisition. Dependency was found to decrease and autonomy increased before achieving 'master' status. Therefore, new supervisors may recycle through some of the similar issues of anxiety and overcoming feelings of dependency more quickly because of the commonalities between stages of supervisee/supervisor development (Watkins, 1995). This could help trainees anticipate the transition of 'becoming a supervisor' as they draw upon previous experiences of 'not knowing'. Watkins (1995) presents Rodenhauser's (1994) model of supervisor development: this begins with the stage of emulation, whereby past supervisors

act as role models. Therefore, trainees may consider emulating role models, which may form the first step towards anticipating 'becoming a supervisor'.

1.4 Attachment Theory & Transitions

1.4.1 Adolescence to Adulthood

Towards the end of training, trainees are anticipating the transition from not only being recipients of supervision to providing supervision to others. Similarly, theoretical literature on adolescence highlights that at the end of adolescence the transition from receiving care from attachment figures to gaining the capacity to provide care to others takes place (Allen, 2008). Transition processes during adolescence echo dynamics in supervisee and supervisor development, such as the conflict between dependency and autonomy. As dependency on parents decreases an 'epistemic' space opens up whereby the attachment relationship can be evaluated and learning used to help form secure attachments in the future (Allen, 2008). A similar process may occur as trainees evaluate supervisory experiences and develop aspirations of how they would like to supervise.

As adolescents transition to adulthood, peers become more significant with regards to attachment bonds and development of mastery (Surjadi, Lorenz, Wickrama & Conger, 2011). This link was verified in a longitudinal study of adolescents, which used direct and observational measures of parental/friendship support (this form of triangulation improves the reliability of the results, Elliot, Fischer & Rennie, 1999). The influence of peers also works on interactions amongst fellow trainees and may influence sense of mastery and the anticipated transition of 'becoming a supervisor'.

Furthermore, the role of peers is central in group/peer supervision. Milne and Oliver (2000) evaluated group/peer supervision as they explored flexible formats of supervision with 73 supervisees and supervisors using a 'problem solving cycle' in an action research study. Action research can be highly sensitive to context (Koshy, 2009): however the non-standardised measures used by Milne and Oliver (2000) reduce the validity of the results. Nevertheless, one of the pros of peer/group supervision was that it helped reduce dependency on the supervisor (see Figure 2 below).

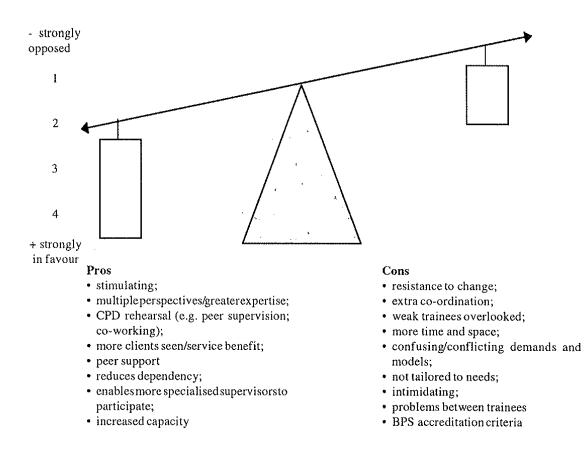


Figure 2: Pros and Cons of Flexible Formats of Supervision (Milne & Oliver, 2000).

1.4.2 Attachment Theory & Supervisee Development

Riggs and Bretz (2006) and Ramos-Sanchez et al. (2002) conducted similar survey-based studies using standardised questionnaires with respective samples of 87 and 126 clinical

psychology interns. Using standardised measures is likely to increase the validity of the results (Myers & Hansen, 2011). However, in both studies the supervisors' views were not incorporated, which is a limitation. Riggs and Bretz (2006) found that the supervisor's perceived attachment style had more influence on the supervisory alliance regardless of the supervisee's attachment style. This underlines the power that the supervisor has and the need for positive "Supervisor care-giving behaviours" (Riggs & Bretz, 2006, p. 564), which may facilitate the anticipated transition of 'becoming a supervisor'. Ramos-Sanchez et al. (2002) found that not feeling supported was the most commonly reported negative experience. Concerns were raised about negative supervisory experiences being internalised by supervisees and replicated when they go on to supervise, thus linking experiences of supervision with developing an internal working model of how to supervise (Ramos-Sanchez et al., 2002).

1.5 Clinical Psychology Training & Experiences of Supervision

Lipovsky (1988) likened the process of clinical training to "professional adolescence" (p.606). This case report, although lacking in scientific rigor provides rich material, which can be linked to professional practice (Greenhalgh, 2010). Furthermore, Lipovsky (1988) confirms the aspect of a developmental transition and the importance of negotiating feelings of dependency and autonomy, not only in training, but when qualified.

Wulf and Nelson (2000) interviewed qualified clinical psychologists retrospectively about their experiences of supervision during clinical training and the influence on subsequent professional practice. Some supervisors provided a negative role model of how not to supervise (Wulf & Nelson, 2000). The authors acknowledge the limitation of the retrospective interviews, which may have distorted recollections and recommend that future research be conducted with trainees.

Sheikh, Milne and MacGregor (2007) present a personal and professional development (PPD) 'circumplex model', hypothesising a link between PPD during training and future professional practice, including supervision. However, the case report of the 'circumplex model' lacks more rigorous evaluation (Greenhalgh, 2010). The authors highlight that individuals may vary significantly in the way they apply PPD to professional practice. This underlines the need for further research to be sensitive towards individual differences in order to gain a better understanding of the PPD factors involved in the anticipated transition of 'becoming a supervisor'.

1.6 Further Research

The above literature can only provide a provisional framework in understanding the anticipated transition of 'becoming a supervisor', as this area has not received direct research. This reinforces the need for an initial exploratory qualitative study that can capture the individual variations in the way that PPD is applied to this anticipated transition. Qualitative research aims to provide an enrichment of understanding on a topic, rather than verifying earlier conclusions or theory (Elliot et al., 1999). In addition, forms of qualitative inquiry are thought to be most sensitive in capturing complex issues of process (Lyons & Cole, 2007).

1.7 The Present Study

This study aims to fill the gap in the current body of research on the anticipated transition of 'becoming a supervisor'. The objective is to explore experiences of supervision during clinical psychology training and the meaning that is given to those experiences.

Thus the research asks:

- 1. What are trainee clinical psychologists experiences of supervision?
- 2. What is the meaning of those experiences for trainee clinical psychologists in relation to the anticipated transition of becoming a supervisor?

In answering these questions, Interpretative Phenomenological Analysis (henceforth IPA) offers a suitable qualitative approach that focuses on individual subjectivities (Smith, Flowers & Larkin, 2009). In addition, phenomenology is interested in individual's experiences and the meaning that they make of these, particularly during periods of transition. Furthermore, the epistemological base stresses the developmental, processual aspect of the human lived experience (Smith et al., 2009), which is relevant to this area of research. IPA's commitment to an idiographic approach is coherent with this study's focus on a particular group of trainees, with a particular training experience.

The approach to data collection was that of a semi-structured interview (SSI). SSIs are said to help capture richness of themes and complex topics of a processual nature (Smith & Osborn, 2003). The SSI is used in conjunction with IPA as it is compatible with the phenomenological

perspective, which draws upon a symbolic interactionist position (Denzin, 1995) whereby meanings are negotiated in a social context (Smith, 1995). Consequently, the researcher is involved in the double hermeneutic of trying to make sense of the participant making sense of their world (Smith et al., 2009). The flexibility to follow up topics of interest during the SSI facilitates this (Smith, 1995).

2. Method

2.1 Participants

2.1.1 Sampling

The research employed a purposive sampling strategy (Smith et al., 2009). That is, participants were recruited with the purpose of helping the researcher answer the research question. In this case, all participants were at the end of their three years of training and had undergone a considerable amount of supervision. The sample was also homogenous (Smith et al., 2009), which meant that all participants had the same experience of the topic.

Ten individuals participated in the research. A small sample is recommended for IPA (Smith et al., 2009) as the method aims to offer a richness of analysis as opposed to representativeness of numbers. Participants were from three training courses across the South of England and included nine females and one male.

Six participants were recruited from one training programme and a further four were recruited from another two programmes using a snowballing technique. This involved the researcher forwarding the information sheet to potential participants via colleagues, as did the researcher's supervisor.

2.2 Ethical Considerations

Ethical approval was gained from Salomons Ethics Panel (Appendix 3). The first sample of trainees was surveyed to ascertain their views about the study because the researcher was a trainee on the same course, but from a different cohort: the feedback was positive (Appendix

4). Information and consent forms were distributed and confidentiality issues explained (Appendix 5).

Opportunities for debriefing and responding to questions were provided. Standards of professional practice were followed including procedures for anonymisation and storage of data (BPS, 2010). A summary report of the findings was distributed to relevant parties (Appendix 7).

2.3 Procedure

Prior to commencing the interview, consent forms were reviewed and signed. Audio equipment was used and interviews transcribed and analysed. Interviews were conducted on the university campus for the first six participants, in the participants' homes for the following two interviews and the last two interviews were conducted over the phone as location and time constraints impinged on the research. At the end of each interview participants were debriefed and given the opportunity to ask questions. Professional practice standards were followed throughout (BPS, 2010).

The original interview schedule consisted of seven questions focusing on supervision within the context of clinical psychology training (see Appendix 6). The questions had been developed from a reading of the literature. Questions followed a 'funnelling' system (Smith et al., 2009) in that the general topics on supervision were tackled first and more focused questions on supervision were asked towards the end (Smith & Osborn, 2003). Care was taken to ensure that interview questions were not assuming or leading. Prompts were used throughout the interview. After the first six participants were interviewed the design of the study was re-evaluated. This led to the decision to interview the additional four participants from other courses in order to increase the variance in the sample and improve the transferability of the results. At this point in the study the original research question was also re-evaluated, revised and broken down into two separate research questions: one focusing on experiences of supervision and the other focusing on the meaning of these experiences. Subsequently, the interview schedule was re-evaluated and reworded slightly in order to focus more clearly on meaning and experiences which are at the core of an IPA approach and had become the focus of the study's research questions. Therefore, the interview schedule was adapted for the second phase of this study in order to provide a more explicit focus on meaning and experiences, as indicated by the revised research questions. To this end, the resulting eight questions were revised slightly from the original seven, to focus more on the experiences of supervision and their meaning (see Appendix 6).

2.4 Analysis

All interviews were recorded and the transcripts were analysed following the stages outlined by IPA (Smith, Jarman and Osborn, 1999). Firstly, transcripts were read and re-read several times and initial notes, comments and associations were made. Secondly, emergent themes were highlighted, then connections between the themes noted. Finally a table of emerging superordinate themes and subthemes was developed.

This process was conducted on the first six transcripts and then a further set of analysis and coding was carried out on the subsequent four transcripts. After the four additional transcripts were analysed a table of emerging themes was typed up and printed out. Similarly the list of the emergent themes from the original six transcripts was typed up and printed out.

Subsequently, the themes were cut up, thus enabling them to be moved around and clustered together and grouped (Smith et al., 2009). Patterns and connections between the old and new themes were made and from this form of "abstraction" (Smith et al., 2009, p. 96) superordinate themes were developed. Following the iterative approach to IPA, the original six transcripts were re-read to check that the new emerging themes and superordinate themes made sense with what the participants said. As the old data was re-analysed this helped to confirm the salience of certain themes and helped to identify new instances that had not been highlighted before. For example, the refocus on experiences of supervision and the meaning of these experiences highlighted certain portions of text in the old data, which had been previously overlooked. This in turn contributed towards the subtheme of individuation and the superordinate theme of 'The Development of the Professional Self'. Some of the old subthemes remained significant, such as an ideal for self and containment which were kept. However, these subthemes were reorganised into more meaningful superordinate themes following the integration of the two data sets. For example, the subtheme of ideal for self was re-clustered into the superordinate theme of 'The Development of Supervisory Perspectives'. The selection of themes was based on their adequacy in answering the research questions and the re-focus on experiences of supervision and the meaning made from these experiences guided the integration of the two data sets.

2.5 Credibility of the research

To ensure the credibility of the research, the four guidelines provided by Yardley (2000) were followed. These include:

1) Sensitivity to context: This was considered from two perspectives. First, the research acknowledged the epistemological base of IPA (Smith et al., 2009; Smith & Osborn, 2003; Smith et al., 1999; Smith, 1995) alongside the broader ontological issues in qualitative research (Mason, 2002). This ensured a sensitive approach to data collection and data analysis. Second, the sociocultural context was also considered. The research recognised the boundary issues around interviewing peers from the same course as the researcher: this led to surveying the cohort to ascertain views or concerns about conducting the study. As a peer and fellow trainee a consistent effort was made to step outside of the known everyday experience of being a trainee and what is termed the natural attitude, to adopt a phenomenological attitude (Smith et al. 2009).

2) Commitment and Rigour: A prolonged engagement with the topic was developed by: reviewing literature, immersion in data, and experiential immersion in the topic area as the researcher was also a trainee clinical psychologist. The participants' accounts were evaluated and considered to have provided comprehensive data focussed on the research question for the analysis. The variance within the sample was increased through interviewing trainees from two other programmes, thus helping to augment the transferability of the results.

3) Coherence and Transparency: Coherence was established between the research questions and the epistemology of IPA, which is interested in experiences of transitions (Smith et al., 2009). Clear presentation of the analysis and corresponding quotes allows the reader to evaluate the interpretations. A detailed analysis of the data was conducted and can be viewed in an example transcript (Appendix 8). A diagram to help clarify links between themes appears in Appendix 9. Examples of the how the themes developed can be viewed in Appendix 10. Reflexivity: Prior to analysing transcripts, preconceptions about each interview were acknowledged in an attempt at 'bracketing' in order for new meanings to emerge and to remove bias from the analysis (Fischer, 2009) (Appendix 11). This was particularly important in light of the fact that the researcher was also a trainee and had similarly had a range of supervisory experiences during training. Noting down preconceptions about the interviews prior to the analysis was invaluable in terms of becoming more aware of any particular personal identification or shared experiences the researcher had with participants, such as the implicit insider knowledge that one participant Joanne seemed to assign to the researcher. Another participant Sarah discussed supervisory experiences that particularly resonated with the researcher (Appendix 11). The bracketing process was also helpful for the researcher to acknowledge the uniqueness and richness of each interview and making a conscious decision to allow the nuances to emerge from each transcript, as opposed to privileging the data from the interviews that the researcher has personally found more interesting (Appendix 11). Therefore, to this end the bracketing process was effective. Furthermore, being able to acknowledge personal reactions to the interview material and 'bracket' them in the research diary enabled the adoption of a more open phenomenological attitude prior to commencing the analysis, which helped to capture the richness of the accounts (Smith et al. 2009). However, awareness of preconceptions may emerge at different stages of the research, thus making the process of bracketing cyclical and it is questionable as to whether it can be completed fully or whether all forms of bias can be removed via the bracketing process (Smith et al., 2009). Therefore, a persistent questioning needs to exist in order to preserve orientation to openness (Smith et al., 2009). Consequently, bracketing was fluid and not always written down, but always noticed in order to re-orientate to a position of 'openness'.

For example, noticing a personal dislike of theory that explained trainee development in an infantilising way, led to re-orientation to the value of the theory.

4) Impact and Importance: This was evaluated after literature searches identified a gap in the field, alongside considering what this research had to offer the profession and NHS in light of New Ways of Working (Department of Health, 2007). Further, the discussion section reflects widely on the impact and importance of the research undertaken here.

3. Results

3.1 Overview

The results show that these trainees experience supervision as an activity that facilitates the development of the professional self which takes place within the supervisory relationship. Participants were able to draw meaning both from their developmental progression and the significant learning that took place within the supervisory relationship. This in turn helped to shape ideas around the anticipated transition of 'becoming a supervisor'. Experiences of supervision led to the development of supervisory perspectives, which enabled participants to further their understanding of supervision and make sense of how they would like to supervise in the future as they anticipate 'becoming a supervisor'. The three superordinate themes will be discussed in turn.

3.2 Presentation of themes

Participants have been assigned pseudonyms (Smith et al., 2009): Joanne, Ellen, Kate, Sarah, Robert, and Charlotte (first training programme), Sophie and Naomi (second training programme), and Julia and Paula (third training programme). Numerical references are provided, with page followed by line number (e.g. 5.22). Frequency of themes for participants can be viewed in Appendix 12.

3.3 The Development of the Professional Self

The following subthemes were present across all participants' accounts and highlighted that trainees' developmental progress during training could be likened to an individuation process, which seemed to act as a catalyst for integrating the aspects of the personal and professional

self. The significance of the wider learning context and programme support emerged as trainees commented both on the desire for further input on supervision and also on existing course structures that facilitated reflection and learning about supervision.

3.3.1 Individuation

All of the trainees described a developmental progression from dependency on the supervision towards a growing sense of autonomy. Sophie reported that:

"By the last placement...sort of your own teacher or something?..but..looking for that guidance, but you know what's going to be most useful, whereas in the first year, I was like, oh, I don't know."(6.30)

Julia emphasised that:

"I've really appreciated those [supervisors] who have..enabled me to..be as independent as I can..where I've....felt confident to go ahead with something, it's those supervisors who have supported me doing that.."(2.30)

Sarah noticed a shift in her experience of supervision across the course of training, outlining:

"At the beginning I was very preoccupied, wanting to prove..that I was competent. Now I'm much more about thinking who I am in the room with the client and who they are..and..what do the interactions in the room tell me about the formulation." (2.23) Kate considers her professional identity development with regards to anticipating becoming a supervisor realising:

*"I feel I'm on that developmental journey...I need to find..w*ho I am as a newly qualified before supervising and I guess I need to be aware of who I'm supervising, the personality stuff and adapting. I've certainly had really good supervision, but then I've had really bad supervision and things I wouldn't want to take with me.."(3.15)

Kate expresses uncertainty about 'becoming a supervisor', but at the same time had developed ideas about what would be important to draw upon.

3.3.2 The Personal and Professional Self

The development of the professional self through engaging in an individuation process seemed to prompt an integration of the personal and professional self. Sophie recalled gaining a better perspective on to what extent it was 'right' to bring the personal into supervision:

"I wonder if it was also because I'd had my own therapy at that stage... and a psychodynamic supervisor and...those two things together, just meant that I had a better understanding of where I end and the client begins and where that's not so clear."(13.24)

Paula also considered the impact of the personal on her professional practice, although she expressed a tension similar to Sophie about whether it was 'right' or trivial to bring the personal in.

"..training coincided with quite big life changes....for me...this is going to sound like some sort of American reality show person, but I just feel like I've grown so much as a person. I think all of those things....have given me more to give in a supervisory position." (14.16)

Robert also concludes that the accumulation of supervisory experiences by the end of training helped to reveal what he personally brings to supervision.

"..the same repetition of those difficulties throughout training does force you to accept that ..at least half the difficulties you encounter in supervision are things that you are bringing to *that relationship.*." (6.31)

3.3.3 Programme Support

The development of the professional self is embedded in the wider context of the programme support. Overall, trainees stated that they would like more focus on this. Sophie observed:

"We haven't had much training on what supervision is...and also getting you thinking at that early stage about how to be a supervisor..and we just kind of picked things up as we went along.". (7.24)

Charlotte expressed a similar view:

"...*it's kind of ad*-hoc,.....whereas it might be quite useful..in the teaching...to have a space to talk about that more." (3.35).

Paula advocated for more programme input to ease the transition process.

"....maybe there could be more of a push to making that transition easier.....a way of being a supervisor or having that kind of experience in training... maybe....your own peer supervision, so you're not – I guess it's that kind of dependency on your supervisor and then all of a sudden you're out there on your own." (11.6)

However, in all three training programmes there were structured personal and professional development groups, which facilitated discussions about supervision. Naomi recognised:

"We had a very structured reflective group for the first two years and I think that's maybe influenced me, because I've found that's been important for me to think about supervision."(4.1)

Similarly, Ellen noted:

"...we've talked about it a lot in our reflective group.....people's good and bad experiences of them.... so that's shaped a lot of my thinking..." (3.31).

3.4 The Supervisory Relationship

Participants emphasised the human aspects of this relationship. In particular, how a sense of containment facilitates learning alongside flexibility towards the individual needs of the supervisee. The dynamics of the relationship also played an important role.

3.4.1 Containment

The central importance of containment facilitating learning and development was evident in all participants' accounts. Naomi underlines the value of containment:

"....hopefully when I supervise this is one of the basics or most important things that I would like to do as well, that the other person is able to share, maybe myself sharing, so giving an example of when things are difficult, or how to deal with difficult things. For me this is *essential, so if you can't do that, I wouldn't even call it proper supervision...because it's not* just about clinical work.... this is actually for me, *one of the more important bits*. "(5.15)

Charlotte echoes this saying:

"The supervisor is there to support you in your development....it's just having that really good connection with that person and being able to feel brave enough to speak in the session. *So for the supervisor to enable you to do that."* (1.7)

Sophie also recognises containment as key, but acknowledges that it is a quality that is hard to define and possibly difficult to cultivate.

"...I don't know how you would create this, but that sense that you could throw anything at them and that sense that they wouldn't freak out...so building that real sense of trust.."(3.21)

3.4.2 Flexibility

Flexibility in one's supervisory approach and the need to be sensitive towards the needs of the trainee was considered important. Sophie underlines how she would like to incorporate this when she supervises in the future.

"It would make me want to be sensitive towards the needs of trainees....it is supposed to be a learning experience andit can become quite business like and I think that's quite a danger. Some supervisors don't look at the personal experiences of the trainee, for example if people.. are going through something difficult in their life, then supervision should be able to reflect that and be personal....I suppose it's being flexible."(10.16)

Kate also highlights the need for flexibility.

"I'm also aware that it is a two-way relationship and I need to flexible and adaptive to make it work. Because where it hasn't worked is where the relationship hasn't been built..there hasn't been that engagement process" (9.14).

Robert talks about difficulties when he experienced a lack of flexibility in a supervisor's approach; and a desire to counterbalance that in his own future supervisory practice.

".. *it was*..my responsibility as a trainee to fit in....*with my supervisor's position*, ..from the sort of epistemological stanceto what to write for case notes....*that's felt quite* uncomfortable..... to have to work differently, simply because someone in a more powerful position to you, has a different view.....I would hope I would bear in mind... multiple truths, multiple perspectives." (3.23).

3.4.3 Dynamics of the Relationship

Participants reported a range of interpersonal dynamics that had an impact on the professional supervisory relationship and their subsequent learning and development. Julia commented:

"It's a really difficult relationship because....it's a power relationship and they are not only marking you, but are qualified and have more power.....that's the difficulty with the role of someone who you're meant to reflect with and be really open and genuine about how you're feeling.." (12.2)

Personality factors also affected the supervisory relationship. Ellen remarked:

"...I have quite a perfectionist kind of attitude towards my work a lot of the time. And particularly at that level, I think it, I, it really knocked my confidence.....he was very perfectionist as well, so we kind of brought out bad sides...of each other I think." (7.16).

A dynamic 'fit' between supervisee and supervisor was elaborated on further by Sarah as she talked about attachment styles.

"...your attachment style and....your supervisor's attachment style, whether that would work well, or works badly....and also the sense that they could fail you and what that means to you as a clinician, but also as a person." (8.14).

Sarah also identified a tendency for trainees to distance and "*put..psychologists on this mythical pedestal...*" (9.2). She describes a tendency for supervisors to become idealised/denigrated.

"...if you have good supervision, it's like.....magic you know, amazing. And if you have bad supervision....knowing how we talk about our supervisors...we will go for the jugular..... because it's so fundamentally important" (7.8)

Joanne also highlighted a pattern of distancing initiated by the supervisor, describing a *"glass boundary"* (6.1) around the relationship. She tries to make sense of this, outlining:

"...supervisors can't be having that sort of close relationship with every trainee...... and it's just a bit too much, but, I think it does, that sort of, conveyer belt type of system does... create something about what you expect from the relationship and what it becomes then, future ...supervisor relationships." (6.31).

This pattern of distancing was subsequently internalised by Joanne, who confirmed that as a supervisor she too would adopt this distancing with "..*a trainee particularly*.." (6.5).

3.5 The Development of Supervisory Perspectives

The starting point for developing supervisory perspective was exposure to different supervisory experiences. This enabled participants to evaluate what they found helpful/unhelpful in supervision. Subsequently, a further perspective of an ideal for self emerged, in which participants described aspirations of how they would like to supervise in the future. Another influence on perspective taking on supervision arose from interactions with peers.

3.5.1 Supervisory Experiences

Exposure to supervisory experiences developed a range of perspectives on what had been helpful or unhelpful in supervision. Julia concluded from her experiences of supervision that:

" I think I've found it quite unhelpful when supervisors have been really quick to be very directive and tell me what to do. I've found that quite disempowering." (3.21)

Ellen also recalled an unhelpful supervisory intervention:

"I remember he..said...*"You can very much do things wrong and that was what you were doing." And I remember being, you know, really clammed up and found it really hard* to...discuss things and think about things and....I...*hope that I wouldn't be like, like that."* (4.18).

In contrast to Ellen's experience, Charlotte describes how being asked to reflect on mistakes during supervision was beneficial and formed part of her professional development:

"I found it really useful to think of... when it's gone wel-wrong in therapy, or when something's felt really awkward and be able to talk about that.. which is something I've never even considered before and was quite frightened by it, but now I think, actually that's quite a good thing." (6.10). Robert reveals gaining a greater perspective on the significance of the personal within the supervisory relationship. He acknowledges that:

"..things that I've really valued....has been that feedback from..supervisors that is quite personalised, and..genuine in that sense....somewhat outside the clinical competencies model, but more what it's been like to meet and work with you as a person". (12.21).

3.5.2 Ideal for Self

Following on from exposure to experiences of supervision, participants described an 'ideal for self' in terms of aspirations of how they would like to supervise others in the future. Joanne considers whether she would be able to meet her 'ideal for self'.

"..*I always admired supervisors that c*ould kind of be quite reflective..And I would love to be that. Because I found that very, very helpful...*I'm not someone who's very good at that,* because I want to tell people what I think....so there is a bit if disparity between what I think would be helpful, but what I would probably be inclined towards." (3.21).

Embedded in participants' 'ideal for self' was the realisation that personality factors may influence this. Charlotte expresses how she hopes her personality would have a positive impact on her future supervisory style.

"...but personally I'd say reflectiveness and also..I think I'm quite a, sort of bubbly kind of person, so I'd hope I'd make people feel relaxed.."(6.34).

Sophie concludes that she would like to create the space for the professional and the personal in her future supervisory practice.

"That is something that I would like to create, that sense of understanding the person. Understanding their role as a clinical psychologist, but understanding their role as a person in that room."(14.6)

Naomi conveys what would be most important for her.

"What I always found helpful with all my supervisors was that I could bring anything to supervision, they were really open and approachable... I was always concerned with that, particularly in the beginning....that is what I would like to be as well, that trainees feel they can approach me with anything they need." (2.27)

3.5.3 Interactions with Peers

One of the other significant interactions that helped to develop perspectives on supervision originated from discussions with fellow trainees being able to share experiences of supervision with each other. This seemed to open up possibilities for greater multiple-perspective taking, which raised awareness that participants may need to adapt their future supervisory style.

Charlotte points out:

"...I've got, got it in my head about how I want to be supervised and I know that everyone's different. And actually, hearing other people, about what's been helpful for them is useful." (3.33).

This was echoed by Joanne who said:

"I thought that I could be somewhat laid back.. as a supervisor...... But..I realised how much it can affect people.....I saw some people on the course really struggling...*what they'd hoped* from their supervisor *and what they didn't get*, and..I realised that for some people,.. you *need to be a different type of supervisor and I hadn't really thought about that.." (8.25).*

Naomi considers the need to be flexible when providing supervision in the future and how discussions with peers on the course underlined the fact that supervisees are likely to have difference preferences with regards to supervisory style.

"Some people may prefer more structure and talk about cases and that's it...obviously I would like to encourage people to be a bit more reflective, but I would I would expect people would be different as we were different on the course."(10.17)

Julia recognised that discussions with peers on the course enabled her to gain a better perspective on supervision and feel more in control.

"...I just don't think I could have done the training without it. I certainly couldn't have kept as balanced and as in control...Supervisors are our learning role models in a way..and if that's not going well then..that can be quite demoralising..but if you've got people who you can talk to about it, you can put it into perspective and balance it up."(8.2)

Naomi thought that sharing experiences of supervision and having group supervision with trainees from another course broadened her perspective on supervision and how it can be used.

"It was really really, really nice actually to see, what do they do, how do they make use of supervision..maybe also for that supervisor actually, because... I'm sure there were differences....would have been interesting.. if she [the supervisor] noticed a difference.. Sometimes I wonder if it's just because we say we're from x university.."(11.9)

Here, Naomi introduces the perspective of the supervisor and how having experiences of trainees from different programmes may in turn broaden the supervisor's perspective on how supervision is used.

3.6 Summary

Experiences of supervision were strongly connected to the development of the professional self. The process of individuation highlighted a developmental progression across the course of training and anticipating 'becoming a supervisor' formed part of that. Greater attempts to integrate the personal and professional self emerged from the individuation process. In addition, programme support was discussed and structures that aided the development of the

professional self were identified alongside a desire for further input on supervision and supporting the anticipated transition of 'becoming a supervisor'.

The more human aspects of within the supervisory relationship were highlighted and included: containment, flexibility in the supervisory approach, and the dynamics of the relationship. These factors were influential in terms of facilitating learning and they highlighted areas that were considered important to take forward in anticipating the transition of 'becoming a supervisor'.

The development of supervisory perspectives brought greater focus on how experiences of supervision are made sense of. This involved evaluating positive and negative experiences of supervision, which in turn influenced aspirations of how to supervise, resulting in an 'ideal for self'. Interactions with peers on training programmes introduced additional perspectives on supervision and helped raise awareness of the need to be flexible and adapt one's personal supervisory approach when anticipating 'becoming a supervisor'.

4. Discussion

This research set out to ask about the experiences of supervision and the meaning clinical psychology trainees attribute to them. The results show how important developmental and relational factors pertaining to supervision were for the trainees. Three superordinate themes emerged from the analysis: the development of the professional self, the supervisory relationship, and the development of supervisory perspectives. These will be discussed below in relation to past literature.

4.1 Personal and Professional Development

'The Development of the Professional Self' was a central theme amongst the interviews. Trainees' experiences of increasing autonomy corresponded with the integrated developmental model of supervision (Stoltenberg & Delworth, 1987). Similarly, a shift from the prescriptive function of supervision towards facilitating more self-directed learning (catalytic function) was noted (Heron, 1991). However, when supervisors were perceived to be too prescriptive or overly controlling, this prevented trainees from using supervision as a safe base to explore and consider multiple perspectives. Further, trainees also felt that this restricted their autonomy. Research confirms that this type of supervisory style is likely to undermine a secure attachment and subsequent supervisee development (Riggs & Bretz, 2006).

By the end of training, a participant noted that from her experiences of supervision that 'you become your own teacher', which seemed to correspond with Gilbert and Evans' (2000) idea of an 'internal supervisor' (1985) emerging. This suggests successful incorporation of both

the observer/participant position, which is needed to supervise others (Gilbert & Evans, 2000). The anticipation of 'becoming a supervisor' formed part of a 'developmental journey' that trainees did not feel prepared for, yet they had started to form some ideas of how they would like to supervise from their experiences of supervision.

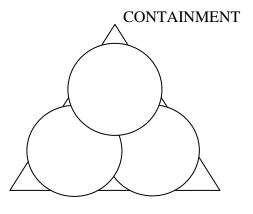
The desire of the participants to integrate aspects of the personal with the professional self was evident. This may correlate with Stoltenberg and Delworth's (1987) level three integrated stage when concern with 'total professional identity' develops. Greater integration of the personal domain was evident in the data, alongside embracing of the restorative function of supervision (Inskipp & Proctor, 1993). Integrating personal life experiences was thought to support the anticipated transition of 'becoming a supervisor' and being able to offer more in that professional role.

Trainees benefitted from personal and professional development (PPD) focused groups, which helped to shape views on supervision. This lends support to Sheikh et al.'s (2007) hypothesis that personal and professional development (PPD) during training may influence trainees' future practice. However, trainees thought that more could be done to prepare them for the anticipated transition of 'becoming a supervisor'. This included: greater input in teaching, gaining experience of supervising, and introducing a format for peer supervision.

4.2 Reciprocity

Reciprocity influenced 'The Supervisory Relationship'. Some trainees raised the issue of power and evaluation, which inhibited reciprocity. Other factors included: attachment styles (Riggs & Bretz, 2006; Ramos-Sanchez et al., 2002); personality factors; the idealisation/denigration of the supervisor; and multiple disconnections and endings of

supervisory relationships creating distancing. The sub-theme of 'Flexibility' was also related to reciprocity and underlined the need for the supervisor to be attuned to the trainees' needs. This type of flexibility also seemed to require the supervisor to incorporate the personal and be able to shift from the formative function of supervision to the restorative (Inskipp & Proctor, 1993). Containment for the participants also influenced reciprocity. The interconnection between reciprocity and containment can be viewed below in the Solihull model.



RECIPROCITY

BEHAVIOUR

Figure 1: The Solihull Model (Douglas, 2007).

Containment for the participants seemed to relate to the ability to share and be open in supervision and reciprocity in sharing was thought to facilitate this. 'The connection' to the supervisor, which relies upon reciprocal interactions, also facilitated containment and the ability to share. Containment and reciprocity were closely linked with supporting trainees' development.

Having multiple supervisory relationships created distancing and highlighted the sense of disrupted attachment across the course of training. Consequently, this may re-orientate trainees towards other more consistent attachment bonds, such as fellow trainees, in order to make sense of supervisory experiences and how they would like to supervise in the future. As

this pattern of distancing was internalised, it reinforces concern about the potential for negative supervisory experiences to be perpetuated (Ramos-Sanchez et al., 2002).

4.3 Direct & Indirect Role Modelling

Participants were provided with the opportunity to learn from direct experiences of supervision and to learn indirectly about experiences of supervision from fellow trainees: this contributed to 'The Development of Supervisory Perspectives'. Experience of multiple supervisors across the course of training enabled trainees to evaluate what they had found helpful and unhelpful about supervision. This supports the idea that the supervisor may act as a role model and provide an internal working model of how to supervise (Wulf & Nelson, 2000; Ramos-Sanchez et al., 2002).

Similar to Wulf and Nelson's (2000) findings, participants were sometimes disappointed in the lack of emphasis on their development as individual practitioners. This also relates to trainees' awareness of the importance of Flexibility in the supervisor matching the developmental need of the supervisee. In addition, a lack of flexibility from some supervisors resulted in forcing trainees to adapt to their style of working as opposed to facilitating the development of the trainee's individual style. In Wulf and Nelson's study (2000) one participant underlined that *"I don't think I'm training to become somebody else's clone. I've tried to support individuality as a supervisor, and I don't know that I really got that."* (p.134). It is interesting to note that the clinical psychologists who were interviewed by Wulf and Nelson (2000) about the impact of their training experiences on professional practice had completed their training 10 -14 years previously. However, the positive and negative experiences of supervision during training were recalled vividly and had provided clear role models of how and how not to supervise others. This perhaps underlines the significance of

experiences of supervision in terms of role modelling and its potential impact on the anticipated transition of 'becoming a supervisor' for trainees.

Therefore, a desire to emulate positive experiences and counter negative experiences of supervision was clearly apparent in the participants' accounts, which corresponds with Rodenhauser's (1994) first stage of supervisor development, emulation. Exposure to role models also seemed to be the catalyst for trainees developing an 'ideal for self' as they anticipated 'becoming a supervisor'. Furthermore, experiences of direct role modelling underlined the importance of facilitating supervisee development and applying Heron's (1991) six functions of supervision in a sensitive, empathic way.

A range of different factors seemed to influence the emerging 'ideal for self'. Trainees expressed uncertainty about whether the 'ideal' would be met. For example, the tendency to be opinionated was considered a barrier for the ideal of being reflective. Trainees were also aware of personality traits that may help to create the 'ideal for self'. For example, having a 'bubbly' personality was connected to the ideal of making supervisees feel relaxed. The incorporation of personal style is an advanced stage of supervisor development (Rodenhauser, 1994). However, trainees were already hypothesising how they might struggle or attempt to do this.

Exposure to indirect role modelling occurred through discussing peers' experiences of supervision. This perhaps provided the 'epistemic space' (Allen, 2008) needed to evaluate supervisory attachment relationships and learn from them in order to develop ideas of how to supervise in the future. This also helped raise trainees' awareness of need to adapt their

supervisory style, because peers liked different styles of supervision. Therefore, these discussions may have underlined the importance of reciprocity in the supervisory dyad. The significant amount of learning from peers is perhaps not surprising since training has been likened to a "professional adolescence" (Lipovsky, 1988) and during adolescence attachment bonds with peers are important and have been found to promote sense of mastery during the transition to adulthood (Surjadi et al., 2011). Peer/group supervision may provide a similar function as these formats help decrease dependence on the supervisor and may aid the anticipated transition of 'becoming a supervisor'. Milne and Oliver (200) outline these advantages in their model below.

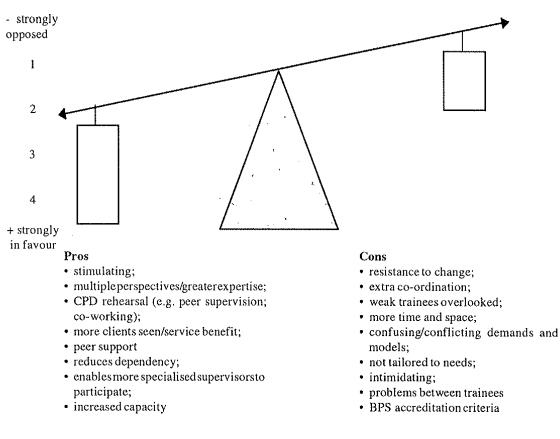


Figure 3: Pros and Cons of Flexible Formats of Supervision (Milne & Oliver, 2000).

One participant depicted group supervision as helpful in furthering understanding of how supervision could be used, alongside the value of seeing how trainees from different courses used supervision.

4.4 Limitations

This research was conducted on only one small sample of trainees, which limits the transferability of the findings. Therefore, it would be interesting to undertake similar studies with other groups of trainees across the country, which was not within the scope of this project.

In addition, since the study neither employed a longitudinal design nor retrospectively interviewed qualified clinical psychologists, it is unable to make the link as to whether aspirations of how to supervise will be acted upon when qualified. The decision not to retrospectively interview qualified psychologists followed on from Wulf and Nelson's (2000) recommendation that experiences of supervision should be explored with individuals still in the training stage. Nevertheless, conducting a retrospective study may have helped participants to have gained a better perspective on their supervisory experiences, which could have provided richer data.

In addition, interviewing participants on the same training programme as the researcher presented a boundary issue. Ease of access to participants is recommended (Smith et al., 2009) and influenced this decision. However, the boundary issue may have inhibited participants' responses as they may not have felt able to be as open about supervisory experiences. Interviewing trainees from a different course could have yielded richer data. Two of the interviews were conducted via telephone as the researcher was constrained by location and time. Telephone interviews were undertaken as they are a valid from of data collection (Smith, 1995). However, face-to-face interviews may have facilitated the establishment of rapport more easily and yielded richer data. Significantly more females than males participated in the study, which to some extent may reflect the ratio of male to females on clinical training and was difficult to control for as the participants were self-selected. Gender issues were not apparent in the data: however, the transferability of the findings may have been improved if there had been more than one male in the sample.

During the second phase of the study four additional participants were interviewed and the research questions and interview schedule revised slightly to focus more on the meaning and experiences of supervision, consistent with an IPA approach (Smith et al., 2009). It is possible that the change in the interview schedule may have facilitated the second sample of participants to reflect in a more in-depth way about their experiences of supervision and the meaning that they had drawn from them. However, as Smith et al. (2009) point out that human beings are naturally "sense-making creatures" (p.3) and are continually in the process of trying to make sense of their experiences, and it was clear that the original sample had also been engaged in the process of thinking about their experiences of supervision and the meaning of them. This was apparent when reviewing the data from the original six transcripts. Furthermore, the change in the research questions alongside the new data enabled the researcher to undertake a more sensitive iterative analysis of the old data holding the framework of experience and meaning in mind. Nevertheless, using the revised interview schedule with the original six participants at the start of the study could have facilitated more in-depth reflections on supervision, which may have yielded richer data and a deeper level of interpretation for the entire sample.

Another limitation is the researcher's limited experience in undertaking qualitative interviews. Since the researcher was more used to conducting clinical interviews this may have resulted in the qualitative interviews being more directed than desired, thus limiting the richness of the data (Barker, Pistrang & Elliot, 2002).

4.5 Implications for Future Research & Professional Practice

This research follows the qualitative tradition of not being generalisable. Instead, this research is transferable to populations/samples similar in socioeconomic/historical/geographical context. As such, further research in a similar vein is recommended. This will lead to the development of theoretical underpinnings, and possibilities for further qualitative and/or quantitative research. In addition, a follow-up study could be conducted with participants from this sample in order to explore how experiences of supervision during the training stage influenced their future supervisory practice.

It would also be interesting to interview supervisors who are in posts requiring the supervision of trainees from different courses. This may identify whether trainees' from different courses use supervision differently or whether supervisors have different expectations about trainees from different courses, which subsequently alter how supervisors conduct supervision. This may in turn help broaden understanding of possible differences involved in the anticipated transition of 'becoming a supervisor' from another perspective.

With regards to professional practice, many training programmes have already addressed the need for pre-qualification training in supervision (Flemming, 2004). Nevertheless, there is scope to build on this (Flemming, 2004), particularly as New Ways of Working states that trainee clinical psychologists should be "adequately prepared" (Department of Health, 2007,

p. 18) to provide supervision to other professions once qualified. Therefore, programmes could consider formalising a requirement for final year trainees to gain experience of supervising.

Other possibilities that training programmes may wish to consider in light of the findings include introducing more opportunities for peers to discuss experiences of supervision in order to develop perspectives on supervision. Organising regional workshops for trainees from different programmes may help to broaden perspectives on supervision further. Finally, supporting flexible formats of supervision, such as group and possibly peer supervision in the final year of training, may help to decrease dependency on the supervisor and increase autonomy, thus aiding the anticipated transition of 'becoming a supervisor'.

4.6 Conclusion

Trainees' experiences of supervision and meaning-making around the anticipated transition of 'becoming a supervisor' were connected to the development of a professional self in which integration of the personal self became increasingly important. This learning took place in the context of the supervisory relationship. Trainees valued the human side of that relationship, where reciprocity and containment were influential and facilitated a safe space to explore. The development of supervisory perspectives helped prepare trainees for the anticipated transition of 'becoming a supervisor', as the role model of the supervisor helped them to evaluate positive and negative aspects of supervision. Subsequently, an 'ideal for self' emerged in terms of aspirations of how they would like to supervise in the future. Finally, indirect role modelling occurred when fellow trainees discussed their experiences of supervision. This helped develop perspectives on supervision and raised awareness of the need to adapt one supervisory style to the needs of the supervisee when anticipating

'becoming a supervisor'.

References

Allen, J. P. (2008). The Attachment System in Adolescence. In J. Cassidy & P. R. Shaver (Eds). Handbook of Attachment (p. 419-435). New York: The Guildford Press.

Baker, C., Pistrang, N. & Elliott, R. (2002). Research methods in clinical psychology: an introduction for students and practitioners. Chichester: John Wiley & Sons.

Bernard, J. M. & Goodyear, R. K. (1992). Fundamentals of Clinical Supervision. Boston:Allyn & Bacon. In I. Flemming & L. Steen (Eds) (2004). Supervision and ClinicalPsychology: Theory, Practice and Perspectives. Hove: Brunner-Routledge.

BPS (2010). Code of Human Research Ethics. Leicester: The British Psychological Society.

Callanan, M. (2010, November). Frameworks for Supervision: Difficulties and Dilemmas. Presentation given at Salomons, Tunbridge Wells, UK.

Casement, P. (1985). On learning from the patient. Hove: Routledge.

Department of Health (2007). New Ways of Working for Everyone. London: Department of Health.

Denzin, N. K. (1995). Symbolic Interactionism. In Smith, J. A., Harré, R., & Van Langenhove, L. (Eds.), Rethinking Psychology (pp. 43-58). London: Sage.

Douglas, H. (2007). Containment and reciprocity: integrating psychoanalytic theory and child development research for work with children. Hove: Routledge.

Douglas, H. (2010). Supporting emotional health and wellbeing: the Solihull Approach. Community Practitioner, 83, (8), 22-25.

Elliott, 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, 215-229.

Fischer, C. T. (2009) Bracketing in qualitative research: Conceptual and practical matters. Psychotherapy Research, 19 (4), 583 – 590.

Fleming, I. & Steen, L. (Eds) (2004). Supervision and Clinical Psychology: Theory, Practice and Perspectives. Hove: Brunner-Routledge.

Gilbert, M. C. & Evans, K. (2000). Psychotherapy Supervision: An Integrative Rational Approach to Psychotherapy Supervision. Buckingham: Open University Press.

Greenhalgh, T. (2010). How to read a paper. The basis of evidence-based medicine: fourth edition. London: BMJ Publishing Group.

Heron, J. (1991). Helping the Client. A Creative Practical Guide. London: Sage.

Hughes J. (2009). What is personal development and why is it important? In J. Hughes & S. Youngson (Eds). Personal development and clinical psychology (p. 24 - 45). Chichester: British Psychological Society and Blackwell Publishing Ltd.

Inskipp, F. & Proctor, P. (1994). Making the Most of Supervision. Twickenham: Cascade.

Koshy, V. (2009). Action research for improving educational practice: a step-by-step guide. London: Sage.

Lipovsky, J. A. (1988). Internship Year in Clinical Psychology Training as a Professional Adolescence. Professional Psychology, Research and Practice, 19 (6) 606-608.

Lyons, E. & Cole, A. (2007). Analysing Qualitative Data in Psychology. London: Sage.

Mason, J. (2002). Qualitative Researching: Second Edition. London: Sage.

Milne, D. & Oliver, V. (2000) Flexible formats of clinical supervision: Description, evaluation and implementation. Journal of Mental Health, 9, (3), 291-304.

Myers, A. & Hansen, C. H. (2011). Experimental Psychology. Belmont: Wadsworth.

Ramos-Sanchez, L., Esnil, E., Goodwin, A., Riggs, S., Osachy Touster, L., Wright, L. K., Ratanasiripong, P. & Rodolfa, E. (2002). Negative Supervisory Events: Effects on Supervision Satisfaction and Supervisory Alliance. Psychology, Research and Practice, 2, 197–202. Riggs, S. A. & Bretz, K. M. (2006). Attachment processes and the supervisory relationship: an exploratory investigation. Professional Psychology: Research and Practice, 37, 558 – 566.

Rodenhauser, P. (1994). Toward a multi-dimensional model for psychotherapy supervision based on developmental stages. The Journal of Psychotherapy Practice and Research, 3, 1-15. Cited in Watkins, C. E. (1995). Psychotherapy Supervisor and Supervisee: Developmental Models and Research Nine Years Later. Clinical Psychology Review, 15 (7), 647-680.

Scaife, J. (2001). Supervision in the men*tal health professions: a practitioner's guide*. Hove; Brunner-Routledge.

Sheihk, A. I., Milne, D. L. & MacGregor, B. V. (2007). A model of personal and professional development in the systematic training of clinical psychologists. Clinical Psychology and Psychotherapy, 14, 278-287.

Smith, J. A. (1995). Semi-Structured Interviewing and Qualitative Analysis. In J. A. Smith,
R. Harre & L. Van Langenhove (Eds). Rethinking Methods in Psychology (p.9 – 26).
London: Sage.

Smith, J. A., Jarman, M. & Osborne, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chamberlain (Eds.), Qualitative Health Psychology (p. 218 - 240). London: Sage.

Smith, J. A. & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed). Qualitative Psychology: A Practical Guide to Research Methods. London: Sage.

Smith, J. A., Flowers, P. & Larkin, M. (2009). Interpretative Phenomenological Analysis: Theory, Method and Research. London: Sage.

Stoltenberg, C. D., & Delworth, U. (1987). Supervising counselors and therapists: A developmental approach. SanFrancisco: Jossey-Bass. Cited in Watkins, C. E. (1995).
Psychotherapy Supervisor and Supervisee: Developmental Models and Research Nine Years Later. Clinical Psychology Review, 15 (7), 647-680.

Surjadi, F. F., Lorenz, F. O., Wickrama, K. A., Conger, R. D. (2011). Parental support, partner support, and the trajectories of mastery from adolescence to early adulthood. Journal of adolescence, 34, (4), 619-28.

Watkins, C. E. (1995). Psychotherapy Supervisor and Supervisee: Developmental Models and Research Nine Years Later. Clinical Psychology Review, 15 (7), 647-680.

Wulf, J. & Lee Nelson, M. (2000). Experienced Psychologists' Recollections of Internship Supervision and Its Contributions to Their Development. The Clinical Supervisor, 19, 123-145.

Yardley, L. (2000). Dilemmas in Qualitative Health Research. Psychology and Health, 15, 215 – 228.

Major Research Project 1

Emma Peacock

MAJOR RESEARCH PROJECT

SECTION C

CRITICAL APPRAISAL

WORD COUNT: 1,900

1. Research Skills and Abilities

1.1 Lessons Learnt

I have learnt a significant amount about the epistemological basis underpinning Interpretative Phenomenological Analysis (IPA). Understanding IPA's focus on the meaning of experience and the developmental, processual aspect of being human helped me to realise that it would be a suitable choice of methodology for the study. Smith, Flowers and Larkin (2009) underline that "we are always becoming ourselves" (p.19) and this seemed to fit with the study's focus 'on becoming a supervisor' and experiences related to that anticipated transition. It was also interesting to learn about the development and changes to IPA, such as no longer using respondent validation as a form of credibility check. This led me to read further about respondent validation and develop my understanding of the ontological issues and debates surrounding whether participants should be given epistemological privilege to confirm whether the analysis is accurate (Mason, 2002).

Prior to deciding on using IPA, I found it useful to explore different methodologies. I briefly considered using mixed methods as I was interested in the recently developed Supervisory Relationship Questionnaire (Palomo, Beinart, & Cooper, 2010), particularly as this was informed by attachment theory, which I thought provided a relevant theoretical framework for the study. However, on closer inspection I realised that the SRQ was a static measure, referring to one supervisory relationship, which did not lend itself to incorporating a ranges of supervisory experiences over the course of training and how they may relate to the anticipated transition of 'becoming a supervisor'. This helped me to re-focus on how a qualitative approach such as IPA could more sensitively capture this.

As IPA adopts both emic (insider) and etic (interpretative, outsider) positions, this double hermeneutic (Smith et al., 2009) helped me consider my dual role of researcher and peer. Smith et al., (2009) outline that it can be beneficial for the researcher to hold such as dual role. However, I learnt that it was necessary to ensure that my 'research hat' was on, particularly at certain points of the research process. For example, when conducting interviews in order to prevent potential lapses into a more conversational style of interaction with a peer.

The boundary issue of being peer and on the same course as some of the participants prompted me to read an article exploring some of the tensions and dilemmas in the qualitative research interview process from a psychoanalytic perspective (Rizq, 2008). Particularly how the impact of boundary issues, such as interviewing peers or colleagues may at an unconscious level heighten the desire to deny oedipal difference and undermine the researcher's capacity to think analytically from the outsider, interpretative position (Rizq, 2008). Rizq (2008) also describes potential anxieties and concerns about producing an account that is perceived as faithful by the participant and about betraying the intimacy of the research interview with the broader analytic interpretation. This article helped to make sense of me wanting to provide a 'faithful' account and has helped me to conceptualise boundary issues in the research interview process.

The specific research skills that I have learned include: the process of developing an interview schedule, qualitative interviewing techniques, analysing data using IPA, and engaging in the complexities of 'bracketing' and reflecting on the extent to which it can be achieved (Fischer, 2009). Linked to this is rethinking issues of what is called in quantitative research, validity and reliability, within the context of an IPA study. Finally, I have learnt to

cope and become more comfortable with the ambiguity that is inherent to IPA, where there is often no right or wrong way of doing something. I think this is particularly challenging when completing a doctoral piece of research and feeling anxious about meeting the necessary guidelines in order to produce a 'good enough' piece of work.

1.2 Gaps in Learning

As a novice to IPA there is scope for me to develop sophistication of technique within this particular form of qualitative inquiry. Conducting further research alongside co-researchers with more experience in IPA could help to address this. Furthermore, conducting a study with more of a clinical sample could aid the learning process by producing different challenges with regards to recruitment, ethics, and the interview process. I have not previously published a piece of research, which will be the next step in the research process and a valuable learning experience (Appendix 13). Finally, I have had a limited amount of experience in using other qualitative methodologies, so this too could be an area for future learning and development.

2. Take Two: What Would I Do Differently?

An area of challenge within this research was boundary issues as the first sample of trainee clinical psychologists interviewed were peers from a different cohort and on the same training programme. Therefore, interviewing trainee clinical psychologists from a different training programme could have helped to minimise this.

The design of the study could have been altered whereby participants were retrospectively interviewed about their experiences of supervision during training. This may have provided more time for them to reflect and consolidate the entirety of their experiences, which could have yielded richer data. In fact, during one of the latter interviews a participant said that she thought she would have gained a better perspective on her training experiences in six months time. In addition, a retrospective study would have enabled further exploration and understanding regarding the connection between aspirations to supervise during the training stage and actual supervisory behaviours once qualified. Therefore, retrospectively interviewing newly qualified psychologists six months or a year later may have facilitated this and yielded richer data.

3. Impact on Professional Practice

The findings of the study suggest that trainee clinical psychologists' experiences of supervision during training contributed to the anticipated transition of 'becoming a supervisor'. The findings that emerged from the small sample size of participants provides a tentative framework for understanding some of the significant factors related to this anticipated transition and what this might mean for professional practice. Facilitating the professional development of trainees in relation to this anticipated transition appeared central, alongside matching developmental needs and helping trainees negotiate feelings of dependency and autonomy. How clinical psychology training programmes may be able to facilitate this process further was explored in light of the findings. As most trainees did not feel prepared for the anticipated transition of 'becoming a supervisor' suggestions arose regarding this, which included: further teaching input, trainees gaining some experience of supervising during training, and introducing a format for peer supervision to help decrease levels of dependency and increase autonomy. Research suggests that as novice supervisors, final year trainees would be most equipped to supervise a very structured piece of work, focused on technique (Watkins, 1995).

The value of discussing experiences of supervision with peers emerged. This seemed to develop perspective taking on supervision and increase awareness that as trainees preferred different supervisory styles that it would be important to adapt one's supervisory style when supervising in the future. Peers were highlighted as an important source of support and from an attachment theory framework, the consistency of the attachment bond with peers was apparent, especially in contrast to the sense of disrupted attachment with multiple supervisors over the course of training. Therefore, the more secure attachment processes with peers seemed to provide a safe base to explore supervisory experiences and the necessary 'epistemic' space needed to evaluate supervisory relationships. This is important as it can help individuals to clarify what they would like to take forward in the future as they anticipate 'becoming a supervisor', and evaluation of past supervisory experiences can help form positive supervisory relationships in the future. Attachment bonds with peers were also hypothesised to aid a sense of mastery and the transition to becoming qualified and subsumed in that becoming a supervisor. Therefore, one recommendation was for training programmes to provide more opportunities for peers to discuss supervisory experiences. Organising regional workshops for trainees from different courses was also suggested as this may help broaden perspectives on supervision further.

The above recommendations could help to prepare trainees for the anticipated transition of 'becoming a supervisor'; this would ensure that they are "adequately prepared" (Department of Health, 2007, p. 18) to implement New Ways of Working guidance related to providing supervision to other professions once qualified.

With regards to the potential impact on my own professional practice, this study has reinforced the importance of reciprocity within the supervisory relationship. I think that the power imbalance in the supervisory relationship would necessitate some of the reciprocal processes being initiated by the supervisor. Similarly, I think being flexible as a supervisor and being attuned to the supervisee's developmental needs would also be an important area of focus. Linked to this would be the sensitive application of the different functions of supervision. Facilitating the struggle between dependency and autonomy has also emerged as a key theme from the research and I would want to be mindful of that in my own future supervisory practice.

4. Future Research

The current study uses a small sample size as recommended by IPA. Therefore, conducting further research with trainee clinical psychologists from other programmes from across the country may lead to development of theoretical underpinnings for further research. A conglomeration of similar studies using IPA could help to slowly build on and develop the transferability of the findings to the population of trainee clinical psychologists in general.

In addition, a follow up study could be conducted with participants from this study in order to verify to what extent experiences of supervision during the training stage influenced actual future supervisory behaviours. This may help to clarify significant factors related to the developmental transition of 'becoming a supervisor' and the role that experiences of supervision during the training stage plays. IPA would be a suitable choice of methodology for a follow up study.

Incorporating the perspective of the supervisor would also provide an interesting avenue and a different angle on factors relating to the anticipated transition of 'becoming a supervisor'. This piece of research could be aimed at interviewing supervisors who are in posts requiring

supervision of trainee clinical psychologists from different courses. This may help to illuminate whether trainees from different courses use supervision differently or whether supervisors have different expectations about trainees from different courses, which subsequently influences how they conduct supervision.

Supervisors observe the supervisees' development over the course of supervision and may also be in the position to observe differences in the use of supervision depending on what course the trainee is from. Interviewing supervisors who supervise trainees from different courses may also help to explore whether supervisors hold different expectations of the trainees regarding how they will use supervision depending on what course they are from. Different training programmes also provide different guidance regarding how the supervisor should deliver supervision, for example some courses outline that the supervisor should provide one hour of supervision a week whereas other courses stipulate that two hours of supervision should be provided per week. This in itself may alter how supervision is used by the supervisee and supervisor. Therefore, incorporating the perspective of supervisors who supervise trainees from different courses may help broaden the understanding of possible differences involved in the anticipated transition of 'becoming a supervisor'.

References

Department of Health (2007). New Ways of Working for Everyone. London: Department of Health.

Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. Psychotherapy Research, 19 (4), 583 – 590.

Mason, J. (2002). Qualitative Researching, Second Edition. London: Sage.

Palomo, M., Beinart, H. & Cooper, M. J. (2010). Development and validation of the Supervisory Relationship Questionnaire (SRQ) in UK trainee clinical psychologists. British Journal of Clinical Psychology, 49, 2, 131–149.

Smith, J. A., Flowers, P. & Larkin, M. (2009). Interpretative Phenomenological Analysis: Theory, Method and Research. London: Sage.

Watkins, C. E. (1995). Psychotherapy Supervisor and Supervisee: Developmental Models and Research Nine Years Later. Clinical Psychology Review, 15 (7), 647-680.

Major Research Project 1

Emma Peacock

MAJOR RESEARCH PROJECT

SECTION D

APPENDICES

LIST OF APPENDICIES

- Appendix 1. Search Strategy for Literature Review
- Appendix 2. Skovholt and Ronnestad's (1992) model of stagnation versus professional development.
- Appendix 3. Ethical approval.
- Appendix 4. Survey given to the cohort of trainee clinical psychologists to ascertain their views on the proposed research study.
- Appendix 5. Information and participant consent forms.
- Appendix 6. Interview schedule.
- Appendix 7. A summary report of the findings given to: participants, the Ethics Panel, and the Clinical Psychology Training Programme.
- Appendix 8. The first interview transcript complete with the initial analysis and coding (to be removed before final binding).
- Appendix 9. A diagram developed for the first transcript
- Appendix 10. Example of the development of superordinate themes and subthemes
- Appendix 11. Examples of 'bracketing': extracts from the researcher's diary regarding preconceptions about each interview.
- Appendix 12. Frequency of Superordinate Themes and Sub Themes for Participants
- Appendix 13. Guidelines for submission to the Journal of 'Clinical Psychology & Psychotherapy'.

APPENDIX 1

Search Strategy for Literature Review

SEARCH STRATEGY

Firstly, computerised literature searches using PsychINFO, Medline, Web of Knowledge, Cochrane and Google search engines were undertaken. The searches were conducted between: September 2010 –October 2011 (see terms below).

Relevant search terms	Relevant search terms
Supervision, supervisor, supervisee, supervisory relationship.	 + Role transition, transition, development, development models, identity, newly qualified. + Counselling, counseling, psychotherapy, development, developmental models. + Personal and professional development, reflective practice. + Power
Clinical psychology training,	+ Role transition, transition, development,
clinical psychologist, trainee	newly qualified.
clinical psychologist, trainee.	+ Personal and professional development,
	reflective practice, reflective practitioner.
	+ Attachment
Attachment	+Adolescent, transition & adulthood
	+ Transition & adulthood
	+ Supervisor, identity, development, model, supervisee, supervisory relationship

Secondly, manual literature searches were conducted in relevant journals and books. As supervisee-supervisor development models were relevant to the study, the counselling and psychotherapy literature from which these emanate was also targeted, including American-based literature. Specific journals that were searched manually include: counselling and psychotherapy research, and the counselling and psychotherapy journal, healthcare counselling and psychotherapy journal.

Once the above searches had been completed, the following steps were carried out in order to find additional sources of information: a) the reference sections of each article were analysed for other relevant articles b) the reference sections of supervision books were examined and c) the researcher's supervisor was approached for references for suitable literature.

Since the area of relevant literature was very broad, effort was taken to select articles and books that provided the most detailed, broad overview of relevant topics (e.g. Handbook of Attachment edited by Cassidy & Shaver, 2008 and Psychotherapy Supervisor and Supervisee: Developmental Models and Research Nine Years Later published by Watkins, 1995).

APPENDIX 2

Skovholt and Ronnestad's (1992) model of stagnation versus professional development.

APPENDIX 3 Ethical approval

APPENDIX 4

Survey given to the cohort of trainee clinical psychologists to ascertain their views on the proposed research study.

Dear Trainee,

My name is Emma Peacock, I am second year trainee at Salomons and I would like to get your views on my proposed Independent Research Project. I am planning on interviewing a sample of third year trainees in August 2010 about their experiences of training and how that has influenced aspects of personal and professional development, focusing on the area of supervision. I am being supervised by Margie Callanan and my external supervisor is Dora Brown. If you could answer question 1 and then if you would like to provide any further responses to questions 2 - 4, that would be really helpful.

1. Do you think it would be reasonable to carry out interviews with a group of trainees (sample size, 6) from your year group?

Yes No

2. How would you feel about taking part in such project?

3. Would you have any concerns about taking part? And if so, could you describe any concerns you may have?

4.	ls con	there a cerns?	nything	that	could	be	change	d in	the	project	to	address	your

Thank you

APPENDIX 5

Information and participant consent forms

CLINICAL PSYCHOLOGY TRAINEE STUDY – INFORMATION FORM

Full Project Title: On becoming a supervisor: an anticipated transition for trainee clinical psychologists. An IPA study

Researcher: Emma Peacock

Research Supervisors: Dr Dora Brown

Professor Margie Callanan

Consent

You are invited to take part in this research project. This statement contains detailed information about the research project. Its purpose is to explain to you as openly and clearly as possible all the procedures involved in this project so that you can make a fully informed decision whether you are going to participate.

Purpose

I am planning on interviewing a sample of third year trainees at the end of their training about their experiences of supervision and how that has influenced aspects of personal and professional development, with a particular focus on anticipating 'becoming a supervisor'.

I am conducting this research project under the supervision of Dr Dora Brown and Dr Margie Callanan. A total of ten clinical psychology trainees are estimated to participate in this project from three Clinical Psychology Training Programmes across the South of England.

Funding

This research is primarily funded by Salomons Clinical Psychology Training Programme, which is part of Canterbury Christchurch University.

Procedures

Participation in this project will involve taking part in one semi-structured interview, which may last up to one hour. The interviews will be recorded in order for the dialogue to be easily transcribed. The themes of the interviews will be focused on the supervisory relationship, the impact of clinical training and other personal and professional development issues.

Possible Benefits

It is possible that by talking about issues connected with personal and professional development (PPD) that taking part in the research may form a valuable PPD experience in itself. Participation in the research also provides the opportunity for trainees to contribute and build upon the existing body of literature in this specific area. Previous research has shown that taking part in such studies can provide a reflective space, which helps participants to think about issues that may be of interest and use to them and can be a rewarding experience (Willig, 2008).

Possible Risks

Willig (2008) points out that participating in a piece of research can lead to increased selfreflection, which may stir up thoughts or feelings that could cause distress. Therefore, I have compiled a list of resources that trainees could use to access further support should the need arise.

Privacy, Confidentiality and Disclosure of Information

Any information obtained in connection with this project will remain secure and confidential. No identifying information will be recorded or transcribed, each participant will be allocated a pseudonym.

However, if a trainee were to disclose an issue of harm either pertaining to themselves or someone else then the trainee clinical psychologist's line manager from the Department's Clinical Psychology Training Programme would be notified.

The aim is to publish the results in a peer-reviewed journal. However, in any publication, information will be reported in such a way that you cannot be identified.

Results of Project

After the study is finished an anonymised summary report of the findings will be given to you and can be discussed.

Participation is Voluntary

Participation in any research project is voluntary. If you do not wish to take part you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. Before you make your decision, please feel free to speak to me and ask any questions that you may have.

Ethical Guidelines

This project will be carried out according to the *British Psychological Society Good Practice Guidelines for the Conduct of Psychological Research* which have been developed to protect the interests of individuals who agree to participate in psychological research.

Complaints

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, please feel free to contact me, Emma Peacock: ep93@canterbury.ac.uk. Otherwise, the contact person is:

Dr Paul M. Camic Clinical Research Director Salomons David Salomons Estate Broomhill Road Southborough Tunbridge Wells Kent TN3 0TG Email: paul.camic@canterbury.ac.uk

Further Information, Queries or Any Problems If you require further information, wish to withdraw your participation or if you have any problems concerning this project, you can contact me: Emma Peacock E-mail: <u>ep93@canterbury.ac.uk</u>

Participant Consent

Please tick the box to indicate agreement with each statement



I agree to participate in this research project which is exploring the experiences of trainee clinical psychologists in relation to the developmental goal of becoming a supervisor. I understand that this study will involve my participation in one interview which will ask me to reflect on personal and professional developmental issues related to becoming a supervisor.

I understand that the interview will last up to 60 minutes and will be audiotaped. The tapes will be transcribed and the content anonymised. I understand that the tape recordings will be kept in a secure location and will be destroyed after the work has been assessed. I understand that extracts of my interview transcript may be included in the written report of the research.



I understand that my participation in the study is entirely voluntary. I can withdraw from the study at any time without having to provide an explanation.



I understand that all the information I give will be kept confidential and any identifying information will be changed.



I understand that this research will be published in an academic journal in the future.



I understand that any questions that I have can be addressed to the researcher.



I have read the information sheet and the points above and I agree to take part in this study.

Name:	Signature:	Date:
Thank you for agreeing to take part in this	s study.	

APPENDIX 6 Interview Schedules

Interview Schedule

1. Can you tell me briefly about your understanding of the role of supervisor?

2. How would you describe your supervisory style?

Prompt: Are there any aspects of supervision that you have experienced that may influence your supervisory style?

Prompt: Are there any particular helpful /unhelpful experiences of supervision that you would draw upon?

3. How do you see the Clinical Psychology Training in relation to the role of supervisor?

Prompt: For example, has any of the teaching input that you've experienced helped you to think about your supervisory style?

- **4.** Have you ever talked about experiences of supervision with peers on the course? Prompt: How do you think this may have shaped your views of your supervisory style?
- 5. How do you think your current views on supervision would compare with your views at the start of training?

Prompt: How would you describe any development in your supervisory style over the course of the training?

- 6. Do you ever reflect on what goes on during supervision sessions? Prompt: What do you think may have prevented/facilitated space for reflection?
- 7. What do you think you will bring to your role as supervisor? Prompt: Are there any personal values/life experiences/reflections about yourself that you would draw upon?

Revised Interview Schedule

- 1) If I say "supervisor" what does this word mean to you?
- 2) What would you say supervision means to you?
- 3) Have you had experience of many supervisor/s? If so, what have been your experiences of the supervisors' styles?
- 4) What has been your experience of supervision as part of the clinical psychology

training programme?

Prompt: For example, has any of the teaching input that you've experienced helped you to think about supervision/anticipating becoming a supervisor?

5) Would you say that you have shared your experiences of supervision with other

people?

Prompt: For example, peers on the course.

6) What does it mean, if anything, to you to be able to share these experiences?

Prompt: How do you think this may have shaped your views on how you would like to supervise in the future?

- 7) You have been in training for three years, how would you compare your experiences of supervision been across the three years?
- 8) In the future, when you become a supervisor, what do you think you will bring to this role?

Prompt: Are there any personal values/life experiences that you would draw upon?

A summary report of the findings given to: the ten participants, the Ethics Panel, and the Clinical Psychology Training Programme

SUMMARY REPORT FINDINGS

On becoming a supervisor: an anticipated transition for trainee clinical psychologists. An IPA study

Aim and Objectives of the Study

The aim of this study was to fill the gap in the current body of research by exploring how experiences of supervision during clinical psychology training relate to the anticipated transition of 'becoming a supervisor'. This objective was met by interviewing trainees at the end of their training and considering how they have individually made sense of these experiences and how they think about the transition to a supervisory role.

Method

The sample of participants consisted of ten trainee clinical psychologists at the end of their training. The sample was obtained from three clinical psychology training programmes from across the South of England A semi-structured interview schedule was used to collect data and interpretative phenomenological analysis (IPA) was used to analyse the data.

Overview of the Results & Conclusions

Trainees' experiences of supervision and the meaning they make from those in relation to the anticipated transition of 'becoming a supervisor' were connected to the development of a professional self in which integration of the personal self became increasingly important. Learning took place in the context of the supervisory relationship. Trainees valued the human side of that relationship where reciprocity and containment were influential and facilitated a safe space to explore. The development of supervisory perspectives helped prepare trainees for the anticipated transition of 'becoming a supervisor' as the role model of the supervisor helped evaluate positive and negative aspects of supervision. Subsequently, an 'ideal for self' emerged in terms of aspiration for own future supervisory style. Indirect role modelling occurred when fellow trainees discussed their experiences of supervision. This enriched perspectives on supervision and raised awareness of the need to be adaptive when anticipating 'becoming a supervisor' as trainees preferred different supervisory styles.

Possibilities that training programmes may wish to consider in light of the findings include: formalising a requirement for final year trainees to gain experience of supervising, introducing more opportunities for peers to discuss experiences of supervision in order to develop perspectives on supervision, organising regional workshops for trainees from different programmes may help to broaden perspectives on supervision further and finally, supporting flexible formats of supervision, such as providing more opportunities for group and possibly peer supervision in the final year of training. This may help to ensure that trainees are "adequately prepared" (Department of Health, 2007, p. 18)¹ to implement New Ways of Working guidance, which includes providing supervision to other professions once qualified.

¹ Department of Health (2007). New Ways of Working for Everyone. London: Department of Health.

The first interview transcript complete with the initial analysis and coding (to be removed before final binding).

A diagram developed for the first transcript



fellow trainees'

experiences of supervision.

3. Pattern Internalised

- 3. Personal Values
 - 4. Personal impact of Supervisory relationship

Examples of the Development of Superordinate Themes and Subthemes for Joanne & Sophie

November 2010	March 2010	October 2011
November 2010	March 2010	
		(following the additional four
		interviews and second wave of
		analysis)
CONFLICT	Role Modelling	The Development of the
Ideal Vs Actual	Direct Role Modelling	Professional Self
Image of Self as Supervisor	Taking positive	
Expectations not being met	forward	Individuation
by Supervisor	Expectations about	The capacity of self to supervise
Structures inhibit the desire	the relationship	
for greater personal	Significant impact on	The Personal and Professional Self
exploration	practice	Interweaving of two domains
	Expectations not	Thinking more about the personal
Containty Vo Uncentainty	being met by	Droomon Summont
<u>Certainty Vs Uncertainty</u> About the role of supervisor	supervisor Indirect Pole	Programme Support The course as a resource
	Indirect Role Modelling	The course as a source of
Can the personal and professional be separated?	Lessons learnt from	influence
To reflect or not to reflect	fellow trainees'	Structures inhibit the desire
The capacity of self to	experiences of	for greater personal exploration
supervise	supervision	for greater personal exploration
Ability to be honest	Fellow trainees'	The Supervisory Relationship
The role of boundaries	experiences of	The Supervisory Relationship
Fellow trainees' experiences	supervision	Containment
of supervision	Evaluating friends'	The impact of the supervisor on
of supervision	experiences of	sense of self
Conflict between the	supervision.	Reflection on supervisory
Personal and Professional	Positive experiences	relationship reduces anxiety
<u>Domains</u>	aren't discussed	
The clash of the personal &	Development of own	Flexibility
professional	supervisory style	Difficult when supervisor not able
The impact of the	Containment & Safe	to be flexible and look at personal
supervisor on sense of self	base to explore	1
Feeling strange/uncertain	The impact of the	Dynamics of the Relationship
about focusing	supervisor on sense of	Personal impact of supervisory
on the more personal	self	relationship
aspects of supervision	Reflection on	Distancing in relationship
Evaluating friends'	supervisory	Personal impact of supervisory
experiences of supervision	relationship reduces	relationship
Impoverished relationship	anxiety	Can the personal and
	Development of	professional be separated?
Salomons as a Reflective Entity	Internal Supervisor	The clash of the personal &
A resource	The capacity of self to	professional
A source of influence	supervise	Feeling strange/uncertain about
Salomons as an Enforcer	Ideal for Self	focusing on the more personal
Boundaries/evaluation	Image of self as	aspects of supervision.
	supervisor	Personality factors
	Influence of	Personal impact of supervisory
	Personality	relationship
	Personality factors	Ability to be honest
	Personal values	The role of

The Development of Superordinate Themes and Subthemes for Joanne.

THE DYNAMICS OF THE SUPERVISORY RELATIONSHIP

Role Modelling Taking positive forward Expectations about the relationship Positive experiences aren't discussed Significant impact on practice

<u>Vicarious Role Modelling</u> Lessons learnt from fellow trainees' experiences of supervision

Loss and Disconnection from Multiple Supervisory Relationships Endings Boundaries & distancing Pattern internalised

<u>Containment</u> Reflection on supervisory relationship reduces anxiety

Interweaving of the Personal & Professional Domains Creating tension Personality factors Personal Values Personal impact of supervisory relationship Personal impact of supervisory relationship

Space to Reflect on the Supervisory Relationship Factors that help to facilitate reflection The course as a resource The course as a source of influence Factors that inhibit reflection Boundaries/evaluation Structures inhibit the desire for greater personal exploration To reflect or not to reflect.

Space for Reciprocity The Personal & **Professional** Can the personal and professional be separated? The clash of the personal & professional Feeling strange/uncertain about focusing on the more personal aspects of supervision. Personality factor Personal impact of supervisory relationship Conflict & Inhibition of Reciprocity Ability to be honest The role of boundaries Creating tension

boundaries Creating tension

The Development of Supervisory Perspectives

<u>Supervisory Experiences</u> Taking positive forward Expectations about the relationship Significant impact on practice Expectations not being met by supervisor

Ideal for Self Image of self as supervisor Personality factors Personal values Facilitative vs directive Disparity

Interactions with Peers Lessons learnt from fellow trainees' experiences of supervision Fellow trainees' experiences of supervision Evaluating friends' experiences of supervision. Positive experiences aren't discussed Bringing perspective

The Development of Superordinate Themes and Subthemes for Sophie.

Some of the initial notes and associations that emerged from Sophie's transcript included:

- Dependence vs. autonomy
- Wanting more input from programme
- Containment
- Empathy relating to trainees' needs
- Personal and professional development
- Internal Supervisor
- Master vs. novice
- Reflective Space
- Creative dialogues with peers
- Flexibility
- Task focus vs. personal
- Open dialogue
- Ideal for self
- Confusion about the personal
- Safe base to explore
- Developing autonomy & control
- Facilitative environment
- Vicarious experiences of supervision
- Safe space to share with peers
- What experiences doesn't want to emulate
- Integrating the personal

The clustering of the notes/associations and development of initial themes can be viewed in the table below. In addition, the revision of the master themes following an iterative analysis of the other transcripts can also be viewed in the table below.

The Development of Superordinate Themes and Subthemes for Sophie.

Clustering of the initial notes/associations	Emerging themes	Revised master themes following analysis of all transcripts	Final list of subthemes following analysis of all of the transcripts
 Dependence vs. autonomy Personal and professional development Internal Supervisor Master vs. novice Wanting more input from programme Developing autonomy & control Integrating the personal Personal therapy helpful 	Supervisee Development "you come across these barriers of things that you can't do or things that you feel completely incapable of doingand you're looking to them for some direction and some supervisors won't be that directive and they'll just kind of let you explore it on your own, which I think in retrospect is quite helpful, but at the time, you're like "Please just tell me what to do!"	The Development of the Professional Self	Individuation <u>The Personal and</u> <u>Professional Self</u> <u>Programme Support</u>
 Containment Open dialogue Empathy – sensitivity to trainees' needs Reflective Space Safe base to explore Facilitative environment Flexibility Task focus vs. personal Confusion about the personal 	The Supervisory Relationship "I think the one thing I've learnt about supervision is there's no real hard and fast rules in terms of what worksas long as it's an environment that feels safe to share and kind of fairly containing and is treated like a learning experience, where you're able to learn and develop, that's the most important thing."	The Supervisory Relationship	<u>Containment</u> <u>Flexibility</u> <u>Dynamics of the</u> <u>Relationship</u>
 Ideal for self Vicarious experiences of supervision Creative dialogues with peers Safe space to share with peers What experiences doesn't want to emulate 	The Development of Supervisory Perspectives "In reflective practiceI think that's been a useful space to reflect on what kind of supervisor you want to be and what kind of supervisor you can see has been really bad for other people."	The Development of Supervisory Perspectives	Supervisory Experiences Ideal for Self Interactions with Peers

Examples of 'bracketing': extracts from the researcher's diary regarding preconceptions about each interview.

RESEARCH DIARY EXTRACTS

Overview of Bracketing Prior to Analysing Transcripts

The following extracts include some of reflections and pre-conceptions about the interviews and how I was subsequently left feeling about each particular interview and the content. This bracketing was done prior to starting the analysis of each transcript as a way of consciously acknowledging potential biases or concerns and choosing to 'bracket' them and put them to one side.

Joanne's Transcript

- At the end of the interview I was struck by the issue of dual relationships. Highlighted in her account of the tension between the personal and professional in supervision. Struggling being a friends versus how would react as a professional and that made me think of myself interviewer but also type of peer on the same course....boundaries and uncomfortableness try to drop that to one side.
- Sense of me being connected to the training process implicit knowledge, e.g. talk about supervisors during lift share, what Salomons represents, reflective groups what they are...Insider perspective? No need to explain to me...try to drop to one side.

Ellen's Transcript

- I want to try and immerse myself in Ellen's unique account and put to one side Joanne's interesting comments and themes.
- Try not to shoe horn Ellen's comments into Joanne's themes.
- With Ellen there seemed to be more clipped responses, not wanting to expand too much....so at the back of my mind is the idea that there may be 'less' in this transcript, so I need to bracket this idea and be open to the richness and depth in her account.

Kate's Transcript

- Leave to one side all the themes so far ideal supervisor, conflict PPD, Role Modelling, want to take a fresh look at the transcript.....
- Put previous thoughts to one side and look with renewed interest.

Sarah's Transcript

- I was very engaged in this interview and identified a lot with some aspects of her experiences....to put aside my personal identification and focus on the meaning of what she was saying.
- Again, to consider anew possible themes, being open to new themes emerging, but also at the end of analysis be open to be looking for possible connections with themes from other transcripts.

Robert's Transcript

- I feel quite interested in transcript, he seemed to want to say a lot, but cautious at times.
- There were concerns about safe spaces to talk in his account and I suppose leaving me with a feeling of wanting to uphold a safe space and privacy for him.
- Need to let those ideas go be open to new themes as well as balancing knowledge of connections with other themes afterwards.

Charlotte's Transcript

- Last transcript to be analysed, seemed to express interesting comments, although there was a sense of hesitancy in responses and overall, perhaps gave shorter responses.
- I am therefore wondering whether there may be less content there in the transcript? To put that idea to one side.
- Also, to put to one side all previous themes and allow unique nuances from this transcript to emerge.

Sophie's Transcript

- Seemed like a very interesting, rich interview.
- Seemed slightly different interview as she was from a different training programme.
- Was struck by the sense of the importance of the personal in supervision.
- Need to try and drop to one side any bias from knowing participant is from a particular course and open up to nuances from this transcript.

Naomi's Transcript

- Again, seemed to have a different feel to the first six interviews. Need to keep open mind in analysis and search for emerging themes afresh before going back to original analysis.
- Seemed very friendly and open, although I felt like there was an emphasis on reporting the good experiences of supervision and training.

Julia's Transcript

• Carried out over the phone, so I was concerned that this may influence the data. I felt more conscious of trying to establish connection/rapport over the phone.

• Seemed open and talked about positive and negative experiences of supervision. Perhaps still a bit guarded. Need to put to one side all previous themes and allow unique nuances from this transcript to emerge.

Paula's Transcript

- Seemed very talkative and eager to talk about issues surrounding anticipated transition.
- Impact of personal life events emerged quite strongly and participant asked for certain things not to be included in the write up to protect confidentiality.
- Aware feeling need to sensitive towards maintaining confidentiality and wanting to be open to the richness and depth in her account.

Frequency of Superordinate Themes and Sub Themes for Participants

Superordinate Themes	Sub Themes	Number of participants
The Development of the Professional Self	Individuation	All
	The Personal and Professional Self	
	Programme Support	
The Supervisory Relationship	Containment	All
	Flexibility	
	Dynamics of the Relationship	
The Development of Supervisory Perspectives	Supervisory Experiences	All
	Ideal for Self	
	Interactions with Peers	

Frequency of Superordinate Themes and Sub Themes for Participants

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Book

Paloutzian, R. F. (1996). Invitation to the psychology of religion (2nd ed.). Boston: Allyn and Bacon.

Book with More than One Author

Natarajan, R., & Chaturvedi, R. (1983). Geology of the Indian Ocean . Hartford, CT: University of Hartford Press.

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