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EMPIRICAL PAPER

Reflective dialogue in clinical supervision: A pilot study involving collaborative review of supervision videos

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Abstract

Objective: To pilot an intervention involving reflective dialogue based on video recordings of clinical supervision. **Method:** Fourteen participants (seven psychotherapists and their supervisors) completed a reflective practice protocol after viewing a video of their most recent supervision session, then shared their reflections in a second session. **Results:** Thematic analysis of individual reflections and feedback resulted in the following dominant themes: (1) Increased discussion of supervisee anxiety and the tensions between autonomy and dependence; (2) intentions to alter supervisory roles and practice; (3) identification of and reflection on parallel process (defined as the dynamic transmission of relationship patterns between therapy and supervision); and (4) a range of perceived impacts including improvements in supervisory alliance. **Conclusions:** The results suggest that reflective dialogue based on supervision videos can play a useful role in psychotherapy supervision, including with relatively inexperienced supervisees. Suggestions are provided for the encouragement of ongoing reflective dialogue in routine supervision practice.

Keywords: technology in psychotherapy research and training; psychotherapist training; supervision; development; qualitative research methods; process research

This paper outlines the development and piloting of a video-based reflective practice intervention involving psychotherapists and their supervisors. The intervention was designed to promote discussion of hidden or neglected aspects of supervision, to provoke reflective focus on participants' experience of supervision, and to encourage direct and frank discussion regarding the supervision relationship. The following sections will define clinical supervision, review research on factors which have been argued to promote high-quality supervision, review research on barriers and obstacles in supervision, and briefly outline the foundations of the present intervention in the supervision and psychotherapy literature.

Models of clinical supervision

Definitions of clinical supervision describe it as performing three main functions: Formative or educational functions, normative or administrative functions

(including summative and competence assessment), and supportive functions (Bernard & Goodyear, 2009; Kadushin & Harkness, 2002). Four broad categories of supervision models have been described in the literature. First, developmental models of supervision emphasize the changing supervision needs of trainees and supervisees as they develop in competence and confidence (e.g., Stoltenberg, McNeill, & Delworth, 1998). Most developmental models suggest that supervisees move through separate stages involving specific tensions or conflicts, such as a tension between supervisee autonomy and dependence (Stoltenberg et al., 1998). A second group of supervision models consist of psychotherapy theories applied or extended to the supervision context. In these models, the assumptions, processes, and methods of each therapeutic modality are applied or adapted to fit the supervision context. Examples include cognitive-behaviour therapy supervision (e.g., Liese & Beck, 1997), psychodynamic supervision (e.g., Frawley-O'Dea & Sarnat, 2001),

and family systems/systemic supervision models (e.g., Liddle, Breunlin, & Schwartz, 1988; Olsen & Stern, 1990). A third group of models includes those focusing on the social and structural roles inherent in supervision. These models emphasize the need for supervisees and/or supervisors to be flexible and conscious of the different roles and domains relevant to their supervision practice (e.g., Bernard & Goodyear, 2009; Hawkins & Shohet, 2000; Hewson, 1992). Finally, the “competency” movement in education and training has been extended to psychology and psychotherapy training, resulting in competency or objectives-based models in which supervision practices are oriented towards specific competencies involving knowledge, skills, relationship competencies, attitudes and values, and reflective competencies (Falender & Shafranske, 2004; Gonsalvez, Oades, & Freestone, 2002). Dominant clinical psychology training models focus primarily on knowledge and skills competencies; however, there is an increasing recognition of the importance of promoting relationship, attitude/value and reflective competencies in both psychologists and their supervisors (Ensink et al., 2013; Falender & Shafranske, 2004).

What makes for “good supervision?”

Although the research literature is yet to provide clear evidence of a direct positive influence of supervision on client outcomes, there is a good deal of consensus regarding the practices and competencies required by supervisors (Falender et al., 2004). These competencies include knowledge of supervision models, skills such as the provision of feedback, and sensitivity to changes in supervisees’ needs as they develop (Bernard & Goodyear, 2009; Falender & Shafranske, 2004). Research has suggested that supervisors should have skills in effective conflict resolution, model appropriate self-disclosure (Ladany & Walker, 2003), and show sensitivity to cultural and gender differences (Ladany, Friedlander, & Nelson, 2005). Finally, an overarching competency is the capacity to develop a supportive relationship involving facilitating values, attitudes, behaviours, and practices which enable supervisees to disclose in supervision important details about what is happening in therapy, their thoughts and feelings about therapy, and their thoughts and feelings about supervision (Bernard & Goodyear, 2009; Bordin, 1983; Carroll, 1996; Falender & Shafranske, 2007).

The supervisory relationship has also been conceptualized as a “working alliance” similar to the therapeutic alliance (Falender & Shafranske, 2004). While empirical findings on supervisory alliance are mixed (Falender & Shafranske, 2004), its importance is underlined by findings that supervisory alliance predicts higher job satisfaction and lower

levels of depersonalization of clients by social service workers (Mena & Bailey, 2007) and higher levels of supervisee comfort with disclosure (Pakdaman, 2011). High supervisory alliance is also associated with lower levels of supervisee anxiety, higher confidence in therapy, and enhanced job commitment (for a review, see O’Donovan, Halford, & Walters, 2011). Finally, Watkins (2013) argues that the effective supervisor is both a “model for and mentor of reflectivity” (p. 307). In this view, the supervision relationship is not simply a hierarchical delivery mechanism for knowledge and skills. Rather, it can also be a site of experiential learning, modelling, and a vehicle for the development of relationship and reflective competencies (Gonsalvez et al., 2002; North, 2013).

Barriers and challenges in supervision practice

A number of studies have shown that supervisees intentionally and unintentionally withhold therapeutic information from their supervisors and do not disclose important attitudes and thoughts, especially feedback or attitudes regarding the supervision relationship itself (Ladany, 2004; Ladany, Hill, Corbett, & Nutt, 1996; Muslin, Thurnblad, & Meschel, 1981; Pisani, 2005). In a study of 108 supervisees, Ladany et al. (1996) reported non-disclosures in the following domains (in descending order of frequency): Negative reactions to supervisors, personal issues, perceived clinical mistakes, negative reactions to clients, and client-counsellor attraction issues. Reasons for non-disclosure included perceived unimportance of the information, the feeling that the information was too personal, poor alliance with the supervisor, deference, impression management, and fear of “political suicide.” The most common form of non-disclosure was passive, whereby supervisees did not mention issues or events unless raised by their supervisor. Second most common were diversionary tactics, whereby supervisees avoided one issue by discussing or directing attention to another topic. Active non-disclosure, whereby the supervisee directly stated to their supervisor that they did not want to discuss a topic, was least common (Ladany et al., 1996).

Possible causes of these notable silences in supervision include cultural norms regarding diplomatic behaviour (N. Kagan et al., 1965), shame (Yourman, 2003), and insecure supervisee attachment style (Gunn, 2007). Power-assertive supervision and problematic supervisory behaviours are also more common than previously thought (Falender & Shafranske, 2004). Key detrimental factors include issues related to ongoing power struggles with supervisors, which are associated with persistent

supervisee stress and self-doubt (Nelson & Friedlander, 2001). Finally, the concordance between supervisor and supervisee perceptions of the same events is often low, which may contribute to role confusion and communication problems in supervision (Reichelt & Skjerve, 2002). These findings on barriers to supervision point to the importance of interventions which elicit appropriate disclosure and discussion of unspoken or unacknowledged aspects of the supervision relationship, including power dynamics.

Using recording technology in clinical supervision

A small body of research has investigated the use and perceived impacts of reflective practice based on recordings of supervision. While the literature does not provide evidence of effectiveness against criterion measures, prior research has suggested that video/audio review is perceived as useful by participants and may direct attention to otherwise neglected aspects of supervision (Gonsalvez & Milne, 2010; James, Allen, & Collerton, 2004; North, 2013). Further, Haggerty and Hilsenroth (2011) argue that the use of an objective sample of supervisory behaviour may help overcome cognitive and memory biases that inevitably afflict reflection based on memory alone. The use of recordings of supervision as the basis for reflective practice is currently an under-researched topic and formed the basis for the present study. Two studies in this area were identified by the present authors.

James et al. (2004) conducted a qualitative and quantitative single subject study based on videos of their own supervision practice. Their focus on emotions in supervision emphasized the role of the supervisor in managing the *zone of proximal development* (Vygotsky, 1967) by making sensitive use of supportive interventions such as modulating supervisee arousal or using Socratic dialogue to scaffold the learning of the supervisee. North (2013) reported the results of phenomenological interviews with 15 supervisees who individually reviewed audiotapes of their own supervision. Participants emphasized the perceived impacts of the procedure on their learning, understandings of self, and potential improvements in the supervisory alliance. North's (2013) grounded theory suggested that these impacts were the products of the following processes: Moving between gaining emotional distance from the events in supervision and re-experiencing the thoughts and feelings of the original session; noticing previously unnoticed aspects of supervision; and accepting previously unacceptable thoughts and feelings. The use of recordings was specifically perceived by participants to focus attention on the behaviour of self and supervisor, and

outcomes included insights into self, the client, the counselling process, and the supervision relationship (North, 2013). In the absence of other literature in the area of video review of supervision, the following sections survey research in the related fields of reflective practice, interpersonal process recall (IPR), and parallel process, each of which were consulted during the construction of the protocol for the present study.

Reflective practice

The capacity for reflective practice is increasingly being incorporated into competency requirements for workers across healthcare domains (Falender et al., 2004; Mann, Gordon, & MacLeod, 2009). Definitions of reflective practice emphasize "purposeful critical analysis of knowledge and experience, in order to achieve deeper meaning and understanding," and constructing meaning "within a community of professional discourse, encouraging learners to achieve and maintain critical control over the more intuitive aspects of their experience" (Mann et al., 2009, p. 597). Thus, the reflective practitioner should have some critical awareness of what they are doing as they engage in an intervention (reflection-in-action), to be able to engage in analysis after the fact (reflection-on-action) and plan for future interventions (reflection-for-action; Hallett, 1997; Schön, 1995).

Reflective practice is an iterative process, whereby experience is the trigger for reflection, which produces new understanding and informs future action (Mann et al., 2009; Schön, 1995). Reflective practice can also be described in terms of the depth of reflection, whereby surface reflection involves description, while deeper levels involve greater examination of premises and critical synthesis (Mann et al., 2009). Qualitative research has suggested that reflective practice allows practitioners to move between surface and deeper levels of learning (Moon, 1999), facilitating greater integration of learning and making information more accessible when needed. Currently, there is evidence that reflective practice is highly valued by practitioners and supervisors, and some evidence that reflective capacities can be taught (Sobral, 2000).

Mentalisation and reflective functioning

Contemporary theories of mentalisation propose that therapist mental activities involve three main modes, all of which are considered important for effective functioning as a therapist. The reflective mode involves mentalization—the imagining of client's internal mental states; the Rational mode emphasizes theoretical knowledge and hypothesis testing; and the Reactive mode involves automatic responding based on

therapists' emotional reactions to clients (Ensink et al., 2013; Normandin & Bouchard, 1993). Markovitz and Milrod (2011) argue that dominant clinical psychology training models have emphasized training in the rational-objective mode, with less attention to reactive and reflective modes. This may lead novice therapists with sound knowledge and technical skills having their capacity to respond to client affect impaired by their own arousal and undeveloped reflective skills (Markovitz & Milrod, 2011). Recent research has suggested that reflective functioning of graduate psychology students can be improved through training (Ensink et al., 2013), pointing to the potential value of interventions that target reflective function in both supervisees and supervisors.

Interpersonal process recall

One such intervention which has been widely used for research and training is IPR (N. Kagan et al., 1965). N. Kagan and colleagues (1965) postulated that performance anxiety and societal norms regarding being diplomatic were primary obstacles to supervisees' (specifically trainee psychologists') capacity to put their learning into practice and convert declarative knowledge to procedural skills. IPR procedures focus on building awareness of thoughts, emotional reactions, and interpersonal processes that psychotherapists do not express or which are implicit in their counselling. In particular, IPR processes seek to promote affective sensitivity, that is, the capacity to perceive, experience, become aware of, label, and communicate about the emotions of self and other (N. Kagan & Schneider, 1987). The process of IPR and the supervision relationship more generally should provide a safe haven for therapists to explore these uncomfortable, unacceptable, or implicit processes and allow counsellors to make greater use of their personal knowledge and experience to help clients (Bernard & Goodyear, 2009).

In the most common IPR process, supervisee and supervisor view a counselling session video and stop the video when they identify counselling events which they consider important (H. Kagan & N. Kagan, 1997). The supervisor's role is to act not as a teacher but as a facilitator who uses questions to encourage exploration of emotions, unstated agendas, cognitions, images, expectations, and mutual perceptions between client and counsellor (Bernard & Goodyear, 2009). Alternative IPR procedures include mutual recall format where clients and therapists are guided by a supervisor or senior therapist to recall their thoughts and feelings while watching videos of therapy (Hill & Corbett, 1993). The present study introduces another alternative procedure, whereby the IPR procedure is a combination of structured

individual and shared reflection regarding the supervision relationship itself.

Managing and using "parallel process"

A further consideration in the development of the protocol for the present study was the identification of parallel process in the supervision videos. Parallel process is defined as the occurrence in supervision of "certain vestiges of the relationship between the supervisee and his or her client" (McNeill & Worthen, 1989, p. 329). Although the construct of parallel process has roots in psychodynamic conceptions of transference and countertransference (Morrissey & Tribe, 2001), it has been identified as present and relevant by supervisors across theoretical orientations (Raichelson, Herron, Primavera, & Ramirez, 1997). Relational understandings of parallel process have diverged from classical psychoanalytic models to suggest that the transmission of relationship dynamics such as dominance and affiliation is bidirectional (Bransford, 2009; Tracey, Bludworth, & Glidden-Tracey, 2012). In this view, interpersonal patterns are thought to both "move up" from therapy to supervision and also move "down" from supervision to therapy. While the empirical literature on parallel process has previously been limited to descriptions of clinical practice and single case studies (Watkins, 2010), in a recent multiple single-N study of 17 therapy/supervision triads, Tracey et al. (2012) demonstrated that patterns of affiliation and dominance can move between therapy and supervision over consecutive sessions. Tracey et al. (2012) also argue that the temporal pattern of changes in affiliation and dominance patterns across sessions in their study is evidence of the existence and usefulness "downstream" parallel process through supervisor (and subsequently therapist) modelling.

In this relational, bidirectional view of parallel process, the purpose of reflection on the replication of interpersonal patterns in therapy and supervision is to deliberately alter interpersonal patterns, providing a model for the therapist to enact and communicate "different expectations and elicit alternative behaviours from the client" (Tracey et al., 2012). Haber et al. (2009) likewise argue that observational supervision techniques can help identify repetitive themes occurring in the therapeutic and supervisory systems and "provide the foundation for the development of interventions that disrupt rigid patterns" (p. 72). The present study drew on these recommendations to incorporate questions in the protocol regarding similarities and differences between the therapy relationship and the supervision relationship. It was anticipated that this question and the broader focus on personal and interpersonal patterns in the

supervision relationship would draw attention to parallels between supervision and therapy and encourage explicit discussion and management of any problematic patterns.

Qualitative research questions

In this study, a discovery-oriented research methodology (Braun & Clarke, 2006) was chosen to evaluate the impacts of a structured video review protocol in qualitative terms. The following three research questions structured the authors' approach to the protocol and feedback data obtained from participants:

- (1) What were the themes of participants' experiences of the intervention?
- (2) What were the perceived impacts of the intervention on the supervisory process—that is, how was it perceived to be different from usual supervisory practice?
- (3) What were the anticipated and intended longer term outcomes of participation—that is, what changes to supervisory practice did participants anticipate or intend?

Method

Participants

Participants were Australian mental health workers engaged in weekly or fortnightly clinical supervision. An email invitation (with attachments including the protocol manual) was distributed to approximately 120 psychotherapists and/or supervisors either directly or via psychology bulletin boards. The purpose of the study was described in these materials as being to examine participants' experience and the potential impacts of reflective practice based on videos of supervision. With one exception, it was supervisors who then invited participant supervisees to be involved in the study after receiving the invitation. Interested practitioners were invited to access the study directly via the study website. Informed consent materials on the website and in the email invitations gave guidance on the importance of participation being voluntary. Supervisee participants were seven psychologists (two male, five female) with an average age of 29.32 years (range: 22–42) and seven supervisors (three male, four female) with an average age of 47.85 years (range: 32–67). Supervisees were relatively inexperienced, with six out of seven holding provisional registration with the relevant government authority. Mean experience in mental health work of the supervisees was 3.4 years (range: four months to 10 years). Supervisor participants included one

social worker, three psychologists with generalist registration, and three clinical psychologists. Their average experience was 22.2 years (range: seven months to 30 years). The dyads had been working together for an average of 11 months (range: two months to three years). In terms of primary theoretical orientation, one supervisor reported having a behavioural orientation, two reported an existential/humanistic focus, three reported a family systems orientation, and one reported their primary orientation as "other." Four supervisees reported having a primarily cognitive theoretical orientation, two reported behavioural, and one reported a family systems focus.

Materials

The reflective practice protocol used for this study focused on metacognitive reflection in the domains of participants' own values, intentions, cognitions, actions, reactions, omissions, and plans for future practice. The protocol design drew on the suggestions of Neufeldt (1999) regarding reflection on therapy sessions, IPR probes (N. Kagan et al., 1965), and parallel process research as discussed above. This method was similar to the video-supplemented IPR interviewing techniques outlined by Rennie (1995) and Elliott (1986).

Participants conducted individual reflection on what they judged to be the most important aspect of a specifically recorded supervision session by responding in writing to a structured set of questions relating to a 10-min section of video chosen by each participant. The manual instructed participants to view the entire video independently prior to completing the questions in the reflective practice protocol, which are outlined in Table I. The supervisor form was equivalent but with wording adapted to the supervisor's context.

The manual stipulated the following process for a subsequent supervision session in which participants were invited to share their responses to the questions in Table I. Participants were invited to discuss supervisees' responses first, which involved playing the relevant section of video (as chosen by the supervisee), followed by reviewing and discussing the written responses of the supervisee to the protocol. This was followed by a similar discussion of the supervisor's chosen video excerpt and responses to the protocol. Finally, supervisors and supervisees were invited to reflect on the process itself, prompted by the questions in Table II. The same questions were included in a qualitative evaluation and feedback questionnaire, which was completed *online* as the final step in the intervention.

Table I. Reflective practice protocol questions.

Question	Question text
1.	Please identify what you see as the most important event(s) or aspect(s) of the supervision session and choose a section of the video (max. 10 min) that illustrates this.
2.	What were you thinking during this portion of the session?
3.	What were you feeling? How do you understand those feelings now?
4.	Consider your actions during this portion of the session. What did you intend?
5.	What values were guiding your actions? (By values, we mean things that are important to you, principles that you want to live by, or be directed by in your professional practice)
6.	What did you “not say” or hold back from saying or doing during this section of the session?
7.	To what degree do you understand this interaction as similar to your interactions with clients? How does this inform your understanding of the interaction in this session?
8.	What theories and past experiences inform your understanding of this event?
9.	What would you prefer to do differently next time, if anything?
10.	What reflections would you like to share with your supervisor during the next supervision session?

Participants provided informed consent and completed both the protocol and feedback questionnaires using the Qualtrics online survey platform (www.qualtrics.com). Ethical approval for the study was obtained from the relevant Human Research Ethics Committee.

Data analysis

The process of data analysis in this study followed the procedures set out by Braun and Clarke (2006) for using thematic analysis in psychological research. Thematic analysis is a “method for identifying, analyzing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). This method was chosen for its flexibility in facilitating both theory-driven and data-driven analytic processes. The methodological choices made in this thematic analysis are outlined here in the domains recommended by Braun and Clarke (2006) (in *italics*). To *qualify as a theme*, a pattern in the data needed to be relevant to the research questions and either (i) present in the data of more than one dyad, or (ii) a primary or prominent theme within the experience of a particular dyad. In terms of the *depth and breadth of analysis*, we sought to give a rich description of the key themes while giving a broad account of perceived impacts of the intervention. The purpose of giving a detailed account of individual

themes was to convey to the reader a sense of the participants’ experience of the process of the intervention. A balance was sought between *inductive and theory-driven analysis* based on the argument that the researcher’s mental set inevitably frames and informs the researcher’s interpretation of qualitative data (Braun & Clarke, 2006). Inductive or data-driven analysis in this study involved becoming aware of and “bracketing” the researchers’ assumptions during analysis in order to be able to recognize themes in the data that may not be predicted by theory or prior research (Hill, Thompson, & Williams, 1997). Deductive or theory-driven aspects of the analysis were informed by prior research into factors that help and hinder in supervision. The design of this study sought a balance between *semantic themes*: The content of participant responses; and *latent themes*: Underlying cultural or practical implications of the data (Boyatzis, 1998). Finally, the study design suggests a contextualist or intersubjective *epistemological perspective* (Braun & Clarke, 2006).

Phases of thematic analysis. The six steps of the thematic analysis recommended by Braun and Clarke (2006) involve a moving back and forth between immersion in the data, reviewing assumptions and research questions, and the developing thematic structure with which the authors seek to communicate the results. In recognition of the danger of unintentionally

Table II. Questions used to guide participants’ reflections during the second supervision session and to obtain feedback on the intervention.

Question	Question text
1.	How was the focus or themes of your video segment(s) similar or different to your supervisor’s video segment(s)?
2.	What new understanding do you have of your therapy practice or of your supervisory relationship?
3.	How was this process different from your usual reflections on your supervision practice?
4.	Will your supervision or therapy practice change as a result of your reflections and conversations? If so, how?
5.	What has been useful to you in participating in this process?
6.	What would you do differently to make the intervention more useful?

misrepresenting the data as a result of coder biases, a second rater provided input at three of the six stages of analysis outlined below. The second rater was a psychologist known to the authors but independent of the research team and was trained by the primary author in the procedure described below (based on Braun and Clarke (2006)).

Gaining familiarity with the data. Immersion in the data was achieved by reading each participant's and dyad's responses to the protocol and feedback questionnaires separately and making notes regarding the meaning of each of the responses in a Microsoft Excel spreadsheet. Each dyad's data were rendered anonymous through the application of a code (i.e., dyads A–G). This process of initial familiarization with the data was also undertaken by the second coder.

Generating initial codes. Longer responses to questions were split into separate data items to aid analysis, resulting in 499 separate data items, each with an identifier tagging the location of the item in the original data-set. Each was given an interpretive code that provided a brief account of the meaning of the extract. The interpretive codes of the primary and secondary coders were compared in review meetings, differences in interpretation were discussed and where appropriate, coders agreed on new codes that were judged to more accurately describe the original data. Approximately, 90% of data items showed clear agreement between the two raters. A further 5% involved minor differences in emphasis. Among the 5% of codes that required significant changes, 11 involved incomplete interpretation of the data item by the primary coder, 10 involved unjustified extrapolations beyond the data item, and 4 involved a misinterpretation of the meaning of the original extract.

Searching for themes. Codes were collated in a separate document according to common themes identified in the coded extracts. A range of organizational structures were tested on the emerging "thematic map" based on protocol questions, domains anticipated by theory, and other domains more clearly driven by the data (e.g., a focus on clarifying responsibility and roles in supervision).

Reviewing themes. Reviewing themes involved moving back and forth between the theme-related codes and the original data at: (i) The dyad level, to ensure that the domains accurately characterized the overall logic of each participant's response, and (ii) at the level of the entire data-set, to check whether additional themes were missed.

Defining and naming themes. The writing of summary tables for each theme involved a further checking of the developing story of each theme against the thematic map and the original data. The process of selecting the most relevant themes and codes for reporting was guided by the three primary research questions.

Producing the report. This involved ongoing refinement of the themes in the results section and the selection of extracts to illustrate themes. Finally, the second coder reviewed the match between the themes, extracts, and the original data.

Results

In response to the first research question, the thematic analysis resulted in the identification of the following three theme domains: *Anxiety, autonomy, and directiveness; negotiation of roles and expectations; and parallel process, modelling, and mentalizing*. The fourth theme domain of *perceived impacts of the intervention* collated responses relevant to the second and third research questions. A broad overview of all four theme domains is provided in Table III, demonstrating a large number of subthemes being common across a majority of dyads, with a smaller number of unique subthemes.

Supervisee anxiety, autonomy, and dependence

Issues of supervisee autonomy, dependence, anxiety, and self-doubt in supervision were directly addressed by 12 out of 14 participants or six of seven supervisory dyads. The intervention was reported to elicit increased discussion of supervisee anxiety, which was reported to have been minimized by a number of supervisees in the original session. Supervisors noted dangers associated with excessive reassurance and directiveness in response to supervisee anxiety, and dyads developed intentions for change in their practice in response to their participation. These themes are outlined in Table IV.

Negotiation of roles and expectations in supervision

Supervisory roles and expectations were referenced by six of seven supervisors in relation to managing their own level of directiveness. There was evidence of more active negotiation of roles and expectations in dyads A, C, and D, and this negotiation formed the primary focus of dyads C and D, whose reflections are summarized below.

Table III. Summary of theme domains and selected subthemes.

Theme domain	Subtheme	Present in which of dyads (A–G)
Response to supervisee anxiety and reflection on supervisee autonomy and supervisor directiveness	Supervisee anxiety re supervision content, process, or relationship	A, B, D, E, F, G
	Supervisee non-disclosure, caution, and reserve	A, B, D, E, F, G
	Supervisor invitations to reassurance/protectiveness, directiveness/structure	A, B, F, G
	Supervisor invitations to reassurance/protectiveness, directiveness/structure	A, B, D, E, F
	Direct discussions of supervisee anxiety in review session	A, B, D, E, F, G
	Dangers of excessive reassurance and/or directiveness	A, B, D, E
	Intention to increase discussion of supervisee experience	A, B, E, F
Negotiation of roles and expectations	Response to supervisee passivity	A, C, D, E
	Response to role confusion and conflicting expectations	See case study, Dyad C
	Role negotiation in relation to supervisee anxiety, autonomy, and dependence	See case study, Dyad D
Parallel process, modelling and mentalizing	Parallel process “up the line” from therapy to supervision	See section on responses to anxiety
	Parallel process “down the line”—intentional use of modelling and experiential learning	A, B, C, D, F, G
	Post-hoc reflections on application of experiential learning to therapy	A, B, C, D
	Broader reflections on mentalizing and modelling	C, E, F, G
Perceived impacts	Post-hoc reflections on application of experiential learning to therapy	C, D, G
	Broader reflections on mentalizing and modelling	A, B, C, D, G
	Increased depth of reflection	All
	Shift from content to process	B, D, E
	Positive impacts on supervisory relationship	All
	Clarification of concerns in supervisory relationship	B, C, D, E, F, G
	Facilitation of mentalizing/reflective practice	A, C, D, E
	Valuable but time consuming	All
Anticipated changes in supervision	C, D	
Specific intentions for change to supervision	A, B, C, D, E, F	
		All

Note. The final column indicates which of the dyads addressed this topic in their response.

Illustration 1: Responses to supervisee passivity. The responses of dyad C focused on the passivity of the supervisee and the extent to which “I leave the responsibility of talking in the supervision session to my supervisor and do not take enough responsibility and reflect on my own experiences throughout.” Supervisee C noted and made interpretations of the body language of both herself and the supervisor: “After asking me this question it was the first time that my supervisor’s body position moved in the session. It was like she finally got a break from talking and I was now sharing the responsibility.” The original pattern of supervisee passivity and supervisor responsibility was seen by both members of the dyad as being related to the “playing out” of family of origin roles: “That is, I have always been a “big sister” and tend to take more of a lead role while [the supervisee] tends to sit back and only speak when invited to.” Importantly, in terms of learning transfer to the therapeutic context, the supervisee reflected on how the patterns noted in supervision might influence her therapeutic practice: “It also highlights my tendency to let others speak

before I do and I need to consider this and the impact it can have on the therapeutic relationship.” Both members of the dyad formed intentions to make alterations to their supervision relationship, shifting greater responsibility to the supervisee and reducing supervisor directiveness.

Illustration 2: Expectations, rupture, and “speaking up”. Dyad D’s reflections focused on a mismatch in expectations across a number of contexts and the response of the dyad to a perceived rupture in the supervisory relationship relating to a request for feedback.

I wanted to hear the negative feedback/constructive criticism that I believe is there and necessary to hear “She was expressing her belief in my skills [...] but does she really know?”

The supervisee experienced the pressure of perceived expectations in the initial session that “I couldn’t readily reach, based on her excessively positive impression of me, and [I felt] a bit overwhelmed at the thought of attempting to do this.”

Table IV. Subthemes related to responses to supervisee anxiety, autonomy, and dependence in supervision.

Subtheme	Content	Dyads	Illustrative text with
Supervisee anxiety and self-doubt	Supervisee anxiety re supervision content	A, B, D, E, F	SeB/p6: I held back from saying that I wanted to refer my client on because I do not think I can handle the pervasiveness of his disorder
	Supervisee anxiety re supervision process	B, D, E, F, G	SeB/p4: I showed a lot of anxiety [...] SeB/p5: I want to be a strong person so I did not want to tell my supervisor I was anxious
Non-disclosures, caution	Supervisee avoids disclosure of anxiety or extent of anxiety	A, B, F	SeA/p6: Q: What did you not say or hold back from saying or doing? The extent of my own anxiety about the discharge process
	Caution and reserve in context of previous bad experiences of supervision	G	SeG/p6: Initially I held back, always cautious, especially from previous unwise supervision by another person
Understandings of non-disclosure	Supervisees see non-disclosure as a function of their own behaviour or feelings; supervisors focus on their own shortcomings	A, B	SrA/f1: My supervisee characterised this as a lack of total honesty about his feelings, which he had previously been unaware of. SrA/f1: I characterised it as being me taking over with reassurance and planning about the client's likely reactions.
Responses to supervisee anxiety	Invitations reassurance and protectiveness	A, B, D, F	SrD/p3: [F]eeling like a proud parent [and] protective of Se [...] caught up in some of the conflict [at work] SrF/p3: Feeling somewhat protective of Se ... and even slightly angry at her colleague
	Invitations to directiveness and structure	A, B, E	SrA/f3: Noted my tendency to move straight to planning rather than having a bit more of a focus and "getting inside" the supervisee's head.
	Anxiety addressed directly in reflection session	A, B, D, E, F	SeB/p9: Talk about my anxiety about being in supervision; SrA/f3: Discussion about how the supervisee can ensure that his own feelings and anxieties do not impact on the client's experience of termination
Concerns and reflections on anxiety and dependence	Supervisor concerns that they were too directive or did not elicit knowledge and/or feelings of supervisees sufficiently	A, B, E, F	SrA/p4: I intended to validate supervisee's formulation and support him in assisting [the client] however after video reflection [...] not sure if supervisee would have felt validated or whether it would have been best for the supervisee to have more time to tell me what he thought before I jumped in.
	Recognition of the dangers of excessive reassurance and/or directiveness	A, B, D, E, F	SrB/p3: Se's anxiety in relation to own competence probably also invited a protective/caring/reassuring response [from Sr...] this might morph into unhelpful reassurance-seeking/providing cycle
	Reflections on the balance between encouraging autonomy and meeting needs for support and dependence	C, E	SrE/f2: I thought [...] about the necessity of letting students have some time in which they feel like they don't know what they're doing [...] leads to independence and autonomy. SrE/f2 [...] supervisee expressed how hard it was to have too much independence and how he felt it inhibited learning
Relevant participant intentions and anticipated changes	Intentions to discuss supervisee feelings and responses to clients more in supervision	A, B, E	SrA/f6: I will try to be more mindful of my pattern of going straight to reassurance and planning rather than exploring supervisees' feelings
	Supervisee anticipated feeling less anxious regarding evaluative aspects of supervision	E, F	SeE/f2: I'm not necessarily meant to be [at] a certain stage yet ... I needn't feel like my performance is being judged as such
	Supervisor intentions to reduce didactic or directive focus of supervision	A, B, C, D, E, F	SrE/f6: I will [...] consider ways to decrease didactic teaching in supervision and allow students more independence SrC./f6: We have committed to adjusting our roles in relation to directiveness
	Supervisor's own feelings can act as data	E	SrF/f6: [I will] be confident to use myself and my own feelings as a barometer

Se, supervisee; Sr, supervisor; A/B/C/D/E/F/G, dyad; p, protocol; f, feedback questionnaire; 1/2/3/4, question number.

Through the individual reflection process, the supervisee came to understand his feelings in terms of “[schemas] that I am not good enough and I have faults that [...] others aren’t seeing or are pretending not to see as they don’t want to hurt my feelings.” The dyad further reflected on the “multiple layers [of] our relationship: Supervisory, real, collegial, managerial and the complexity this brings to how we might engage at any one time and the motives that may be in play.” While the process raised awareness of “ambiguity in the roles and uncertainty about where boundaries lie or should lie,” this was viewed as a positive thing: “I feel more comfortable in the supervisory relationship now that we have acknowledged and owned our feelings of uncertainty around this.” The supervisor reported feeling that there would be “less ambiguity and avoidance in the relationship” as a result of participation and the supervisee noted that:

My supervisor commented on how much I “hold back” in terms of verbally communicating my feeling, attitudes and thoughts and that she is not privy to this. This is something I now recognise to a greater degree and I want to practice expressing myself further.

Parallels, parallel process, modelling, and mentalizing. Parallels between supervision and therapy or other reflections on interpersonal functioning were noted by all dyads. Dyads A, B, C, and D noted potential replication of interpersonal patterns or processes in supervision that were present in therapy. For example, both members of dyad B noted how the supervisee’s anxious affect and seeking of approval and guidance from the supervisor was similar to the behaviour of the client. Supervisors C, E, F, and G reflected on the potential for their behaviour in supervision to result in “down the line” impacts on therapy. For example, supervisor G reflected extensively on his own efforts to “hold” the supervisee rather than “move” as an intentional supervisory intervention. His stated intention was to give the supervisee an experiential model for holding a “not-knowing” position in therapy as a specific intervention to promote change in the client. As noted above, dyad C reflected on how interpersonal patterns in supervision may reflect long-standing attachment patterns for the supervisee and supervisor. Finally, supervisees C, D, and G directly reflected on the application of the interpersonal lessons from the intervention to their therapeutic practice. These themes are outlined in [Table V](#).

Perceived impacts of the intervention. Participating supervisees and supervisors reported

positive impacts of the intervention in a wide range of areas. Key domains included reflective practice, supervisory alliance, confidence, and anticipated or planned changes to supervisory practice. A small number of barriers and potential risks were also identified. Both perceived benefits and limitations are outlined in [Table VI](#).

Discussion

The results of this study suggest that video-based, structured reflective dialogue between psychotherapists and their supervisors may have a range of positive impacts. First, it can draw attention to supervisee affect in ways that may promote helpful disclosure—in this case undisclosed anxiety was highlighted by six out of seven dyads. Consistent with prior research on non-disclosure, these anxieties related to both the therapy-focused content of supervision and to aspects of supervision including a fear of providing feedback, discomfort in relation to potential evaluation or judgement, and anxieties related to confusion or ambiguity in the supervision relationship (Gunn, 2007; Ladany et al., 1996). Many supervisors noted their efforts to address supervisee anxiety, consistent with James et al.’s (2004) findings that supervisors can modulate supervisees’ arousal to scaffold their learning. Supervisors also noted how supervisee anxiety and/or dependence could invite unhelpful responses from them, including excessive reassurance that might inadvertently reinforce supervisee anxiety, and excessive directiveness that may serve to undermine supervisee autonomy.

Participants were also prompted to engage in direct dialogue about how to best structure their relationship and roles. This included discussions about the tensions between dependence of supervisees and their needs for competence and autonomy, consistent with developmental theories of supervision (Stoltenberg et al., 1998). There was evidence of discussion about roles and responsibilities in supervision, with case study C illustrating negotiation of the balance of responsibilities in supervision between psychotherapist and supervisor. Further, case study D illustrates negotiation of conflicting expectations and responsibilities where the supervision relationship involved a number of roles including managerial, supervisory, and collegial aspects (Falender & Shafranske, 2004).

Finally, the intervention drew attention to perceived “up the line” and “down the line” parallel processes (Tracey et al., 2012). In “up the line” parallel processes, interactions in supervision were perceived to either mirror or replicate those in therapy. “Down the line” parallel process involved “perpendicular interventions” (Haber et al., 2009), which are interventions by the supervisor intended to

Table V. Subthemes related to parallel process, modelling, and mentalizing.

Subtheme	Content	Dyads	Illustrative text
“Up the line”: recognizing replication of therapy patterns in supervision	Replication of anxiety and seeking of guidance and reassurance	A, B	SeB/p7: I believe it parallels my sessions with clients because I look to my supervisor for a lot of guidance
	Supervision process reflected the content of the supervision conversation	C, D	SrC/f1: The themes were very close to each other in terms of parallels between the content being discussed and how we were interacting during the recorded session. That is, we were talking about being more process-oriented in group therapy (more in the moment experiencing work) versus being more content focused, yet we (mostly me) pretty content heavy during the session
“Down the line”: intentionally using modelling and experiential learning	Supervisor behaviour can be more powerful than words by modelling and providing experiential learning	C, F, G	SrG/f3: I am very interested in how we “be” with our supervisee or client can sometimes more powerful than what we “tell” them, particularly with more complex clients where our way of being can calm their arousal and give them access to new ways of thinking and feeling
	Supervisor directiveness can undermine supervisee autonomy	C, E, F, G	SrC/f3: Roles we have drifted into might be undermining my commitment to empowerment of the supervisee
	Supervisor attempts to hold an “I don’t know” position to “hold” the supervisee in the same way that the supervisee seeks to “hold” not “move” with specific client interventions	G	SrG/f1: My theme was to explore the “holding the not knowing” for my supervisee, who in turn was doing this for her clients. Externally, this was not a particularly active or directive process, but it was relatively internally strenuous remaining present and gauging responses so as to be as non-intrusive as required by the process. The aim was to hold that space for her to allow her to look up and explore and wonder
Reflections on application to therapy	Supervisee connects own interpersonal patterns to therapeutic work	C, D, G	SeC/f2: Highlights my tendency to let others speak before I do and I need to consider this and the impact it can have on the therapeutic relationship; SeD/p7: This is similar at times to my desire to act in ways that will not offend/distress a client, even if this is a minor effect and the client also has some responsibility for how she/he feels in response
	Supervisee connects mindfulness and present focus of supervision to therapeutic work	C	SeC/f2: I also think this translates directly to my work with clients and the need for me to remain present with the clients
Broader reflections on mentalizing	Perception that the protocol promoted shared mentalizing and enthusiasm for reflective practice	A, B, C, D, G	SrG/f2: The reflections around the video, particularly mentalizing around this together heightened my awareness of how much of the supervisory process, at least in this case, was related to the deeper elements of the relationship, and that quite powerful interactions can be experienced even when the pace is slow and few words are spoken. When I watched the video it invited me to ask more about what was happening inside the supervisee, and the beauty of reflecting together was that we were able to discover this from one another. I think what I will take away is the enthusiasm to explore more of the mentalizing process in the room and to allow time for feedback and exploration on a more routine basis

Se, supervisee; Sr, supervisor; A/B/C/D/E/F/G, dyad; p, protocol; f, feedback questionnaire; 1/2/3/4, question number.

Table VI. Summary of themes of reported impacts of participation in the intervention.

Themes	Content	Dyads	Illustrative text
Depth of reflection	Greater depth of reflection, breadth, and completeness of reflection	A, B, C D, E	SeE/f3: Thinking things over in more depth—rather than just taking away what stuck in my mind, by reviewing the session I found I got more out of it SrB/f3: Additional reflective aspect invited further depth of exploration than usual supervisory practice demands or permits
From content to process	Draws attention to process issues	All	SeD/f5: It was different in that I had not voiced these reflections before, particularly the “process” and “I-thou” reflections as I didn’t know if that was appropriate
Supervisory alliance	Facilitates discussion of supervisory roles and responsibilities	A, C, D, E, G	SrC/f5: More direct, purposeful dialogue about our own interaction and roles
	Strengthening of bond/increased trust/ease/confidence in relationship	B, C, D, E, F G	SeB/f7: I feel more relaxed and have more respect for our supervisory relationship SrF/f3: I feel that the exercise has also improved our rapport
Reflection-in-action, experiential learning	Increased openness, frankness, transparency, and present focus	C, D	SeD/f6: I will also be more willing to initiate focus and discussion in the I-thou and here-now as I felt heard, accepted, and encouraged in my attempts to do this today and my supervisor was willing to speak about things that she could have interpreted as negative criticism of his practice with me See results section case study
	Negotiation and clarification of roles responsibilities Supervisor suggests that the process encouraged reflection-in-action, predicts that will transfer to therapy	A, C G	SrG/f3: The video review allowed reflection of this process as it occurred in the supervision relationship, and I would predict if we can create this in supervision it can strengthen the S/ees capacity to do this in therapy
Confidence	Increased supervisee confidence	A, B, E, F	SeE/p3: I feel that I have a better understanding and direction to head
Costs, barriers, and risks	Valuable but time consuming	C, D	SrD/f4: Although really helpful and important it is time consuming; SrC/f4: Streamline the process if possible to make it more time efficient
	Difficulties with technology	A	SrA/f7: Lack of experience in using this technology in this was a slight hindrance
	Anxiety and discomfort?	A, D	SrA/f4: I do not know if I would feel comfortable using this intervention with supervisees who I felt less comfortable with SrD/f4: It was a confronting and challenging process [...] worthwhile despite the anxiety I felt throughout.
Anticipated and intended changes to practice	Increase focus on supervisee feelings/responses/countertransference as a therapist	A, B, E	SeA/f6: Q: Will your supervision practice change? Yes, more discussion [re] my own feelings/reactions to client contact
	Decrease didactic/directive approach	A, B, C, E, F	SrE/f6: I will try to consider the issues raised above and consider ways to decrease didactic teaching in supervision and allow students more independence
	Increased willingness to engage in role plays and other active learning strategies	A, F	SeA/f6: Q: Will your supervision practice change...? Yes, more role plays to develop skills
	Increased willingness to clarify goals, discuss needs, and provide feedback Increase attention to the process of supervision	A, B, C, D, F, G C, G	SrB/f6: I will be more calm in supervision and tell my supervisor what I find helpful and not so helpful SrF/f6: ... Integrate more “process” checks and be confident to use my own feelings as a barometer

Se, supervisee; Sr, supervisor; A/B/C/D/E/F/G, dyad; p, protocol; f, feedback questionnaire; 1/2/3/4, question number.

generate experiential learning that transfers to the supervisee’s interaction style with clients (Tracey et al., 2012). The intervention provoked reflection on these parallels and was reported to result in intentions for behaviour change.

In each of the three main theme domains (*anxiety, autonomy, and directiveness; negotiation of roles and expectations; and parallel process, modelling, and mentalizing*), participants reported a range of anticipated and intended changes in their supervision practice.

The increased disclosure and the participation of supervisees in these processes were similar to the reported impacts of live supervision (Haber et al., 2009). Participants also reported a range of positive impacts of the intervention including increased depth of reflection, improvements in supervisory alliance and confidence in supervision, and clarification of intentions and perceptions in the supervision relationship.

The results indicate that reflective dialogue in supervision, based on videos of supervision, deserves further investigation as a vehicle for facilitating reflection and action on aspects of supervision that may be neglected (e.g., supervisee anxiety) or not clearly visible in routine practice (e.g., parallel process). This is illustrated by the comments of one supervisor, who reported that the intervention “made implicit processes explicit, such that they can be spoken of easily in future if needed.” Furthermore, the intervention appears to have been successful in facilitating change in behavioural intentions for supervision. Supervisors developed intentions to either remain mindful of invitations to unhelpful directiveness or concrete intentions to alter practice in this area. In response to concerns regarding supervisory roles and responsibilities, the case studies above suggest that the protocol can facilitate direct and purposeful discussion regarding the supervision relationship.

Modelling openness to feedback and the equalization of power

One of the key philosophies behind the development of this study was the idea that supervisors should not simply teach but also model the kind of behaviours they wish to promote in supervisees (Bernard & Goodyear, 2009). Supervisors opening their own practice to scrutiny appears to have encouraged supervisees to speak directly about their own needs and provide feedback on the supervision process. It is proposed that by demonstrating their own openness to feedback in supervision, supervisors were able to help supervisees voice their concerns with the more powerful member of the dyad, overcoming obstacles such as deference, impression management, and “fear of political suicide” (Ladany et al., 1996).

Should reflective function be a focus of early psychotherapy training?

The results of the current study may also have a bearing on debates regarding the inclusion in clinical training programmes of activities aimed at improving the reflective functioning of trainees. Despite most being current psychology trainees, participant supervisees showed evidence of active engagement with

the reflective aspects of the protocol and all perceived benefit from their participation. Given this response and recent evidence that reflective function can be improved through training programmes for graduate students (Ensink et al., 2013), there seems to be little sense in waiting until technical competence is achieved before engaging in activities that promote reflective competencies.

Limitations and future research

While the present data demonstrate that the protocol was perceived to contribute significantly to supervision practice, further research including quantitative study of its effects are required to justify its use in both supervisor training and routine supervisory practice. Domains and measures for quantitative investigation could include supervisee disclosure in supervision (e.g., Gunn, 2007), supervisory working alliance (Bahrnick, 1989; Efstation, Patton, & Kardash, 1990), perceived genuineness and authenticity (e.g., Gelso et al., 2005), affective sensitivity (N. Kagan & Schneider, 1987), and the capacity for mentalisation (Ensink et al., 2013). Importantly, quantitative investigation would need to assess whether there are significant differences between participants’ experiences and the effects of reflective practice based on unprompted recall as compared with video review.

While there was diversity in key demographic variables (e.g., therapist experience, gender, and professional training), other characteristics of the study’s sample place limits on the generalizability of the results. Participants were self-selected from a large pool of invitations and the sample was relatively small, with an absence of psychodynamically oriented therapists. While minimum sample sizes for qualitative research continue to be the subject of debate (Sandelowski, 1995), the current sample is above Morse’s widely quoted minimum of six participants for phenomenological studies (Morse, 1994) and (most importantly) appears to have provided sufficient data to achieve the study’s stated aims. The *N* of 14 would place the sample in the mid-range of participant numbers in qualitative research examining the related concept of significant events in psychotherapy (Timulak, 2007). The sample also consisted primarily of very experienced supervisors, who may have self-selected for this intervention based on their openness to scrutiny and/or their interest in reflective practice (leading to the potential for confirmation bias). Finally, informal feedback from participants indicated that the intervention was the first time they had engaged in review of supervision videos. While it is likely that the participants would have reviewed video of

therapy before as a routine part of their applied psychology training, no data were collected on this and it should be noted that anxiety related to the recording may have had an impact on their behaviour in the recorded session.

The use of the primary author as the primary coder required the management of coder and interpretive bias through the use of a second coder and the choice of qualitative methodology outlined in the method section. Further, the protocol included questions which enquired about perceived usefulness and change. Some of these questions assumed a positive response, which may have elicited change talk. This was viewed by the authors as procedurally desirable but it needs to be acknowledged as a research limitation due to the demand characteristics involved. Future (quantitative) research could also investigate the influence of individual difference variables on participants' experience and on the perceived effects of the intervention. Finally, future research could include analysis of videos of participation to provide a fidelity check and an analysis of differences between participant and independent observations.

In terms of risks, participants identified the potential for the intervention to provoke anxiety or discomfort in both supervisees and supervisors. Generally, this was perceived to be a normal part of the process, although one supervisor did wonder whether he would be comfortable using the intervention in a less-positive supervisory relationship. Although no ill effects were identified, the power of video review and IPR to magnify interpersonal processes (Bernard & Goodyear, 2009) should provoke caution in the context of research reporting low but concerning rates of power-assertive, authoritarian, and abusive behaviours in supervision (Falender & Shafranske, 2004).

Conclusions and implications for routine practice

This intervention deserves further investigation as an adjunct to general psychotherapy and supervision training and would sit comfortably alongside interventions such as live supervision and supervision-of-supervision (Haber et al., 2009). Joint reflection on an objective sample of supervisory behaviour was reported to result in a range of new insights into self, the supervisory partner, supervisory process, and client issues. The findings are broadly consistent in both process and outcomes with the grounded theory developed by North (2013) based on individual review of supervision audiotapes by supervisees. The present study adds to those findings by demonstrating that supervisors and supervisees

valued shared, video-based reflective practice regarding supervision processes and the supervisory relationship.

Participants identified that creating space for regular reflections of this kind may be difficult in an already crowded supervisory hour. While extended video review may be practical in the context of supervisor training or when counted towards professional development quotas, a key question is how to continue to foster conversations that begin in an intensive reflective practice intervention such as this one. One possibility would be to use shorter videos and have the supervisor and psychotherapist complete the entire protocol within one supervisory session. Brief session-by-session visual rating scales and short reflective prompts may also be useful in prompting dialogue in the domains highlighted in this study. For the ongoing monitoring of supervisory alliance, readers are directed to the Leeds Alliance in Supervision Scale (Wainwright, 2010), based on the widely used Session Rating Scale (Duncan et al., 2003). For other domains, the prompts below (based on the protocol content from the present study) may provide useful and time-efficient prompts to keep sessions on track:

- What was useful to the supervisee in this session?
- What were our intentions, and did we connect in those intentions?
- Were there things that we did not discuss in this session, intentionally or unintentionally?
- Did either participant have concerns or anxieties about supervision content, process, or relationship?
- Were there parallels between our interactions and those we are observing in therapy? What are the implications of our dialogue for client work?
- How could we do things differently in the future to better meet the needs of the supervisee?

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