A Qualitative Examination of Trainee Perspectives on Cognitive Behavioural Supervision

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Abstract

Cognitive behavioural therapy (CBT) is the gold standard psychotherapy for many psychiatric disorders and evidence suggests that it is effective whether delivered by experienced therapists or trainees under supervision (Forand et al., 2011). While many different models of supervision exist, cognitive-behavioural supervision (CBS) parallels CBT in structure and form, which can help trainees learn through processes such as modelling (Beck et al., 2008; Milne, 2006). Although trainees identify supervision as integral to their development, little is known about what they appreciate most from supervision. The aim of this thesis was to explore what CBT trainees found most and least helpful from individual CBS meetings. Trainees completing a CBT rotation at a teaching hospital received weekly individual supervision by staff psychiatrists and psychologists. Trainees completed a supervision satisfaction questionnaire, which included two open-ended questions describing what they found most and least helpful following each supervision meeting. Responses from 127 meetings were coded according to a CBS framework. In general, trainees seem to appreciate various training methods, especially the practical aspects of supervision that are structured around learning new concepts, skills, or planning the next steps with patients. Although trainees rarely identified aspects with which they were dissatisfied, they identified a lack of collaboration and management as more problematic. Current results underscore the importance of collaboration and integrating specific CBS interventions to promote trainee satisfaction.

Résumé

La thérapie cognitivo-comportementale (TCC) est la psychothérapie de référence pour de nombreux troubles psychiatriques et est efficace lorsque livrée par des thérapeutes expérimentés ou des stagiaires sous supervision (Forand et al., 2011). Bien qu'il existe de nombreux modèles de supervision, la supervision cognitivo-comportementale (SCC) est analogue à la TCC dans sa structure et sa forme, ce qui peut promouvoir l'apprentissage par des processus tels que la modélisation (Beck et al., 2008 ; Milne, 2006). Bien que les stagiaires considèrent la supervision comme étant une partie intégrale de leur développement, nous savons peu de choses sur ce qu'ils apprécient le plus de la supervision. L'objectif de cette thèse était d'explorer ce que les stagiaires en TCC trouvaient le plus et le moins utile dans les sessions individuelles de SCC. Des stagiaires effectuant une rotation en TCC dans un hôpital universitaire ont reçu de la supervision individuelle hebdomadaire par des psychiatres et des psychologues. Les stagiaires ont complété un questionnaire sur leur satisfaction avec la supervision qui incluait deux questions ouvertes décrivant ce qu'ils ont trouvé le plus et le moins utile après chaque rencontre de supervision. Les réponses pour 127 rencontres ont été codées selon un cadre conceptuel de SCC. En général, les stagiaires semblent apprécier diverses méthodes d'enseignement, en particulier les aspects pratiques de la supervision entourant l'apprentissage de nouveaux concepts, de nouvelles compétences ou de la planification des prochaines étapes avec les patients. Bien que les stagiaires aient rarement identifié des aspects avec lesquels ils étaient insatisfaits, ils ont identifié un manque de collaboration et de gestion comme étant plus problématique. Les résultats soulignent l'importance de la collaboration et de l'intégration d'interventions spécifiques de la SCC pour promouvoir la satisfaction des stagiaires.

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"A mentor is someone who sees more talent and ability within you, than you see in yourself, and helps bring it out of you." — *Bob Proctor*

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Contribution of Authors

As the first author, I, Julie Guindon, was involved in the project conceptualization. I reviewed the literature, collected the data, participated in the development of the coding scheme, coded and analyzed the data, and wrote the draft of the thesis and manuscript. Drs. Myhr and Renaud assisted in the project conceptualization, the development of the coding scheme, and provided regular feedback on my work, including editing drafts of the thesis and manuscript. Dr. Renaud was also involved in coding 40% of the data for reliability purposes. Drs. Russell and Whitley provided suggestions and feedback on the conceptualization, method, and analyses. They also reviewed and provided feedback on the thesis.

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List of Abbreviations

CBT: Cognitive-behavioural therapy

CBS: Cognitive-behavioural supervision

CTS-R: Cognitive Therapy Scale-Revised

SAGE: Supervision: Adherence and Guidance Evaluation

REACTS: Rating of Experiential Learning and Components of Teaching & Supervision

DSM-5: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

Chapter 1: Introduction

Rationale

Cognitive-behavioural therapy (CBT) is the most studied evidence-based psychotherapy and the treatment of choice for many mental health disorders (Hofmann et al., 2012). CBT has been found to be effective whether treatment is delivered by experienced therapists or trainee therapists under supervision (Forand et al., 2011). While different models of supervision exist, cognitive-behavioural supervision (CBS) parallels CBT in structure and form; it has been argued that providing supervision in the same model as the treatment may facilitate skill development for trainees through processes such as modelling (Beck et al., 2008; Fischer & Mendez, 2019; Kelly & Hassett, 2021; Milne, 2006; Milne & Reiser, 2017). CBS also satisfies the recommendation of many licencing bodies, including the Canadian Psychological Association (CPA; 2017) and the Royal College of Physicians and Surgeons of Canada (CanMEDS; 2015; Kühne et al., 2019) for competency-based clinical supervision. Although trainees rate supervision as helpful, little is known about what they actually find helpful (Callahan & Love, 2020; Rakovshik & McManus, 2013). Obtaining trainees' perspectives about what strategies are helpful to their learning is thus imperative to foster the development of competent mental healthcare professionals. Therefore, this thesis aims to qualitatively examine trainees' perspectives about what they consider most and least helpful from individual supervision meetings.

Chapter 2: Literature Review

Clinical supervision

Clinical supervision has been defined as "the formal provision by senior/qualified health practitioners of an intensive relationship-based education and training that is case-focused, and which supports, directs and guides the supervisees" (Milne, 2007). Supervision is the primary training method by which clinical trainees across disciplines (e.g., psychology graduate students, psychiatry residents) acquire the competencies to become licenced mental health professionals (Watkins & Milne, 2014). Across studies, trainees consistently rate clinical supervision as highly influential to their practice (Rakovshik & McManus, 2013; Scott et al., 2011).

Although there may be specific requirements set by licensing and accreditation bodies regarding a supervisor's academic and professional qualifications, effective supervisors do not need to be in the same field as their trainees. Regardless of discipline, a supervisor must have the requisite knowledge and competence in the area they supervise and adhere to ethical guidelines of their profession or institutions (Watkins & Milne, 2014). Trainees may be students in professional or graduate training programs, but they can also be professionals engaging in continuing education or desiring to expand their practice in a different field or orientation (e.g., an occupational therapist wanting a psychotherapy licence or a psychologist wishing to specialize in a cognitive-behavioural approach).

According to Milne (2007), the functions of supervision are three-fold and include ensuring that trainees deliver ethical and quality services ('normative' function), developing trainees' competence ('formative' function), and supporting trainees professionally ('restorative' function). Supervisors can have an essential role in helping trainees transfer knowledge and skills from supervision to therapy (Milne et al., 2003), increasing their self-awareness and efficacy

(Wheeler & Richards, 2007), increasing job satisfaction, and preventing burnout (Livini et al., 2012; Milne, 2020; Prasko et al., 2012).

Cognitive Behavioural Therapy and Supervision

Cognitive-behavioural therapy is an evidence-based psychotherapy grounded in learning and cognitive theories (Beck, 2016). It is a short-term, problem-focused, and structured therapy that aims to replace maladaptive patterns of behaviour and cognition (e.g., automatic thoughts, underlying assumptions) with more adaptive ones to reduce symptoms and improve functioning (Beck, 2016; Hofmann et al., 2012). CBT is the gold standard psychotherapy for many psychiatric disorders, including depression and anxiety disorders, obsessive-compulsive disorder, bulimia, post-traumatic stress disorder, psychosis, and insomnia (see Beck, 2011; Butler et al., 2006; Hofmann et al., 2012; Fordham et al., 2021 for reviews). It is also the psychological treatment of choice for many people coping with medical conditions, including migraines, chronic fatigue, or pain.

Until recently, supervisors rarely received formal training in supervision (Falander & Shafranske, 2004). Consequently, many supervisors based their supervision practices on their own experiences of being supervised and on their therapeutic orientation. Although CBT therapists may use various supervision practices to train the future generation of therapists, using a supervision model that parallels one's therapy orientation may help organize supervision coherently (Beck et al., 2008; Milne, 2018). For example, using cognitive-behavioural supervision (CBS) may facilitate skill development for trainees learning about CBT, as it parallels the therapy in structure, form, and process. As in CBT, CBS emphasizes highly structured and agenda-driven supervision meetings and uses various experiential techniques (e.g., role-play, direct observation). Additionally, akin to using symptom measures to evaluate

patients' progress, CBS uses formal, regular evaluations to promote trainee learning (Reiser, 2014).

Although there are many similarities between CBT and CBS, there are also notable differences. A major difference is that while CBT is primarily a therapeutic process, CBS is predominantly a learning process (Prasko et al., 2012). The learning process of CBS can be easily differentiated from CBT by understanding the functions of supervision (i.e., normative, formative, and restorative; Milne & Reiser, 2017). Within the normative function, supervisors ensure that trainees deliver safe, ethical, and effective therapy to their patients. This function includes an evaluative component, as supervisors determine whether trainees become sufficiently qualified to practice independently in their field. In CBS, reviewing videotapes and using measures to evaluate progress (e.g., Cognitive Therapy Scale-Revised; Blackburn et al., 2001) are highly endorsed (Milne & Reiser, 2017). Within the formative function, supervisors have a duty to help trainees attain clinical competence by helping them acquire the necessary knowledge and skills, and by cultivating trainees' self-reflective abilities. CBS strongly encourages experiential learning techniques, such as modelling or role-playing, to achieve this goal. Other methods include using Socratic questioning, psychoeducation, homework, video recordings, providing and eliciting feedback, cognitive restructuring, and guided discovery (Newman, 2013; Prasko, 2012). Finally, the restorative function emphasizes the supervisory alliance, which includes helping trainees manage the difficult emotions that can arise from working as therapists (Milne & Reiser, 2017). Although supervisors should not provide therapy to trainees, supervisors can help trainees develop professional self-care and increase resilience to prevent burnout (Livini et al., 2012; Milne, 2020; Prasko, 2012). Understanding these functions makes it easier to distinguish CBS from the symptom reduction and remission goals of CBT.

For the purpose of this thesis, CBS was conceptualized according to Milne and Reiser's (2017) tandem model, which can be pictured as two people pedalling on a two-person bicycle. In the driver's seat is the supervisor (i.e., "supervision cycle") who directs and leads the trainee (i.e., "supervisee cycle") towards a common goal. Collaboration and other alliance-related variables that reflect the restorative function are at the forefront of supervision (i.e., "common factors"). These common factors are the grease on the wheels that enables the supervisor and trainee to pedal more efficiently towards a destination (i.e., achieving predetermined competencies or goals). Evaluating trainee perspectives within this model is ideal, as it delineates well the roles of the supervisor and trainee, as well as clarifies when and how they should work collaboratively. As such, using this model to examine trainee perspectives allowed for distinctions to be made between interventions led by the supervisor and the learning acquired by the trainee. The common factors were also of interest due to the abundant literature on the importance of the supervisory alliance, which is described later.

Supervision Outcomes

The effectiveness of clinical supervision on trainees' learning has some empirical support. For example, Rakovshik et al. (2016) found that as few as three 30-minute monthly supervision sessions were enough to increase trainees' competence, as measured by a validated observational measure. Alfonsson et al. (2020) found more modest increases in trainee competence using a higher frequency and duration of supervision sessions (i.e., 12 supervision meetings each 50–60-minutes in length). The latter study also reported that trainees appreciated experiential learning methods, such as role-playing and modelling. These methods may have facilitated skill acquisition, however the different methodologies used in these two studies make it difficult to assess the direct impact of supervision on trainee learning. Generally speaking,

there is expert consensus that CBS helps trainees develop CBT skills. In turn, therapist competence may have important implications for patient outcomes.

The direct impact of clinical supervision on patient outcomes is more difficult to assess than the impact of trainee learning (Keum & Wang, 2020); however, some research has found that adherence to CBT protocol can improve depressive symptomology in patients (Shaw et al., 1999; Trepka et al., 2004). There is also some evidence that supervision can positively impact therapist alliance, patient satisfaction, and treatment retention (Bambling et al., 2006). Keum & Wang conducted a meta-analysis and estimated that clinical supervision might account for approximately 4–6% of the variance in patient outcomes, but the studies examined had a wide range of effect sizes based on the outcome measure and the reporter (i.e., patient, trainee, or supervisor). In some cases, the effects of supervision were negative, such as when using the Global Assessment of Functioning (GAF) score as an outcome measure. In other cases, supervision effects were small to moderate, especially regarding client-rated alliance and satisfaction with therapy sessions. Due to the complexity of conducting supervision research, it is not surprising that there are inconsistencies among the studies reviewed by Keum and Wang. More research is needed to further elucidate the circumstances in which supervision might be associated with positive patient outcomes and other conditions in which the impact might be negligible or even negative.

Evaluating Supervision

Evaluating supervision has proven to be a challenge. Not only are there three points of view to consider (i.e., patient, trainee, and supervisor), but there are also many moderators, mediators, and outcome measures that can be focused on (Keum & Wang, 2020). Additionally, more than 150 instruments have been used since the 1980s to measure supervision outcomes, yet

many have not been found to be psychometrically valid or reliable (Wheeler & Barkham, 2014). There are also very few measures that evaluate supervisor competence within a CBS framework specifically, and even fewer that have adequate psychometric properties (Milne & Reiser, 2011). One exception is the Supervision: Adherence and Guidance Evaluation (SAGE; Milne & Reiser, 2008).

The SAGE is an observational measure of supervisor competence with adequate validity and reliability that evaluates the supervisors' teaching methods and the trainees' learning processes. The original measure contains 23 items grouped into three broad categories that match the tandem model, making it particularly useful to assess how well a supervisor adheres to the CBS model (Watkins & Milne, 2014). These categories are the common factors, the supervision cycle, and the supervisee cycle. The common factors, or the core competencies in any type of supervision, include relating, collaborating, managing, and facilitating. The supervision cycle contains 14 items designed to evaluate the supervisor's use of CBS methods, such as using direct observation of trainees, providing and eliciting feedback, teaching, and evaluating trainee competence. The supervisee cycle contains five items assessing trainees' learning, such as how well they can conceptualize or reflect on material, their planning, and their emotional processing of events. Ratings vary from 0 (Incompetent) to 6 (Expert+). More recently, the SAGE was revised to increase accessibility and feasibility (Reiser et al., 2018). The measure was reduced to two categories containing 14 items and eliminated the common factors as its own category. Although promising, the psychometric properties of the updated measure remain unclear (Beckman et al., 2020). Similar issues related to adequate measurement exist in terms of assessing trainee satisfaction.

Trainee Perspectives

There are many measures designed to capture trainee satisfaction with supervision and learning; however, many of these measures focus on specific aspects of supervision, such as alliance (Watkins, 2014). The focus on alliance can be expected considering consistent findings related to the positive impacts of a strong supervisory relationship on trainees' learning and confidence, and the negative impacts of a weak alliance on trainees' levels of disclosure and anxiety (Falender, 2014; O'Donovan & Kavanagh, 2014; Wilson et al., 2016). Although many trainee satisfaction measures exist, the Rating of Experiential Learning and Components of Teaching & Supervision (REACTS; Milne et al., 2011) may be especially useful for examining trainee satisfaction according to the CBS tandem model. The REACTS is a self-report measure to be completed by trainees to provide feedback to their supervisors (Milne et al., 2011). It contains 11 items rated on a five-point scale and two open-ended questions about what they believe was most helpful during their supervision meeting and any additional feedback (i.e., unhelpful events or unresolved issues) they may have. Although the REACTS is not reported to be regularly used in clinical practice, especially outside of the UK, it can be completed in five minutes after a supervision meeting, so regular use in busy clinical settings should be feasible, and it can provide supervisors with valuable feedback (Milne et al., 2011; Reiser, 2021).

Trainees' feedback and perspectives are important to consider, as they have been largely absent from research, and will thus be the focus of this thesis (Callahan & Love, 2020). Additionally, most research on clinical supervision has examined the pan-theoretical concept of supervisory alliance, which Watkins (2014) has described as the "heart and soul" of supervision. Previous research suggests that trainees value supervisors who also act as mentors and role models, and who are passionate about CBT and their role as supervisors (Harms et al., 2019;

Kelly & Hassett, 2021). Trainees have also reported a multitude of factors that can foster a strong alliance, including respect, honesty, warmth, empathy, clear boundaries, and flexibility from supervisors (Harms et al., 2019; Johnston & Milne, 2012). Such qualities, along with knowledge, good communication skills, and being engaging and supportive were found to be equally necessary to promote trainee learning and satisfaction (Harms et al., 2019). Supervision is also important in terms of emotional support, fostering self-awareness and self-acceptance, autonomy, and personal growth (Falender, 2014; Nel & Fouche, 2017; Wilson et al., 2016). Specifically, supervision can help trainees feel more confident and prepared professionally. A strong supervisory alliance is also crucial as it has been associated with increased trainee openness to disclose difficulties with clients (Wilson et al., 2016). Because effective supervision often depends on trainee disclosure, supervisors must create an environment where trainees feel safe or comfortable discussing their problems and mistakes, a task that may be difficult due to the inherent power differential between the dyad (Cartwright, 2019; Callahan & Love, 2020; Falander, 2014; Johnston & Milne, 2012). Therefore, a weak working alliance can not only have consequences on trainees, but on patients as well (e.g., Cartwright, 2019; Callahan & Love, 2020; Patton & Kivlighan, 1997).

Although the supervisory alliance is important, there also needs to be attention paid to other aspects of CBS. Rakovshik and McManus (2013) asked CBT trainees with various levels of experience to rate elements (e.g., theoretical instruction, preparing for supervision), modalities (i.e., supervision, clinical instruction/workshop), and sources of learning (i.e., trainer, peers, self-reflection) on a five-point scale in terms of helpfulness following a 12-week CBT course. They found that trainees rated clinical supervision (small group setting) as having the most impact on learning. Supervision was closely followed by feedback from the supervisor, feedback on

therapy recordings during supervision, and using formative evaluation tools, such as the Cognitive Therapy Scale (Young & Beck, 1980). This study provided support for the importance of supervision and suggested that feedback, evaluation, and using recordings are helpful within supervision.

Other research suggests similar findings. Trainees seem to appreciate supervisors who are attentive to their learning needs, who use a variety of teaching methods, and who structure supervision such that it parallels a CBT session (Kelly & Hassett, 2020; Murr et al., 2020). CBT trainees reported appreciating guidance in setting clear, appropriate goals, clarifying problem formulations, and planning future sessions with patients during supervision (Murr et al., 2020; Tornquist et al., 2018). Tornquist also reported that bi-directional feedback, especially receiving positive feedback from the supervisor and being able to discuss problems that arise with their supervisor, was valued in supervision. Murr et al. (2020) reported on the importance of linking theory to practice (using audio-recordings, discussing case formulations, and using role-play and modelling), mirroring the structure of CBT in supervision, and having a knowledgeable supervisor who can clearly differentiate CBT techniques from interventions used in other clinical orientations.

In sum, research supports the importance of a strong supervisory alliance and points to specific elements to enhance trainee satisfaction with supervision (Harms et al., 2019; Kelly and Hassett; 2021; Murr et al., 2020; Nel & Fouche, 2017; Rakovshik and McManus, 2013; Tornquist, 2018). In addition, although the current literature provides a portrait of generally positive supervision experiences, only a few studies have examined elements of more negative supervision experiences. Evaluating trainees' perceptions of both positive and negative supervision experiences may be important to enhance supervision practices.

Inadequate and Harmful Supervision

Although clinical supervision has been deemed invaluable for trainees, there is also evidence of frequent inadequate or harmful supervision practices (Ellis et al., 2014). Supervision is meant to prevent harm to patients and promote trainees' professional and, to a lesser extent, personal development (Newman, 2013; Milne, 2020). One challenge for supervisors may be setting and maintaining boundaries within the supervisory relationship. This challenge may occur because some of the supervision tasks (e.g., attending to the patient's/ trainees' emotional experiencing) overlap with the tasks supervisors also carry out as therapists. Therefore, establishing clear boundaries and being able to recognize and express if trainees need to consult a therapist externally are important (Falender & Shafranske, 2004; Milne & Reiser, 2017; Younge & Campbell, 2013). These details should be explicitly stated in a written supervision contract (Falender & Shafranske, 2004). The use of contracts can be especially beneficial in this regard because a contract can clearly establish expectations and goals based on trainees' needs, prevents assumptions, and provides a basis for collaboration. Unfortunately, despite their evident usefulness, supervision contracts are not mandatory in many settings, and a significant number of supervisors do not use them in their practice (Hansell, 2017).

In one web-based survey of doctoral psychology interns, Hansell (2017) found that up to three-quarters of the trainees had experienced at least one ethical violation of best practices during supervision. Among the most common issues, the authors reported that about 40% of supervisors did not use supervision contracts, 20% did not maintain appropriate boundaries, almost half offered supervision in areas where they lacked knowledge and experience, and about 25% did not communicate adequate feedback. Nearly 20% of the trainees in the survey perceived their supervisors as encouraging them to try interventions that were above their current abilities,

and only 40% regularly monitored patient progress. These potentially harmful supervision practices were found to negatively affect the working relationship between supervisors and trainees, which can then trickle down to affect patients (Ellis et al., 2014).

In a review of unethical and harmful supervision, Reiser and Milne (2016) noted that the most common problem in supervision lies within the supervisory alliance, often related to boundary-crossing or mismanagement of the power differentials. A weak alliance can impact what trainees are willing to disclose, which can have repercussions on patients (Cartwright, 2019; Callahan & Love, 2020; Ellis et al., 2014; Patton & Kivlighan, 1997). Unfortunately, intentional non-disclosure may be a common occurrence, with up to 95% of trainees deliberately withholding information from their supervisors, either related to patients (e.g., clinical mistakes, patient information, negative patient reactions, countertransference) or the supervision process (e.g., evaluation concerns, disagreements, format, power differentials, lack of supervisor competence; Cook et al., 2018; 2020). Murr and colleagues (2020) also reported on the reluctance of trainees to give negative feedback to their supervisors. Trainees mentioned a fear that criticism towards their supervisor might negatively affect their grades, or they felt like it was not their place to give feedback to their supervisor, which emphasizes the importance of considering the power imbalance between trainees and supervisors. Such problems related to harmful supervision practices could be improved by using supervision contracts (Falender & Shafranske, 2004), evaluations of trainees and supervisors (Blackburn et al., 2001; Milne et al., 2011), and encouraging regular feedback from trainees (Milne & Reiser, 2016).

Current Study

The current thesis is part of a larger project on clinical supervision at the Cognitive-Behavioural Therapy (CBT) Unit of the McGill University Health Center located in Montreal,

Quebec, Canada. The unit is a tertiary clinic that serves an outpatient population of individuals presenting with various DSM-5 diagnoses, including, but not limited to, major depressive disorders, anxiety and anxiety-related disorders, psychotic disorders, insomnia, and personality disorders (American Psychiatric Association [APA], 2013). Notably, most patients referred to the clinic present with multiple comorbidities and have previously completed some form of psychotherapy. Treatment in the Unit consists of short-term CBT (usually 12 –20 sessions) delivered by staff or trainees supervised by staff psychologists or psychiatrists. Most trainees in the CBT Unit are doctoral-level psychology practicum students, psychiatry residents, and fellows seeking advanced training in CBT with a diverse patient population. Typically, trainees complete a 6- or 12-month rotation depending on their academic program requirements. In addition to student trainees, other licensed professionals are accepted for preceptorships to develop their expertise in CBT.

The main objective of this study was to identify what CBT supervision interventions trainees found most and least helpful following each supervision meeting. Given that supervision experiences can be perceived as beneficial or harmful to trainees, and that trainees' experiences in supervision can impact patient outcomes, their perspectives are particularly important to consider (Cartwright, 2019; Callahan & Love, 2020; Patton & Kivlighan, 1997). Therefore, another important aim of this thesis was to give a platform for trainees to share their perspectives on their supervision experiences, perspectives which have been previously neglected in research (Callahan & Love, 2020).

Practically, this thesis could help CBT supervisors enhance trainees' supervision experiences by using more strategies and interventions that they perceive as most helpful for learning. To ensure that only strategies within the CBS model would be evaluated as helpful or

not, the SAGE was selected to qualitatively code trainees' responses to a satisfaction questionnaire (see Appendix A for the coding scheme). This thesis is a first step in establishing supervision practices that are perceived as helpful to trainees and determining whether trainee satisfaction is associated with increased therapist competency or good patient outcomes. The latter point is beyond the scope of this thesis but an important issue for further consideration.

It is anticipated that the results from this research will contribute to providing supervisors with a better understanding of what trainees appreciate from their individual supervision meetings. With greater awareness and understanding of what trainees identify as beneficial for their learning, supervisors may be better able to tailor supervision interventions to trainees' needs and thereby improve patient outcomes.

Chapter 3: Manuscript

A Qualitative Examination of Trainee Perspectives on Cognitive Behavioural Supervision

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Running head: COGNITIVE-BEHAVIOURAL SUPERVISION

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Literature search: Guindon, Renaud

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Abstract

Background: Clinical supervision is the primary method by which mental health professionals acquire the competence to deliver safe and effective therapy. Although many types of supervision exist, using a supervision model that parallels one's therapy orientation may help organize supervision coherently (Beck et al., 2008). Cognitive-behavioural supervision (CBS) parallels CBT in structure and form. Although trainees identify supervision as integral to their development, little is known about what CBS interventions they consider most helpful. **Objective**: This study aimed to identify the supervision interventions and experiences that CBT trainees find most and least helpful in a given supervision meeting. **Method**: Eight trainees completing a CBT rotation at a teaching hospital received weekly individual supervision by staff psychiatrists and psychologists. Trainees completed a supervision satisfaction questionnaire, which included two open-ended questions describing what they found most and least helpful following each supervision meeting. Responses from 127 meetings were coded according to a CBS framework. **Results**: The aspects of CBS that trainees appreciated most were teaching, planning, formulating, training/experimenting, and receiving evaluations on their work. When trainees expressed dissatisfaction, it was mainly related to insufficient collaboration or a desire for more supervision structure and management. **Discussion**: Current results underscore the importance of integrating specific CBS interventions to promote trainee satisfaction. Further suggestions and implications for supervisors are discussed.

Keywords: CBT supervision, clinical supervision, cognitive-behavioural supervision

A Qualitative Examination of Trainee Perspectives on Cognitive Behavioural Supervision

Cognitive-behavioural therapy (CBT) is the treatment of choice for many mental health disorders, and evidence suggests that it is effective whether treatment is delivered by experienced therapists or trainee therapists under supervision (Forand et al., 2011; Hofmann et al., 2012). Supervision can be defined as "the formal provision by senior/qualified health practitioners of an intensive relationship-based education and training that is case-focused, and which supports, directs and guides the supervisees" (Milne, 2007). Supervision is the primary training method by which trainees acquire the competencies to become licensed mental health professionals, and trainees consistently rate clinical supervision as highly influential to their practice (Rakovshik & McManus, 2013; Scott et al., 2011; Watkins & Milne, 2014).

While different models of supervision exist, using cognitive-behavioural supervision (CBS) may facilitate skill development for trainees learning about CBT, as it parallels this therapy in structure and form (Beck et al., 2008). In the last decade, the number of guidelines and training manuals related to CBS has grown considerably (e.g., Milne, 2018; Milne & Reiser, 2017; Prasko, 2012; Sudak, 2016; Watkins & Milne, 2014), yet the topic remains critically understudied (Alfonsson et al., 2018; Milne, 2018). Trainee perspectives have been especially neglected, particularly in settings working with pre-licensed trainees (Kelly & Hassett, 2021). Therefore, this paper aims to investigate trainees' perspectives on the most and least helpful aspects of CBS.

One way to conceptualize the CBS model is Milne and Reiser's (2017) tandem model, which can be pictured as two people pedalling a two-person bicycle. In the driver's seat is the supervisor (i.e., "supervision cycle") who directs and leads the trainee (i.e., "supervisee cycle") towards a common goal. CBS emphasizes specific structures and techniques that distinguish it

from other supervision models. In particular, CBS is highly structured and agenda-driven, uses various experiential techniques (e.g., role-play, direct observation), and involves formal, regular evaluation to promote trainee learning (Reiser, 2014).

Since the 1990s, supervision has become a separate activity from therapy (Milne, 2006). Research is delineating the competencies needed to become supervisors as opposed to therapists, and differences have emerged (Prasko & al., 2012). As such, qualification in CBT does not necessarily translate to competency in CBS and vice versa. Therefore, to establish mechanisms of effectiveness and identify the essential elements contributing to trainee learning and patient outcomes, CBS merits its own rigorous research. However, conducting high-quality research on CBS is not without its challenges. Supervision research is time-consuming, and supervision itself is a complex process involving many actors and potential moderators and mediators (Keum & Wang, 2020). As a result, there is a paucity of empirical research on supervision and research in this area is sorely needed.

Prior supervision research has emphasized the supervisory alliance's role in promoting trainee satisfaction (Keum & Wang, 2020; Watkins, 2014). The pan-theoretical concept of supervisory alliance, which Watkins (2014) described as the “heart and soul” of supervision, is also alluded to in Milne & Reiser’s (2017) tandem model, inasmuch as collaboration and other relational aspects are highlighted through the “common factors”. A strong supervisory alliance is crucial as it has been associated with increased trainee openness to disclose difficulties encountered with clients (Falender, 2014; O’Donovan & Kavanagh, 2014; Wilson et al., 2016). Supervisors must create an environment where trainees feel safe or comfortable discussing problems and mistakes, as effective supervision often depends on trainees’ disclosure of their difficulties (Cartwright, 2019; Callahan & Love, 2020; Falander, 2014; Johnston & Milne, 2012;

Mehr & al., 2010). This task can be difficult due to the inherent power differential within the dyad, which can lead to trainees experiencing fear of repercussions in terms of negative evaluations by their supervisors. If trainees intentionally fail to disclose ongoing problems, there can be negative consequences on patients' progress and outcomes (Ladany & al., 1996), as well as on the supervisors who have legal responsibilities for their trainees' patients (Cartwright, 2019).

Clearly, there is compelling evidence that the supervisory alliance is an important aspect of supervision. However, the supervisory alliance is only one ingredient of quality supervision, and other elements of CBS may be at least as necessary for promoting trainee learning. The extensive range of CBS interventions is captured and defined in Supervision: Adherence and Guidance Evaluation (SAGE; Milne & Reiser, 2008), an observational evaluation measure that reflects Milne & Reiser's CBS tandem model. The SAGE emphasizes experiential learning as the primary mechanism by which CBT trainees acquire the necessary skills to practice therapy (Milne & Reiser, 2017). As such, CBS includes items that capture the basic structure and tools of CBT (e.g., agenda-setting, collaboration, feedback, case formulation) as well as many experiential supervision interventions, including the use of role-playing and modelling, behavioural rehearsal, attention to trainee emotional awareness and experiencing, and experimental practice.

As in CBT, interventions in CBS are grounded in empirical evidence. However, little is known about whether trainees recognize these interventions as they occur or whether they identify them as valuable for their learning process. Some studies examining trainee perspectives suggest that trainees generally appreciate supervisors who are attentive to their learning needs, use various teaching methods, and structure supervision such that it parallels a CBT session

(Kelly & Hassett, 2021; Murr et al., 2020). CBT trainees also report appreciating help in setting clear, appropriate goals, clarifying problem formulations, and planning future sessions with patients during supervision (Murr et al., 2020; Tornquist et al., 2018). Tornquist reported that bi-directional feedback, especially receiving positive feedback from the supervisor and being able to discuss problems that arise with their supervisor, was valued in supervision. Murr et al. (2020) found that trainees want supervision experiences that help them link theory to practice (using audio recordings, discussing case formulations, and using role-play and modelling) and that mirror the structure of CBT. They also reported appreciating having a knowledgeable supervisor who can differentiate CBT techniques from interventions used in other clinical orientations to better assimilate the CBT material.

Although studies suggest that trainees may require a strong supervisory alliance to facilitate disclosure and process the content of supervision (Falender, 2014; O'Donovan & Kavanagh, 2014; Wilson et al., 2016), little is known about what aspects of CBS trainees consider most and least helpful for their learning. Some studies have reported strategies that trainees deem useful (e.g., Kelly & Hassett, 2021; Murr et al., 2020), but research examining trainee perspectives remains inadequate, and no firm conclusions can be made about what trainees want from supervision (Callagan & Love, 2020; Kelly & Hassett, 2021). Therefore, this study aimed to explore further what trainees believe is most and least helpful following each supervision meeting using a CBS framework.

Method

Participants

Participants were eight trainees completing post-graduate training in CBT at the McGill University Health Centre CBT Unit in Montreal, Quebec, Canada. The trainees included four

psychology doctoral practicum students, three psychiatry residents (two second-year and one fifth-year psychiatry resident), and one occupational therapist—all trainees except the second-year residents self-selected to pursue their training at the CBT Unit. The CBT rotation was mandatory for second-year residents. Supervision was provided by two psychiatrists and two psychologists with 3–19 years of supervision experience and a minimum of 9 years of CBT experience. Most patients aged 18 and older met DSM-5 (American Psychiatric Association, 2013) criteria for a principal diagnosis of an anxiety or anxiety-related disorder, a depressive disorder, a personality disorder, a psychotic disorder, or insomnia. The current study received ethics approval from the McGill University Health Center Research Ethics Board (authorization #2021–6889). All trainees provided written and informed consent for their participation in the study.

Procedure

Trainees received 1–2 hours of individual weekly supervision depending on their needs and caseloads. At the first supervision meeting, trainees reviewed and signed a supervision contract with their supervisor outlining expectations for the rotation and the role of the supervisor and trainee[1]. Following each supervision meeting, trainees completed the Rating of Experiential Learning and Components of Teaching & Supervision (REACTS; Milne et al., 2011). The REACTS is a trainee-rated questionnaire about their supervision satisfaction and learning. It contains 11 items rated on a five-point scale and two open-ended questions at the end of the questionnaire, specifically, “Of the events which occurred in this supervision session,

[1] This research occurred in the context of the COVID-19 pandemic; therefore, most supervision sessions were conducted virtually.

which one do you feel was the most helpful for you personally? It might be something you said or did, or something your supervisor said or did." and "Other comments? (e.g., unhelpful events, unresolved problems)". Only the two open-ended responses at the end of the questionnaire were used for the present study. To encourage trainee disclosure, responses were submitted to the research coordinator via email (author JG), and supervisors did not have access to their responses until rotations were completed and trainee evaluations were submitted. All written responses were de-identified and transferred to an Excel document for coding. This step ensured the confidentiality of the trainee and supervisor.

Coding

To assess which CBS supervision interventions were most and least appreciated, trainees' written responses were deductively coded for the presence and desirability of evidence-based CBS interventions. A comprehensive list of supervision interventions was derived from the SAGE (Milne & Reiser, 2008), an observational evaluation tool originally designed to assess supervisor competencies associated with promoting learning in trainees. The SAGE consists of 23 items grouped into the common factors, the supervision cycle, and the supervisee's learning, thus reflecting the CBS tandem model (see **Table 1**). The definitions used for each item were taken from the coding manual (Milne & Reiser, 2008) and a more detailed description of the items found in Milne and Reiser (2016). Clarifications were made to the definitions, as needed, throughout the coding process. Although the SAGE is an observational measure that was not designed to be used by trainees, using it as the coding scheme allowed the comparison of trainees' perspectives on helpful supervision with current expert-derived theory about supervisor competencies in CBS.

Each item on the SAGE was rated independently; therefore, single responses could have been coded as multiple supervision interventions. In other words, each trainee response could be coded with multiple strategies, and strategies could be coded more than once due to overlap between some SAGE item definitions. Each response was coded with the presence or absence of all SAGE items and for the desirability of that intervention. As such, possible codes were a) absent and not wanted, b) absent and wanted, c) present and wanted, or d) present and unwanted.

Inter-rater Reliability

Approximately 33% of the data (n = 41 responses) was coded by two independent coders (JG and JR) to establish inter-rater reliability, as suggested in O'Conner & Joffe (2020). Kappa statistics were calculated to reduce chance agreement (McHugh, 2012). Two co-authors on this paper (GM and JR) are also clinical supervisors at the CBT Unit. Author JR also coded a randomly selected portion of the anonymized responses for reliability purposes. There was a noteworthy experience differential between the two reliability coders, which initially lowered inter-rater reliability. However, coders engaged in rich discussions to resolve disagreements and to ensure follow-up reliability. Adequate reliability was attained for all SAGE items following two rounds of coding (kappa = .90, $p < .001$). No kappa values were calculated for items that trainees did not endorse.

Results

Approximately 92% (n = 127) of the 138 REACTS completed by trainees contained written responses for at least one of the two open-ended questions. Completed responses varied in length, ranging from two to 239 words (M = 37.26, SD = 35.98). Overall, the qualitative analyses showed that trainees appreciated multiple aspects of their supervision meetings, and they rarely identified supervision interventions or events that were unhelpful or that could be

improved (see **Table 1**). Additionally, there were only three instances of trainees reporting SAGE items as present but unwanted, and these reports were all related to a preference for less structured supervision meetings. Every SAGE item was reported as most helpful at least three times, suggesting diversity in trainees' reports across supervision meetings or across trainees.

Five aspects of supervision were endorsed as most helpful (i.e., coded as present and wanted) particularly often compared to other items, including didactic teaching, planning actions following supervision, clarifying case formulations, using experiential activities (training/experiencing), and being evaluated on their work. In terms of aspects with which trainees expressed dissatisfaction (i.e., coded as present and unwanted, or absent but wanted), three aspects stood out. When expressing dissatisfaction with a supervision meeting, trainees reported events related to collaboration, management, and agenda-setting. In most cases, when trainees reported being dissatisfied with a supervision meeting, they were dissatisfied with more than one aspect of CBS. The supervision features mentioned least often included prompting, listening, questioning, providing supervisor feedback, and experimenting.

Table 1. *Frequencies of Strategies Reported as "Most Helpful" or "Absent but Desired" Following Individual CBS Meetings*

Common Factors			Supervision Cycle			Supervisee Cycle		
SAGE Item	Most Helpful	Absent but Desired	SAGE Item	Most Helpful	Absent but Desired	SAGE Item	Most Helpful	Absent but Desired
Relating	16	3	Agenda-Setting	3	6*	Experiencing	14	2
Collaborating	15	10	Demonstrating	14	0	Reflecting	22	0
Managing	15	14	Discussing	24	2	Conceptualizing	27	1
Facilitating	13	3	Evaluating	33	0	Planning	50	2
			Experiencing	8	2	Experimenting	3	0
			Feedback-Giving	23	2			
			Feedback-Receiving	3	1			
			Formulating	40	0			
			Listening	4	0			
			Observing	24	1			
			Prompting	5	0			
			Questioning	6	1			

Teaching	53	2
Training/ Experimenting	33	0

Note. * Agenda setting was also reported three times as present but unwanted.

Most Helpful Supervision Interventions

Teaching. The most appreciated aspect of supervision meetings by all trainees was didactic teaching. Specifically, trainees identified specific examples of receiving concrete advice or guidance (e.g., how to conduct specific interventions), suggested readings, explanations of concepts, theory and techniques, and suggestions to use handouts and worksheets with patients. For example, one trainee wrote, “I really appreciated the suggested readings and the more theoretical part about the different diagnoses and how they may present in therapy”. Another trainee expressed appreciation for how theoretical principles can be applied to a specific patient, “[I] appreciated that my supervisor took the time to discuss how core beliefs develop from early experiences and how identifying them could help unlock stuck points in therapy. The discussion was like having a condensed lecture on core beliefs!”.

Planning. Another frequently endorsed supervision intervention was planning. Planning was coded when it was clear that trainees attempted to solve problems and make decisions about their future actions, either independently or cooperatively with the supervisor. Planning was often identified as helpful in the context of other CBS strategies, such as teaching, formulating, and using experiential techniques. For example, one trainee noted, "The role play we did was helpful. It forced me to articulate a plan and to practice shaping interventions when it gets tricky”. Another response highlighted the value of discussing a specific patient’s case formulation to inform their plan for their work with that patient, “My supervisor collaboratively guided me to review and complete [the patient’s] case formulation with the patient’s new info. Based on that, we decided on a plan for next session and how to set-up [a] behavioral experiment to target the new assumptions.”).

Formulating. Formulating, or when supervisors actively helped trainees to develop an individualized conceptualization of their case, was often coded alongside other CBS strategies, such as discussing and teaching. Trainees often identified formulating as helpful when experiencing obstacles or difficulties in their work with their patients. For example, one trainee wrote, "Having my supervisor's input was very helpful to realize I was drifting from the patient's initial goal. I now see how he avoids talking about his anxiety and catastrophizing, and instead externalizes on others [and] intellectualizes his problems." Another trainee explained, "Getting direction from [my supervisor] about how to work on PTSD symptoms that don't include intrusions (i.e., reexperiencing, flashbacks, etc.) was helpful for me in my treatment planning and case conceptualization for one of my patients".

Training/ Experimenting. Training and experimenting were coded when trainees described their supervisors' use of experiential teaching methods. Several experiential interventions were described as helpful. Supervisor modelling or demonstrating specific CBT skills (e.g., Socratic questioning, setting an agenda) was especially appreciated. The use of role-play was also often reported as helpful in that it enabled trainees to learn how to manage difficult situations with patients in future sessions. For example, one trainee wrote, "We role played how to get the client focused without being dismissive/invalidating when they go off on a tangent. Seeing the types of things my supervisor said to bring me back in the role play was very helpful for me". Another common experiential supervision intervention that trainees appreciated was reviewing video recordings of sessions in supervision meetings and getting immediate feedback. Trainees noted that reviewing videos helped them identify specific skills that they could improve or how to better manage moments in sessions where they felt "stuck" with a patient. They also felt that watching videos provided the supervisor with more context in understanding the patient

presentation and issues related to the therapeutic processes, which ultimately resulted in supervisors providing more contextualized feedback to the trainee.

Evaluating. Given trainees' preference for the use of video recordings in supervision, it was unsurprising that they also often reported appreciation for formal and informal evaluations of their work. The informal evaluation intervention that trainees most frequently noted as beneficial was having their supervisor watch a video clip of them performing specific skills. Interestingly, all trainees expressed appreciation for the formal evaluation of their CBT competence using the Cognitive Therapy Scale-Revised (CTS-R; Blackburn et al., 2001). Trainees felt that the CTS-R review facilitated in-depth discussions with their supervisors about their strengths and weaknesses. When strengths were addressed, trainees reported feeling "reinforce[d]" regarding what they should keep doing (i.e., solidified existing competencies). Discussion of weaknesses helped trainees identify and learn how to address areas for further development. According to one trainee:

> Doing the CTS-R and having [my supervisor] review a full encounter has hands down been the most helpful learning experience to date in terms of supervision. I came out of the session with better understanding of areas to improve [and received] tangible feedback. Feedback was sobering in positive way but highlights the importance of regular review of full encounters - I feel like this is really the only way to concretely build competency but I'm not sure how realistic this would be. As newcomers to CBT, we have been launched into it with little to no experience - today's CTS-R feedback highlights that depth of supervision supersedes quantity of supervision. I would much rather have a full session reviewed [every] 2 weeks than weekly supervision sessions.

Trainee Suggestions for Improvement

The following section describes the most commonly, yet still infrequently, reported supervision interventions that trainees viewed as absent but desired or that occurred, but were not wanted.

Managing. When trainees expressed dissatisfaction with supervision, they most frequently reported a desire for longer or more frequent supervision meetings. Some trainees did not feel they had enough time to discuss all their patients in every supervision meeting. Interestingly, although some of the same trainees noted that their supervision time had been increased, they still felt that they could benefit from additional supervision time. Another management issue was that some trainees wished their supervisor did more to prepare before supervision meetings. For example, one trainee wrote that they "would appreciate if supervisor reviewed notes before supervision as a significant amount of most sessions is spent bringing supervisor up to speed with the context of the encounter".

Collaborating. Some trainees indicated that their supervisor could have been more collaborative. An absence of sufficient collaboration was coded when the supervisor's expectations of what the trainee should do with the patient seemed unclear or unrealistic, or when trainees seemed to report a general lack of "productive teamwork" (Milne & Reiser, 2008). For example, one trainee reported:

> [My supervisor was] jumping in with suggestions/feedback before asking the approach I took or how I tried handling the situation in the session. A lot of the time in supervision was spent on suggestions/pointers about interventions that I had actually tried in the session, so the time wasn't used as helpfully as it could have been.

Agenda-Setting. Agenda-setting was the only CBS item reported as both absent but wanted after some supervision sessions and present and unwanted after others. When trainees reported a

desire for more agenda-setting, it often overlapped with a lack of management or collaboration. However, while one trainee desired more structure in supervision, “Added structure by supervisor (e.g. setting agenda at start of encounter) would also be beneficial”, another trainee thought meetings were too structured:

> I also wish there could be less focus on "what's your supervision question" and more time to freely discuss cases. I understand that questions help keep things focus, but I think it would also be beneficial to have some openness to less structured ways of discussing patients and sessions. Otherwise, I feel that it leaves little room for "I was happy with this intervention" - not sure why there would be a question attached to this type of discussion, for example.

In terms of trainees desiring less structure, one trainee wrote that they “would appreciate more formal teaching integrated, [and] for supervision to feel less like a CBT session (i.e. setting agenda, reviewing HW/supervision question)”.

Discussion

The aim of this study was to identify the aspects of CBS that trainees view as most and least helpful following each supervision meeting. To answer this question, we examined trainees’ written responses to two open-ended questions regarding supervision satisfaction (REACTS; Milne et al., 2011). Trainees’ responses were coded for evidence-based supervision interventions using criteria derived from a measure of CBS competence (SAGE; Milne & Reiser, 2016).

After coding trainee responses for the presence and desirability of CBS features, the results showed that trainees described many more aspects of CBS that were helpful and desired compared to supervision experiences that were unhelpful or lacking. In addition, all 23 items outlined in the SAGE were rated as helpful and desired by at least one trainee in the study,

suggesting that trainees appreciated a variety of CBS interventions. This finding is consistent with theory and research supporting the use of multiple teaching methods in promoting trainee satisfaction and better learning outcomes (e.g., Kelly & Hassett, 2021; Milne et al., 2003; Murr et al., 2020; Newman, 2013; Prasko, 2012). Additionally, trainees only expressed dissatisfaction with a few SAGE items and only agenda-setting was reported by trainees as present but not wanted. Overall, these results suggest that trainees appreciated CBS interventions and were generally satisfied with their supervision experiences.

With respect to the aspects of supervision that trainees most appreciated, the CBS interventions that supported skill development, namely teaching, planning, formulating, training/experimenting, and evaluating, were most frequently identified as helpful. Trainees' descriptions of the most helpful aspects of supervision often included multiple CBS strategies that parallel the supervision cycle described by Milne & Reiser's tandem model (2017). Many of the trainees in this study were completing a CBT rotation for the first time. Therefore, it is possible that novice trainees appreciated supervision activities that favoured didactic learning experiences (i.e., teaching) and opportunities to practice or observe supervisor modelling of CBT skills (i.e., training/experimenting), which contributed to a plan of action (i.e., planning) that imbues them with confidence for their next session with a patient.

One of the most frequently appreciated aspects of supervision was evaluation, which was initially surprising given that trainees typically experience anxiety about the evaluative nature of supervision (Bernard & Goodyear, 2014; Ellis, 2010; Inman et al., 2014) and research has shown that most trainees conceal important information related to their work from supervisors (Cook et al., 2020; Mehr et al., 2010; Murr et al., 2020). However, the current findings are consistent with other small studies showing that trainees are generally more satisfied with supervision meetings

when their work is evaluated, especially when therapy sessions are reviewed and rated for CBT competence (Rakovshik & McManus, 2013; Tornquist et al., 2018). The use of evaluation, especially of entire sessions, may help supervisors to more accurately assess a supervisee's needs and tailor supervision interventions to provide more effective learning opportunities. Indeed, every single trainee expressed appreciation for CTS-R feedback, which suggests that trainees' motivation for development may outweigh any performance anxiety they may experience during the process. Of note, trainees in this study were presented with supervision contracts describing the nature of the supervision process and outlining the types and frequency of evaluations. In this regard, using a contract may have attenuated some of the anxiety that supervisees usually experience by clarifying expectations, which has been shown to reduce anxiety in junior trainees (Ellis et al., 2015).

Although all strategies were reported as helpful, the CBS strategies that trainees least often reported as most helpful include: prompting, listening, questioning, providing supervisor feedback, and experimenting. There are several possible reasons why trainees did not report some strategies as most helpful. In the current study, trainees answered other questions on the REACTS (Milne et al., 2011) about specific supervision interventions prior to completing their open-ended responses. As a result, it is possible that trainees were primed to recall and write about those themes. Another possibility is that some CBS interventions may only be noticed if there is an evident lack of them, especially if the problem persists across multiple supervision sessions. For example, most supervision meetings likely include at least some questioning, listening, and agenda-setting, which trainees may take for granted. In addition, trainees may not notice when supervisors model more subtle behaviours and may overlook these supervision interventions as especially helpful (Falender, 2014). Given that the major benefit of CBS is to

model the CBT approach to enhance acquisition (Milne & Reiser, 2107), supervisors should consider more explicit signposting when using more subtle supervision interventions.

When trainees expressed dissatisfaction with a particular supervision meeting, they were most likely to note a desire for better management, greater collaboration, and a preference for either more or less structure when setting the agenda. Interestingly, these same themes did not emerge as most helpful and appreciated supervision strategies. This finding is consistent with the possibility that trainees may take certain aspects of their supervision experiences for granted when they are present, but their absence impacts the supervision experience. In terms of management, an interesting finding was that trainees often reported wanting more supervision time. Although not directly a lack of management per se, the frequency of these reports could imply a lack of effective use of supervision time. Alternatively, as Sudak and Reiser (2021) have suggested, it may be due to other factors such as high caseloads or other situations requiring more intensive supervision. However, trainees who received longer supervision meetings still reported desiring more supervision time. Therefore, there may be other issues underlying these reports, such as a lack of trainee confidence or an appreciation of their interactions with their supervisor. Furthermore, because agenda-setting was often reported as absent but wanted in conjunction with lack of management, added collaborative structuring to meetings may improve time management and trainee satisfaction.

Strengths and Limitations

A strength of this study was its intensive and naturalistic approach which reflected trainees' perspectives on a weekly basis in an ecologically valid way. Notably, the methodology allowed for the exploration of many CBS strategies beyond the supervisory alliance, which may be over-emphasized in previous studies (Watkins, 2014). In addition, although supervision

research is typically a time-consuming endeavour, administering the REACTS every week was an efficient way to collect reflective data on trainees' perspectives about supervision over time. The use of brief trainee satisfaction measures may be useful in future studies on supervision using larger samples or multiple trainee cohorts, which may help detect patterns of strategies that are more helpful at specific time points. With larger sample sizes, researchers could also examine if there are any individual and trainee-supervisor dyad differences in satisfaction. For example, it may be that more junior trainees prefer didactic teaching prior to engaging in interactive activities (e.g., role-play), which would concord with theory of experiential learning (Milne & Reiser, 2017).

The current study did not examine whether there were additional factors that influenced trainees' perspectives. For example, we were unable to determine if differences were based on trainee or supervisor competence, trainee or supervisor discipline or experience level, a better supervisor-trainee match, or chance. It is possible that examining these questions might contextualize some of the findings on the importance of the supervisory alliance and trainee satisfaction. With larger sample sizes and the inclusion of measures of supervisor and trainee competence, researchers may be able to disentangle and explain some of these effects in future studies.

In addition, although constructive feedback was encouraged from trainees, the small size of the CBT Unit in which the data was collected and the time-limited confidentiality may have influenced trainees' motivations to provide more negative feedback about unhelpful supervision events. Additionally, because most trainees self-selected to complete their training at the CBT unit, they most likely had a special interest in CBT and thus were less likely to be dissatisfied with the approach. However, using an extensive coding scheme allowed for the detection of

more subtle CBS interventions with which trainees were sometimes dissatisfied during supervision. Importantly, the second-year residents in this study did not seem to express more dissatisfaction than other types of trainees, although a larger sample size would be required to make a more robust assertion.

Conclusion

In conclusion, the results of this study provide additional evidence for what constitutes more effective supervision from the trainees' perspectives. Focusing on what trainees want from supervision may help guide supervisors' interventions to increase satisfaction, which may lower burnout and distress in trainees (Livini et al., 2012; Milne, 2020; Prasko et al., 2012). However, it would be important for future research to include measures of trainees' learning outcomes and their patients' treatment outcomes to determine whether what trainees want from supervision actually affects their competence and results with patients, as trainee satisfaction may not necessarily be related to competence (Kilminster & Jolly, 2000).

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Chapter 4: General Discussion

The overarching aim of this thesis was to elucidate trainee perspectives on CBS experiences that have been previously neglected in research (Callahan & Love, 2020). More specifically, the manuscript's objectives were to explore what CBS interventions trainees believed were most and least helpful to their learning following each supervision meeting, which may indicate possible mechanisms of change (i.e., lead to increased therapist competence).

The manuscript results concorded with previous literature suggesting that trainees appreciate many aspects of supervision, and CBS specifically, and are infrequently dissatisfied (Britt & Gleaves, 2011). In addition, our results show that this satisfaction may be driven by supervision interventions that directly affect learning, namely didactic teaching, planning future therapy sessions, building case formulations, training/experimenting with new skills, and being evaluated on their work. Consistent with past research showing that trainees appreciate multiple teaching methods, all 23 SAGE items were rated as most helpful and desired by at least one trainee (Kelly & Hassett, 2021; Milne et al., 2003; Murr et al., 2020; Newman, 2013; Prasko, 2012). When trainees reported that a particular intervention was either unwanted or absent but desired, they expressed a desire for better management, especially more supervision time, greater collaboration, and a preference for either more or less structure in supervision when setting the agenda.

Of note, many trainees in this study were completing a CBT rotation for the first time. Therefore, it is possible that novice trainees appreciate supervision activities that favour didactic learning experiences (i.e., teaching) and opportunities to practice or observe supervisor modelling of CBT skills (i.e., training/experimenting) which contribute to a plan of action (i.e., planning) that imbues them with confidence for their next session with a patient. In other words,

didactic teaching may be essential to give trainees a basis in declarative knowledge prior to using experiential activities (Milne & Reiser, 2017). Indeed, we found that trainees who reported more common factors and supervision cycle items also tended to report more items related to the supervisee cycle (i.e., learning). Additionally, some trainees only reported items related to the supervision cycle, but no trainee only reported supervisee cycle items without mentioning behaviours or interventions from the other two factors/cycles. This pattern of observation suggests that trainees' descriptions of the most beneficial aspects of supervision paralleled the supervision cycle described by Milne & Reiser's tandem model (2017), increasing evidence for this framework. Confirming these results within the patient-trainee-supervisor triad using a longitudinal design would be essential.

Furthermore, a key feature of CBS is the regular evaluation of trainees' work. While some previous research has suggested that trainees typically experience anxiety in the face of evaluation (Bernard & Goodyear, 2014; Ellis, 2010; Inman et al., 2014), the present research suggests that trainees highly appreciate supervision that includes an evaluative component. Evaluation using the CTS-R, for example, was perceived as particularly helpful. The current findings are consistent with other small studies showing that trainees are generally more satisfied with supervision meetings when they receive formal feedback on their CBT competence (Rakovshik & McManus, 2013; Tornquist et al., 2018). Using the CTS-R, specifically, allowed trainees to receive comprehensive individualized feedback and provided a benchmark of their competence. The CTS-R may also enable supervisors to tailor and adjust later interventions based on trainees' current knowledge and skill level. However, the supervisors' ability to conduct a needs assessment of their trainee may also depend on their own competency as a supervisor. Unfortunately, formal training in clinical supervision is often optional and research

has found that merely being a competent CBT practitioner is not enough to be a competent supervisor (Bearman et al., 2020). Future research should examine whether there is an association between trainees' competence, satisfaction with supervision, and their supervisor's competence.

Another important finding from this research is the emphasis that trainees place on having high levels of collaboration in CBS (e.g., shared agenda, productive teamwork). This finding is not surprising, considering that CBT itself is a highly collaborative therapy – with collaborative empiricism being its hallmark (Dattilio & Hanna, 2012). The results suggest that when collaboration is present in CBS, it is unremarkable (i.e., it is not specifically commented upon). However, when trainees are dissatisfied or note an area for improvement, it seems to be because collaboration is not optimal. Although CBS focuses on the supervisory alliance to a lesser extent than in other types of supervision (e.g., psychodynamic, which often emphasizes relationships and parallel processes between the supervisor-trainee and trainee-patient dyads; Watkins & Milne, 2014), collaboration is nonetheless considered a crucial factor for effective CBS (Brit & Gleaves, 2011; Milne & Resier, 2017). In fact, Milne and Reiser (2017) portray the tandem model as "two cyclists […] *collaborating*, although one clearly maintains the leading role and provides direction; they have formed a *collaborative alliance* and success depends on both" (italics added for emphasis). As such, collaboration permeates almost every aspect of supervision and involves active engagement from trainees (e.g., disclosing important information, active participation in learning activities) and supervisors (e.g., being attentive to trainees' needs, power differentials, and cultural differences; Milne, 2018; Milne & Reiser, 2017). Supervisors should ensure high levels of collaboration to ensure trainee satisfaction, which is associated with an attitude of readiness to learn and may lead to transferring

interventions from a supervision meeting to a therapy session more easily (Falender, 2014; Milne et al., 2003).

The results of this thesis point to possible driving factors in increasing trainees' competence following supervision observed in previous studies (e.g., Alfonsson, 2020; Rakovshik et al., 2016). While previous research has found that role-play and modelling increased trainees' skills, the current study shows that building case formulations, planning patient sessions and being evaluated on those sessions may also be integral for trainee learning (Shaw et al., 1999; Trepka et al., 2004). Increased learning in supervision may then lead to increased trainee competency if trainees can successfully transfer skills learned from supervision to therapy with patients. In turn, increased competence may benefit patients by improving symptomology and increasing their satisfaction with therapy, reflecting the importance of making parallel processes explicit to trainees using verbal signposts, especially for the more subtle interventions like prompting and questioning (Milne, 2006).

In sum, inasmuch as the SAGE has been used to assess supervisor competence, there are interventions or supervisor behaviours that trainees believe are more helpful than others. Trainees want help to conceptualize patients' difficulties and to practice and plan relevant interventions that will benefit their patients. Supervisors may therefore want to focus on didactic teaching, experiential activities, and evaluating trainees' work within a highly collaborative approach to help address trainees' needs. However, just because a supervisory intervention is appreciated does not mean it is associated with increased therapist competency or good patient outcomes. Therefore, given that the major benefit of CBS is to model the CBT approach to enhance skill acquisition (Milne & Reiser, 2107), supervisors should also consider more explicit signposting when using more complex or understated supervision interventions.

Challenges in Conducting Supervision Research

As previously mentioned, it is challenging to assess the contributions and perspectives of each participant (i.e., patient, trainee, and supervisor) in the supervisory process while accounting for many possible moderators, mediators, and outcome measures (Keum & Wang, 2020). Adding objective measures to evaluate trainee competence, supervisor competence, and patient improvement could help elucidate the interplay between these three variables and provide some indication of how trainee perspectives are associated with effective supervision. Recording supervision meetings and rating supervisors with the SAGE could help supervisors understand how their interventions in supervision affects what trainees retain and reflect upon after supervision (Falender, 2104). Additionally, some aspects of the SAGE may be associated with certain elements of therapist competence (such as those measured with the CTS-R), which may be related to aspects of patient outcomes. Rating recordings may also be beneficial for trainees' learning by removing some bias related to alliance, anxiety, and metacompetence factors when only relying on trainee disclosure (Falender, 2104; Mehr et al., 2010). The current examination of trainee perspectives was a good place to start but it represents only a step in the right direction in untangling this complex process.

Furthermore, research on effective clinical supervision, including the current thesis, has often been based on small sample sizes with varying levels of trainee experience. Large sample sizes are difficult to obtain due to practical limitations, such as the individual supervision format, which requires time and qualified supervisors, and supervisors often have several concurrent clinical and administrative responsibilities (Sudak & Reiser, 2021). Using validated evaluation measures such as the SAGE, which requires direct observation and rating of supervision meetings or recordings of entire supervision sessions, is also very time-consuming (Reiser et al.,

2018). Evaluating supervision often also necessitates rating multiple supervision meetings and using multiple raters (Beckman, 2020). The advantage of using the REACTS, as it was done in this thesis, is that it can be completed in five minutes after each supervision meeting. The REACTS allowed for an efficient collection of rich data over time. As more data is collected, patterns may be detected longitudinally, as there will be better chances of having adequate power to detect associations and pathways among various variables.

It is vital to acknowledge challenges in conducting quality supervision research (Falender & Shafranske, 2017). However, with the established reliance on clinical supervision to train future health professionals and its potential implications on patients, researchers should continue to strive to understand the process better and improve clinical supervision practices (Keum & Wang, 2020).

Conclusions

The results of this thesis provide further evidence for what constitutes more effective supervision from the trainees' perspectives. The focus on what trainees want from supervision may help guide supervisors' interventions to increase satisfaction, which may increase learning, and lower burnout and distress in trainees (Falender, 2014; Livini et al., 2012; Milne, 2020; Prasko et al., 2012). As evidence-based interventions in psychology and psychiatry increasingly become standard, it is essential to reflect on how trainees acquire knowledge and skills to become independent competent therapists.

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Appendix A

Coding Scheme

SAGE-Based Coding Scheme (Milne & Reiser, 2008)

Coding:

0. Absent

1. Absent or lack, but desired

2. Present and desired

3. Present, but unwanted

SAGE Item	**Description**
1. Relating *(emotional)*	The supervisor ensures that the 'core conditions' (i.e. warmth, genuineness, empathy and understanding) are present. The supervisor ensures that any emotions arising in either supervision or the supervisee's therapy/work are recognised and managed appropriately. Two aspects are relevant, (a) fostering desirable emotions- concerning self-awareness, perplexity**,** confidence and motivation (etc.); and (b) dealing with undesirable emotions – anger, lethargy or hostility, etc. Effective supervisors are expected to be attentive to therapists' personal issues *(countertransference)* when these interfere with the effective delivery of therapy.
2. Collaborating *(practical)*	The supervisor encourages the supervisee to be an active partner in the supervisory experience (i.e. having shared goals). There is clear evidence of productive teamwork with the supervisor encouraging the supervisee to participate fully. This ensures that the supervisee takes the appropriate level of responsibility and control, with respect to his/her learning experience.

3. Managing	The supervisor engages in structuring and pacing activity which establishes order to the supervision session (e.g. introducing a topic or creating a task, structural, "signpost" statements); setting up learning situations (e.g. creating or arranging teaching materials); assuming responsibility ('in charge'). The supervisor makes sure that session pacing is appropriate and that the sessions flow smoothly.
4. Facilitating	The supervisor fosters desirable emotions and a level of perplexity that facilitates learning**.** A gentle, quizzical style of open-ended questioning, combined with appropriate non-verbal forms of communication is used to help the supervisee re**-**conceptualise and change his/her approach.
5. Agenda-setting	The supervisor sets explicit learning goals for the session in a collaborative fashion and manages the session agenda while also preparing for the session by reviewing the supervisee's needs (based on previous sessions). The supervisor ensures that topics are agreed to in an appropriate way, are defined (i.e. 'SMARTER' specific, measurable, achievable, realistic, time-phased, energising, and recorded/observable objectives for the session), and are addressed adequately.
6. Demonstrating	The supervisor actively attempts to develop competence by demonstrating/ modelling the correct performance of a skill (e.g. behavioural, visual, acting, watching videos or modelling). These activities can also help the supervisee identify potential obstacles and

	think through the change mechanisms underpinning tasks he/she is using with patients.
7. Discussing	The supervisor discusses issues to skilfully and constructively de-stabilise or shift supervisee's understanding/grasp/constructs. Typically occurs as a reaction to the supervisee's opinion or grasp of facts. Discussing often entails the use of Socratic questioning designed to be open-ended and to raise the supervisee's awareness of key issues or concerns without imposing an authoritative closed- ended framework.
8. Evaluating	The supervisor explicitly monitors, checks or evaluates the supervisee's work/competence (e.g. eliciting his/her knowledge base or proficiency i.e. behavioural skill); encouraging work-related data collection or analysis (e.g. applying clinical outcome measures); and, uses capsule summaries to review what has been learned.
9. Experiencing *(Supervisor)*	The supervisor develops a fuller understanding or awareness of supervisees thoughts and feelings in the therapy session and particularly in relation to immediate experiences in the supervision session. Supervisor promotes awareness of current thoughts and feelings and helps supervisee recognise, identify own feelings and deepen his/her processing of these. Goal is to achieve an optimal level of arousal that contributes to engagement, and to processing that adds value to the supervision session.
10. Feedback *(giving)*	The supervisor provides a general summary of the positives and negatives in the supervisee's performance; supporting the supervisee –

	using praise/reinforce; contingent and constructive. The feedback style should be both supportive and constructive, and not given in a critical manner.
11. Feedback *(receiving)*	The supervisor asks the supervisee to summarise aspects of the supervision session, the manner in which the information is elicited should be open, thus encouraging the supervisee to be honest and forthcoming about his/her opinions and impressions- of both supervision and the learning process in general. The supervisor actively elicits feedback not only about helpful aspects of the supervision session, but about any difficulties or conflicts that may have been experienced. The supervisor demonstrates openness to receiving and processing feedback in an authentic, self-reflective and genuine manner.
12. Formulating	The supervisor works actively to help the supervisee develop an individualized case formulation. Supervisors can help supervisees develop case formulation through a number of approaches including specifically questioning the supervisee. An 'interpreting' mode should be established, in which connections between seemingly isolated statements or events are formulated. The supervisee should be able to define problems and make sense of them and explore/ offer an understanding.
13. Listening	The supervisor actively listens and pays close attention to the supervisee's speech and behaviour. The supervisor listens in a

	confident and genuine/authentic manner before reacting. The supervisor is focused and not distracted by trying to 'multi-task' or accomplish other tasks during supervision.
14. Observing	Supervisor observes supervisee activity and behaviour in therapy sessions, either live or through video/audio tapes.
15. Prompting	The supervisor reminds the supervisee about relevant material by prompting them (e.g. 'sounds like your earlier point'). This can include repeating or rephrasing that contains a reference to stated or implied feelings.
16. Questioning *Process/ teaching, not evaluation*	The supervisor helps the supervisee develop hypotheses regarding therapeutic/work problems and to generate potential solutions. The supervisee is assisted in developing a range of perspectives regarding the therapeutic process and the usefulness of different therapeutic techniques.
17. Teaching	The supervisor provides information about theories, facts, figures, ideas, methods *(how-to),* articles ('information transmission') and video/audio tapes to the supervisee in a didactic, directive fashion (e.g. traditional teaching). Symbolic (i.e. verbal) learning is emphasised.
18. Training/ experimenting	The supervisor helps the supervisee learn by engaging him/her in an appropriate experiential activity. The method needs to be appropriate to the learning needs of the supervisee and his/her stage of development and also should build on strengths. The supervisor engages in relevant 'action' methods including: modelling,

	demonstrating, watching videos, simulation, behavioural rehearsal, & role play.
19. Experiencing *(Trainee) Trainees' own feeling and how it's related to*	The supervisee is able to develop a fuller understanding or awareness of his/her thoughts and feelings in the session and in relation to the material provided in supervision (e.g. recounting incidents in therapy). Supervisee indicates being aware of current sensations; recognises/identifies/labels own feelings; may include enhanced understanding and self-awareness.
20. Reflecting	The supervisee draws on personal understanding and history to make sense of recent experience, as well as other learning modes (i.e. items 18, 20-22) to recount own perceptions. Supervisee shows signs of integrating material; assimilating things into a reasoned understanding; grounding 'experiencing' in their own understanding.
21. Conceptualizing	The supervisee develops a richer understanding of relevant material, as opposed to merely experiencing it; using language and public knowledge to comprehend; seeking insight. Supervisee indicates signs of assimilating information; reasoning something through; integrating material to make sense.
22. Planning	Supervisee shows ability to draw on own understanding to plan relevant action, including problem- solving and decision-making possibly jointly with supervisor.
23. Experimenting	Supervisee engages in action to verify/falsify/test out an understanding; it involves problem-solving efforts to develop

	knowledge through 'trial and error' activities. Supervisee engages in observable actions designed to try things out; to act on external world so as to address a puzzle/concern/worry/goal/etc.; to rehearse a new skill (e.g. in order to see what happens, gain competence, or to get feedback).

Note. Italic clarifications added throughout coding process