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CBT Supervision at the coalface: how closely does the reality mirror the recommendations?

An exploration of supervisor and supervisee experiences

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INTRODUCTION:

Little was known from a phenomenological perspective about the 'lived experience' of supervisees and supervisors in terms of the factors that influence the choices they make about how to use clinical supervision. Similarly, it was also unknown as to how trainers and supervisors decide to structure their supervision sessions or whether they felt they had the appropriate knowledge and training to be effective in this role in the absence of a unified supervision model in the profession.

Previous research by Townend et al (2002)) sought to establish a national picture of how supervision was experienced in which low levels of live supervision were identified. This study was undertaken pre-IAPT (Improving Access to Psychological Therapies) and given the significance of IAPT in how CBT is delivered it is important to gather knowledge about how perceptions might have changed following this.

The current study is the first to have collated the views of both supervisees and supervisors and those who practice CBT both accredited and non-accredited or who are not BABCP members.

METHOD:

A qualitative research design was used involving a sample of six therapists with a broad range of clinical experience that were selected from the author's professional network for semi-structured interviews. Some of the participants held dual roles or three roles as trainer, supervisor and supervisee. An inductive approach was used where questions looked to explore participants' experience of providing and receiving supervision and whether these experiences met with their expectations of the supervisor or supervisee roles.

ANALYSIS:

Transcripts were thematically analysed following the approach recommended by Braun & Clarke (2006).

Five themes emerged:

- 1: Safeness of supervision
2. Autonomy
3. Taking supervision seriously
4. Supervisor skill-set
5. Need for more structure

P1 "You can know a subject really well; it doesn't mean that you can *teach it or you can pick up somebody else's feelings about it, kind of thing. You need to be a qualified supervisor and you also need to know about the subject. You need kind of both sides of it, if you like.*"

P.3 *'I think there's two answers. I think one of them is the more honest answer probably and that's there's always that worry that because you've done something for seven years that you should have a certain level of competence and therefore a fear of being crap*

P.6 *'it almost kind of gives a message that someone is willing to invest in their supervisory practice erm and I think if someone's had training, to me as a clinician it gives a message that someone is able to reflect on their supervisory practice and on their supervision of supervision*

DISCUSSION

The findings indicate that supervisees place enormous value on the level of trust and rapport with their supervisor with this taking precedence over them having attended supervisor training or being accredited as a supervisor. A commitment to accreditation and training did show that supervisors invest in their role and there was a desire for more structure to supervision without it being too rigid. It also revealed a level of fear within supervision and a reluctance to be exposed as incompetent.

CONCLUSION:

Despite low levels of live supervision being reported in Townend et al (2002) the reasons for this were not discussed. The findings in this current study indicate that there may be a deliberate avoidance of live supervision due to supervisee fears about being exposed as incompetent. Unlike the CTS-R (Blackburn et al, 2000) there is no universally adopted comparable supervision measure to ensure that there is consistency in terms of format or delivery. As there is no unified framework in CBT Supervision it is difficult to ensure that standards are consistent and to gauge good quality versus sub standard supervision practices. Further research is required to identify problematic supervisee and supervisor beliefs that may act as obstacles within supervision.

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