
Supervisors-in-Training: The Experience of Group-Format Supervision-of-Supervision Superviseurs en formation : La méta-supervision vécue en groupe

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ABSTRACT

Using procedures inspired by Consensual Qualitative Research methodology (CQR), we examined the transcripts of 10 doctoral students who had been interviewed about their experiences participating in a supervision-of-supervision (SOS) group while currently providing supervision to master's-level counsellors-in-training. Five categories were identified: (a) SOS as a valuable context for professional development, (b) the benefits of SOS, (c) the role of the supervisor in SOS, (d) hindering aspects of group-format SOS, and (e) frustrations with the structure of SOS within the curriculum. These categories are elaborated, and a discussion and implications that flow from them are presented.

RÉSUMÉ

Des procédures basées sur la méthodologie de *Consensual Qualitative Research* servent à l'analyse de transcriptions d'entrevues menées auprès de 10 candidats au doctorat participant à un groupe de supervision de la supervision (SOS) au sujet de leurs propres activités de supervision dans la formation de conseillers au niveau de la maîtrise. Cinq catégories ont émergés : (a) la supervision de la supervision comme contexte propice au développement professionnelle, (b) les bienfaits de la SOS, (c) le rôle du superviseur des superviseurs, (d) les défis inhérents au format de groupe, et (e) les frustrations reliées à la structure de la SOS à l'intérieur du programme d'étude. Une discussion suit sur ces catégories et des implications qui en découlent.

Given that clinical supervision is emerging as a distinct clinical competency, efforts are being made to differentiate the activities of a clinical supervisor from those of a counsellor or therapist. This is a necessary step if we are to crystallize its discrete identity and practice domain (Bernard & Goodyear, 2014; Falender & Shafranske, 2004; Milne, Sheikh, Pattison, & Wilkinson, 2011). Additionally, establishing supervision-distinct competencies is a precursor to creating training interventions and programs with goals and outcomes specific to the practice of supervision (Falender et al., 2004). However, as comprehensive curricula and

training practices are somewhat of a distal reality (Hadjistavropoulos, Kehler, & Hadjistavropoulos, 2010), our efforts continue to be focused on understanding the actual processes of supervision training. This knowledge can be used as a scaffold for articulating what will constitute *best practice strategies* for the training of supervisors.

While many supervisors working today do so without the benefits of previous formal training (Peake, Nussbaum, & Tindell, 2002), the current generation of trainees, especially at the doctoral level, can expect at least didactic coursework on the topic, with most receiving a combination of didactic and experiential training. It should come as no surprise that formal training in supervision is seen as valuable (McMahon & Simons, 2004; Milne & James, 2002) and that engaging in a variety of training activities (including the provision of actual supervision) has positive impacts on supervisory development (Lyon, Heppler, Leavitt, & Fisher, 2008). Training in supervision has been shown to impact competence and professional identity (Baker, Exum, & Tyler, 2002; Ronnestad, Orlinsky, Parks, Davis, & the Society for Psychotherapy Research Collaborative Research Network, 1997; Ybrant & Armelius, 2009). However, as Watkins (2012a) recently cautioned, “Supervisor training may well have an impact, but that is by no means a solidly established empirical reality” (p. 299).

Most supervisor trainers would agree that didactic learning is amplified and consolidated when it is twinned with an experiential component, that is, when the supervisor-in-training (SIT) is able to provide supervision to a trainee (usually at an early level of clinical development). For both clinical and ethical reasons this activity is monitored by the SIT’s supervisor, who provides supervision-of-supervision (SOS), sometimes referred to as “consultancy.” Although SOS can take various approaches (e.g., group supervision with SITs at similar levels of professional development), its function is to provide an apprenticeship model of practice where the trainees can move through the various supervisory tasks above the safety net of an experienced supervisor (Bernard & Goodyear, 2014). As with clinical trainees, SITs must confront the familiar issues of anxiety and lack of confidence; SOS meetings occurring early in the training process can focus on providing SITs with structure and guidance (Russell & Petrie, 1994).

As the SIT gains experience and confidence, the SOS increasingly focuses on interventions and other events, such as parallel processes (Stoltenberg, 2004). Recently, Watkins (2012b), drawing on the work of Jerome Frank (Frank & Frank, 1991), wrote about how the supervisor “remoralizes” SITs as they struggle with debilitating emotions and professional doubts. Implicit in the foregoing is a developmental framework (Stoltenberg, 2004) within which the trainee is supported and challenged through what are considered fairly universal tasks and events. In a slightly different vein, Ellis and Douce (1994), based on their supervisory experiences, described recurring issues in the supervision of SITs as a guide for supervisors using a group SOS format. Indeed, while the experiential nature of SOS garners ongoing praise and support, its contribution to the overall development of the supervisor remains somewhat unknown.

As efforts to improve the education and preparation of clinical supervisors continue, there will be increasing focus on qualitative descriptions of the process as well as ultimate outcomes of training (e.g., mastery of competencies). Thus, we can honour both sides of the learning process by using empirical measures and grids to track specific learning while also attending to the unique personal reactions and reflections of SITs to help us better understand how the learning takes place. For example, Baker et al. (2002) found that doctoral-level trainees in a supervision practicum significantly increased their scores on a self-report measure of supervisory development from the beginning to the middle to the end of training, while the control group of students, who were not enrolled in a practicum, did not. Given that these groups were matched with regard to levels of training, it would appear that the experiential component not given to the control group was responsible for these differences. What is also interesting is how interviews conducted as assessment at the time revealed less uniform development across competency domains and pinpointed specific areas of need not tapped into by the pencil-and-paper measure. Using multiple sources as evidence at different times in the SIT's development can allow us to tailor learning or remedial strategies in a more efficient manner.

Clinical training at all levels involves a cascade effect in which the competence of each actor, from supervisor to SIT to trainee, impacts the training system. While the client is the eventual beneficiary of these efforts, good training and supervision do make for more effective therapists (Gonsalvez & Milne, 2010; Wheeler, Aveline, & Barkham, 2011). By extrapolation, good training of supervisors should make for more effective supervisors. Yet, while we put faith in the belief that training is important, there is very little research about the actual processes of training. It is for that reason that we turn our attention to SITs' experiences of supervised supervision, from here on referred to as supervision-of-supervision (SOS) experiences. When SITs do receive training, they are usually exposed to didactic and practical learning, but it is the practical (i.e., experiential) that is the greater challenge and ultimately has the most impact on learning the fundamental interventions of supervision (Borders, Rainey, Crutchfield, & Martin, 1996; Milne & James, 2002). Our study was guided by two research questions: (a) What are SITs' experiences of group-format supervision-of-supervision? and (b) How do SITs perceive the supervision-of-supervision's contribution to their supervision practice?

METHOD

This study was part of a larger research project that included an investigation of SITs' perceived positive and negative experiences providing supervision to novice therapists (Gazzola, De Stefano, Thériault, & Audet, 2013, 2014). However, only the portions of the interviews related to the SOS experiences were analyzed for this manuscript. Data analysis was conducted using procedures informed by the consensual qualitative research method (CQR; Hill, Thompson, & Nutt-Williams,

1997; Hill et al., 2005). CQR is popular among counselling psychologists and has been used extensively to study topics related to clinical supervision (Hill, 2012). Like other qualitative methods, CQR uses an inductive approach to analyze interview transcripts for ideas and themes. Key to the CQR method is the use of clinical judges and auditor consensus on the data analysis. Judges independently code each transcript; following the coding of each transcript, judges meet to arrive at a consensus regarding each identified category. An additional step in this process is the use of an auditor, independent of the judges, who verifies that the derived ideas (e.g., open codes, categories) are consistent with the interview transcript. The process cycles through a series of steps that include determining domains (i.e., general content areas), open codes (i.e., main ideas of each participant), and categories (general themes). The categories are tracked across multiple participants to arrive at an overarching set of findings (Hill et al., 1997). CQR captures rich qualitative information in a succinct manner (Hill et al., 2005). Although CQR traditionally charts the frequencies of categories across cases, this aspect of the method has been criticized because it is based on the erroneous assumption that truth lies in commonality (Stiles, 1997). For this reason we have opted not to include frequency counts.

Participants

Ten graduate students who had completed their first year of doctoral studies from an accredited counselling psychology program in a large Canadian city agreed to participate in the study. These 10 participants represented two cohorts of a counselling psychology program over a two-year period (i.e., 7 doctoral students in one year and 3 doctoral students in the following year). The sample consisted of 9 women and 1 man from two consecutive academic years. The participants' ages at the time of the interviews ranged between 25 and 31 ($M = 27.9$, $SD = 1.72$). The participants' theoretical influences were described as psychodynamic (1), humanistic (1), cognitive-behavioural (1), educational/behavioural (1), feminist (3), multicultural (1), and integrative (2). The doctoral students (i.e., SITs) offered weekly group-format supervision to MA counselling trainees (with one individual supervision session once a semester).

Group meetings were 3 hours long, during which each trainee would bring a recent sample of their video-recorded work with a client to serve as a context for the trainee's supervision question or concern. Individual meetings at the end of each semester were typically of 1-hour duration. The SITs were in turn supervised by a faculty member in weekly group-format supervision-of-supervision, with individual meetings when required. The supervisor training spanned an academic year (September to April) and is a program requirement that earns course credit for the students. Given that the first author supervised all 10 participants in group-format supervision-of-supervision, participants were informed verbally and in writing via a detailed consent form that the first author would not be privy to the interviews in either audio or transcribed format. The first author would only see aggregated results with all identifying information removed.

Supervision-of-Supervision (SOS)

As with other similar programs, SOS used a group format for 90 minutes weekly for 26 weeks spanning two semesters. The initial period (approximately six weeks) focused on (a) didactic instruction (i.e., presentation of models and other theoretical material), and (b) orientation to the administrative functions of supervision. For the remaining 20 weeks, SITs came to the SOS meetings with a supervision issue or question that was presented for discussion to the entire group. In tandem with this, specific articles were assigned and discussed, and these were often tailored to the particular issues or events that the SITs were encountering in their groups. The role of the SOS supervisor was to facilitate the learning and development of the SITs through a review and discussion of didactic materials (e.g., articles, book chapters) and, more importantly, to guide and monitor their week-by-week supervision of their trainee group. Their observations of self (i.e., self-reflection) and their weekly experiences with providing supervision were the core of SOS discussion. The overarching goal of the SOS course was to instill some initial mastery of the goals, tasks, and methods of effective clinical supervision.

Researchers

The researchers were counselling psychologists with a range of clinical and supervision experience of between 10 and 30 years. The second author, who had no prior knowledge of the participants, interviewed all 10 participants. The third and fourth authors conducted the initial coding of the transcripts. The second author also served as the primary auditor. Once the categories were derived and supporting verbatim statements were identified, the first author conducted a second series of audits of the derived codes to ensure that the categories were accurately labelled and that the verbatim statements supported the categories. All four researchers were familiar with the CQR method and had used it in previous studies.

Procedure

Participants were informed of the goals and purpose of the study, and each gave informed consent prior to the interview. Each participant was told of the project's ethics approval and that they could withdraw at any time. Each of the participants was informed that they would receive a \$50 honorarium regardless of their decision to remain or withdraw from the study. None of the 10 participants withdrew their participation.

A semistructured interview was developed and piloted by the research team over a period of approximately four months. The focus of the interview was on the participants' experiences of conducting supervision as well as their SOS experiences. Audio-recorded interviews were transcribed verbatim by a research assistant and later checked for accuracy by a second assistant. Each participant was interviewed after their first year of doctoral studies, during which time they had been required to supervise the work of master's-level counsellors.

Identifying core ideas and categories. Interviews were transcribed and all identifying information was removed prior to any coding of data. Data analysis started

with the primary auditor reviewing the research aims of the study with the two clinical judges and establishing the steps involved in the CQR method. Following this meeting, the two judges independently coded one transcript for initial ideas and patterns of ideas. This was facilitated by using the research questions as a first set of *domains*, or overarching themes, which could encompass several core ideas.

Core ideas. The judges independently coded each transcript and identified what they believed to be core ideas, which are succinct phrases that capture the essence of the participant's experiences conducting supervision. At this stage, efforts were made to have core ideas reflect explicit meanings and phrasing as close to the wording of the participant as possible. The judges then met to arrive at consensus regarding the emerging core ideas. The auditor then charted the core ideas and met with the judges in order to ensure that the core ideas reflected the raw data. The primary auditor presented the charted data to the second auditor for verification. Discrepancies or disagreements were returned to the judges until consensus was reached. Once the core ideas were charted to the four researchers' satisfaction, the process was repeated for successive transcripts. Data analysis was an iterative process; previously charted data were continually refined as new core ideas emerged with each transcript.

Categories. Core ideas were reviewed for each case by the first auditor. These were then presented to the second auditor for verification. A compilation of these core ideas for all 10 cases was examined by the first auditor across the cases, and the core ideas were reorganized from an initial group of statements that closely reflected the actual responses of the participants to a more abstract set of statements that captured the implicit meanings of these ideas (Nelson & Friedlander, 2001). We referred to these more refined themes as *categories*. Once the second auditor verified that these general categories captured the themes and ideas expressed by the participants, they were returned to the first auditor who then presented the data to the judges for their input. A consensus procedure was employed at every step of the data analysis process. At no time during the data analysis did the second auditor have access to any of the transcribed interviews.

RESULTS

Five categories emerged from the data: (a) SOS is a valuable context for professional development, (b) the benefits of group-format SOS, (c) the role of the supervisor in SOS, (d) the hindering aspects of a group-format SOS, and (e) frustrations with the structure of SOS within the broader program. The first four categories each had several subcategories. These will be described and further elaborated by discussing the subcategories that contributed to the category along with an illustrative quote from 1 participant.

Category 1. SOS Is a Valuable Context for Professional Development

This category highlights some of the processes that were seen as contributing to their effectiveness as SITs. These processes are further delineated in the following four subcategories.

SOS is a place to process supervision events and generate solutions. This subcategory underscores the initial tentativeness and lack of experience that was part of this new professional activity. The SOS group became a crucible for the narratives of what they saw in their supervision groups. Within this crucible, challenges were discussed and potential solutions generated. When a particular idea or intervention emerged from the discussion, it was often accompanied by considerable support from the entire group. For example, in the following quote we hear one participant talking about how difficult it was to address a particular issue with a supervisee and how processing this anticipated difficulty in the SOS group allowed her to develop more confidence:

being able to process that with my own supervisor and with my colleagues. . . . we came to sort of an idea or resolution that this was something that needed to be addressed again; we couldn't let it slip with this particular student . . . that we did need to somehow broach this topic, but we kind of negotiated that the best way to do that would be kind of one-on-one.

SOS is an opportunity for self-care. While solution-finding was definitely a function of the SOS group, participants also talked about how supervision in general is essential for self-care and personal well-being. Group format supervision became a way to encourage self-nurturing and to gauge the stress levels among doctoral peers. The following verbatim remark demonstrates how learning was transported from the SOS group to the SIT's supervision practice; as self-care emerged as a topic in the SOS experience, it encouraged the SIT to engage in parallel discussions in the groups she supervised: "Not only by how we're going to handle our case, or our clients, but also to check in with our mental (laughs) status at the time. And I thought that was very important as well." In this example, the SIT refers to the specific responsibilities of monitoring the trainees' work with the client but also of checking in on the trainees' general well-being.

SOS allows the consolidation of didactic learning. While the first two subcategories in this section refer to the specific techniques and tasks that were being added to their supervisor skills toolkit, the third subcategory alludes to how the SOS experience crystallized their appreciation for the topics and content that are part of the domain of supervision. Throughout several narratives was the observation that the research literature or discussions of specific theoretical articles were actually being materialized in their own groups of trainees. For example, one participant points to the developmental processes that she observed, which infused the theoretical learning with something real and tangible. She said:

Hearing what was going on in the other groups you could see like some of the developmental tasks that [the supervisor] was teaching us about; like you could see it happening in everyone's group. Like sometimes it would happen a little quicker like the month before but it seemed like everyone's supervisees went through many similar stages.

SOS widens the supervisor's (SIT) perspectives. As the didactic became reflected in the real-life experience of supervision and as doctoral supervisees were able to

share these experiences, there seemed to emerge a broadened framework for the supervisory process that was often catalyzed through unexpected moments of participation. In this quote we see a personal description of the essence of SOS:

It was kind of open-ended in that each group got to kind of check-in and then from that we would pick, our supervisor would pick out the themes each of the groups is talking about, and so it was interesting to then be able to talk about those themes and as a group talk about each of our individual experiences, but also what it meant in the bigger picture of learning and how to supervise.

Category 2. Benefits of Group-Format SOS

This second category speaks to the positive value that participants derived specifically from the SOS experience occurring in a group format. This value can probably be best described as a dynamic interplay between giving something to the group in the form of sharing of experience or feedback and receiving something in return, most notably in the form of validation and support. There are two subcategories, which will be detailed below.

Being supported by peers. The support that each SIT received from his or her peers in the supervision group consistently emerged as an important element of the positive aspect of the experience. Although the support of the supervisor was also mentioned as key, it was the general sense of camaraderie and the openness that the group had with each member that was highlighted as a real plus of the experience. Although only alluded to, there was also the sense that the group was a place where SITs could show vulnerability as novice supervisors struggling with unfamiliar tasks. In the following quote we see how one participant remembers an important part of the SOS group:

So we would spend a lot of time kind of venting. Problems we have, frustrations. Which was very helpful because like a few times in a few particular situations some students [*i.e., trainees*] made comments to me that I felt off put by, and you know my fellow supervisors were also my colleagues and we were in the same level of PhD, and they said “No no you don’t think about that in that way because that comment was inappropriate and don’t lose sleep over it.” And so it kind of made me better because coming from a fellow colleague you kind of feel better like “What, I’m not going to start worrying and obsessing about that.”

Vicarious learning. An additional benefit from group SOS was the learning that came from witnessing the struggles and issues of each SIT and from indirectly participating in the resolution of these struggles by providing feedback and suggestions. One participant stated: “[W]hat I really enjoyed was that I was able to listen about other people’s issues working with their supervisees.”

Category 3. The Role of the SOS Supervisor

The SOS supervisor seemed to take a back seat to the impact that the group had on the SITs, but there was nonetheless an acknowledgement of that role,

primarily as a facilitator and a catalyzer of the discussions that took place. In the narratives, three specific functions emerged that are briefly described in the following subcategories.

The supervisor's felt presence. This subcategory speaks to the SOS supervisor as being somehow present in their actual supervisory sessions. This may be in part because SOS was usually on the same day as their supervision meetings and the recency of that event may have been “top-of-mind” for the SIT. As one participant put it, “[I]t’s that idea of like when you’re being challenged, you’re not alone. I’m not the only person in the room.”

A sounding board and a consultant. Participants often spoke of their interactions with the SOS supervisor as being collegial and collaborative, which may actually reflect the development of confidence in their own abilities as supervision unfolded. Certainly what was absent was the sense that the SOS supervisor was directive or told the SITs what to do as in these two verbatim quotes from different participants:

Really it was much more like, “What do you think about this?” ... And he would say “Well, what do you think about it?” And it was much more like a consult. It felt much more like consulting than it did like supervising.

I guess it was important that the supervisor was supportive. So he provided a kind of sounding board, or a place to listen and to work through what you were struggling with.

Offering new ideas, support, and challenge. Apart from the supportive consultative function of the SOS supervisor, there was also mention of how the supervisor was able to challenge the SITs, especially in helping them reflect on their own choices and behaviours in the supervision group. As one participant put it, “I think for the most part I really like supervision and being able to get the feedback in terms of new ideas, being questioned on like well how come you chose this as opposed to this?”

Category 4. Hindrances of Group-Format SOS

While the participants in our study reported many positive benefits of the SOS experience held in a group format, they also reported a number of drawbacks to their experiences. The group was seen as a useful and interesting learning format, but it was also seen as an impediment in some instances. In particular, disclosure and honesty were at times hampered, and the reasons for this were not entirely clear to participants. While peer support was a definite benefit of the group, there were also instances where competition, conflict, or indifference among the various members was evoked that created obstacles to full group participation. There were three subcategories, including personal characteristics or interpersonal styles of the participants or the dynamics of the group itself.

Personal intimidation. For the less verbal and perhaps more introverted SITs, opening up to a group of peers within the context of a facilitated group was a challenge that at times impacted participation of a small number of participants.

Indeed, two participants would have preferred individual supervision. One participant clearly identifies how her own temperament restricted her overall level of participation:

So sometimes I felt like I didn't have much in common with the other supervisors, and that what I was experiencing just wouldn't be as interesting or relevant to the discussion so ... Also I'm a bit shy, so having group supervision, well anything in a group, is a bit harder for me.

Interpersonal tension. While a shy temperament could certainly impact participation, there were instances of intermember tensions that were seen as debilitating to participation. Whether it was a symptom of competition or some other negative dynamic in the group, there were clearly instances when peer relations and feedback did not always go well. One participant here describes the subtle pressure and the ensuing sense of guilt when she was not completely honest with her peers:

I felt the most guilty saying like, "Oh my day was great!" and going on about it, and it's not that I'm trying to cover up (because) I would say if I had a bad day, I would definitely bring it up. But it felt like I couldn't be as honest because people would sort of give me a look like "Here we go again" or they devalue the work and say things like, "Well you just have an easy group."

Situational indifference. Many of the issues and conflictual events seem to run in tandem in all of the groups, but there were instances where a particular problem or situation was so unique that the larger discussion often disheartened some members. Witness one participant's account:

and the other thing too was some would complain about say, one student all the time, and it'd be just this over and over again. And you feel like how is this going to help me? When it's like not my problem.

Category 5. Frustration with the Structure of SOS Within the Broader Program

Frustrations within the context of their actual group supervision sparked broader discussions about professional education and about how to best organize the training agenda itself. Thus larger program issues often became a focus for the SOS discussions, and suggestions for changes came from their recent personal experiences. These larger discussions were typically stimulated by a problematic trainee who continued to be a source of conflict within their supervision despite the group's suggestions and their attempts at intervention. While SITs became resigned to the fact that even good supervision can't solve all problems, they remained somewhat ambivalent about how supervision actually helped them deal with problematic events and trainees. For instance, one participant stated, "It was helpful. But it still didn't solve the problem. So I guess I was a little bit frustrated." Generally there was a sense that the parameters of their influence were limited, and this seemed to create a sense of helplessness. Here we see a participant feeling disempowered and disappointed by the fact that problem students were not dealt with effectively by the program:

I wouldn't say it never happened but very little. The discussion was more okay maybe the department should write a letter to this student or should warn this student or yah this cohort is this kind of group.

Added to the frustrations of dealing with problem trainees was the request for additional time in SOS; the allotted course time was seen as insufficient, especially when confronted with conflictual issues. For example, one participant felt that more time was needed in SOS to focus strictly on what is going on in the supervision: "I guess this was my feedback at the end of the year, I think that we need to have that hour or hour and a half to debrief." A similar sentiment was amplified by another participant who wanted an additional course or module: "But I feel there needed to be another hour or hour and a half maybe at some other point in the week, where we talked more academically about supervision. You know, what's the latest research out there?"

DISCUSSION

This study examined the perspectives of SITs regarding their group format supervision-of-supervision. SOS is a common feature of many training programs in mental health, yet little is known about how SITs experience this component of their training. The findings from the interview of 10 doctoral students in counseling psychology yielded five broad categories.

What stands out in our findings is the extent to which the group was seen as a central force in their overall professional development. The group itself seemed responsible for a considerable amount of learning and, while this was welcomed, the group experience was not without its share of conflicts and problems. On the positive side, the ongoing give-and-take, especially the opportunity to observe the all too familiar challenges of colleagues, probably had a loosening effect on their initial defensiveness and rigidity. Even though participants knew each other from previous coursework, being entrusted with the task of supervising beginning counsellors meant that they had to perform a new set of skills at an expected level of competency. The nature of group-format SOS made this performance an unavoidably public event. Yet, the openness with which participants shared their struggles and lack of confidence undoubtedly created a climate of receptivity and attentiveness to the entire experience. So, while acknowledging that they were all dealing with similar issues and challenges, listening to how these were handled by their peers became part of their vicarious learning. Both the indirect and the explicit learning were strengthened by engagement in mutual problem solving where generating workable suggestions with and for each other contributed to their own self-esteem and self-confidence. This is no doubt because the impetus to try newly generated tasks and interventions was catalyzed by support and validation from the group and the SOS supervisor. Indeed, it would seem that the ability to have a receptive audience for reports of difficulty, to recognize that these difficulties are shared by others, and to engage in a collaborative exercise of co-creating solutions and strategies enhanced the value of supervision in their minds.

While the group was viewed as a positive vehicle for learning and development, it was also a place for instances of misunderstandings and interpersonal blunders. The group was seen as supportive, especially early on in the life of supervision, but with time participants experienced occasions where the initial enthusiasm for the group was tempered by other factors. Groups and group work have been well established as modalities for supervision and other services, and their benefits are well known (Ray & Altekruze, 2000; Sundin, Ögren, & Boëthius, 2008). However, there are many instances where a group is not the best place to process all aspects of supervision (Enyedy et al., 2003). For one thing, groups can accentuate an individual's sense of shame and failure, and it was obvious from some of the experiences of our participants that they would have preferred full individual supervision. Individual supervision certainly allows for a more intimate processing of the personal issues that might interfere with supervision and, although an extremely cohesive group might still be able to establish the safety to do so, it is perhaps unrealistic to expect that a group of graduate students would be able to achieve this within a two-semester (90 minutes a week) time frame. In fact we saw how intermember tensions were expressed through sarcastic comments that changed the participation pattern of those individuals targeted by untoward remarks.

The SOS supervisor had a more distal presence in the narratives of our participants. Although they acknowledged that support and challenge were readily forthcoming, there was less focus on his involvement. Perhaps this supervisory posture was deliberate and the intent was to give greater responsibility to the group members for creating their own supervision learning. After all, these participants came to doctoral studies with considerable previous academic and clinical experience that included having been exposed to several clinical supervisors in the past. Thus, while this was indeed their first experience providing supervision, they certainly had had previous role models that they could copy, replicate, or discard as they developed their own supervision style.

Our findings also reveal regrets and unfulfilled promises, and at times the SOS group became a forum for a discussion of broader training and education matters. This was often stimulated by events around student evaluation and the proper course of action when attempts at remediation seemed to be failing. The fact these complex issues were not readily solved within a two-semester time frame left those participants who had been dealing with a problematic trainee with a sense of frustration and failure. University programs need to protect a student's privacy vis-à-vis evaluation, and so the outcomes of those trainees not meeting the demands of training is something that is outside their sphere of influence and knowledge.

LIMITATIONS

The limitations of this study parallel those of similar qualitative studies, and any transferability of findings ought to be considered with caution. There are several limitations to the transferability of findings in this study. First, our 10 participants were treated as a single group of doctoral students receiving group-format super-

vision for their supervision. In fact, these were two separate groups of doctoral students (a group of 7 in one academic year and another group of 3 participants the following year). Although it is true that the format of the supervision was fairly similar across these two academic years, there are some obvious differences between the two groups that may have impacted the findings. The most obvious is the size of each group (i.e., 7 vs. 3). This may have impacted participants' experiences within the group-format supervision, especially those participants who reported a certain level of discomfort in the group format and preferred individual supervision. Further, the Master's students being supervised are also from two different cohorts. This difference may have provided an interesting variety in the dynamics within the supervision groups.

A second limitation is the sex ratio in our sample. We interviewed all 10 doctoral students that were part of the program in these academic years, and there was only one man in this group. This is fairly consistent with the sex ratio of the students in this program, but it nonetheless would have been interesting to have a more balanced sex ratio.

A third limitation is the role of the first author, who provided the SOS to all 10 of the participants. The first author did not interview the participants and was not privy to the raw data (i.e., he was only provided with isolated quotes and category scheme, and all identifying information was removed). However, it is possible that by virtue of being associated with this study the participants experienced a pressure to provide desirable responses that favoured positive experiences over negative or hindering aspects of the SOS experience.

Finally, we obtained participants' recollections of their experiences after the fact. What was recalled may have been influenced by current subjective experiences. Conducting interviews throughout the SOS process at various points in time would have provided richer data that would more accurately capture participants' experiences closer to the actual time of the experience.

IMPLICATIONS

This study was stimulated by interest in how doctoral SITs experienced their group SOS so that we could begin to draw on their observations of events and processes that were salient in their development. To extend what has become a familiar phrase in the field, group-format supervision of supervisors is widely practiced but not well researched (Prieto, 1996).

A review of our findings suggests some very broad implications for the group supervision of beginning supervisors. The group process itself seemed to be front and centre in the participant narratives. This suggests that the modality of offering supervision in groups is useful to novice supervisors' learning and development. While various supervision modalities each have their own characteristics and advantages, group SOS continues to be a staple of many programs precisely because of its efficiency and overall benefits (Bernard & Goodyear, 2014). Findings from our study parallel those of group supervision in general (e.g., Riva &

Cornish, 2008) in that our participants recognized that learning from their peers and hearing alternate hypotheses and points of view are primary benefits of the SOS experience. This suggests that establishing parameters and conditions for maximizing the members' openness and receptivity to each other's ideas is a primary task of the SOS supervisor and a group norm that needs to be established, maintained, and repaired.

For the SOS supervisor, this suggests that attending to the group climate and especially the cohesiveness among members may be more important than the supervisory alliance. While the SOS group is certainly not a treatment context, it seems reasonable that a portion of the SOS should be structured to include activities designed to foster group cohesiveness. We see, for example, that in nontherapy contexts (i.e., task groups) cohesiveness is related to performance effects (Mullen & Copper, 1994). Thus, the remoralization that Watkins (2012b) speaks of may actually be achieved by mobilizing those helpful features that are unique to the group dynamic.

That the SOS became a forum for the discussion of the specific issues related to how the training program handled disruptive students might suggest a discomfort in addressing trainees' sense of their incompetence. Perceptions of (in)competence is a grey zone out of which easy answers seldom emerge. SITs struggling with this aspect of their role may feel betrayed when unable to rely on systemic policy, procedure, and muscle to endorse their interventions and decisions. Revisiting the rights and responsibilities of both SITs and supervisor might help alleviate some of the anxiety that problematic trainees engender (McCarthy et al., 1995). However, reminding new supervisors that gate-keeping is an important responsibility of the supervisor may help empower them to make difficult decisions.

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